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'Exploring Child Protection Professionals' Perspectives on Ethnic Inequalities in the United Kingdom'

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Abstract

Ethnic inequalities within the children's care system present a significant challenge that requires urgent attention and action. Previous studies have highlighted the underrepresentation of children from certain minority ethnic backgrounds, such as Asian, within the care system. However, the research has also identified an overrepresentation of other ethnic groups, including those of Black ethnicity and Gypsy, Roma and Traveller communities. This disproportionate representation often results from systemic biases, cultural misunderstandings, and socioeconomic disparities. The current study uses a sequential mixed-methods design to investigate the factors contributing to these inequalities and offers recommendations for addressing the over and underrepresentation of certain ethnic groups. The study was comprised of three phases; an online questionnaire with 244 child protection professionals, qualitative interviews with eight practitioners, and document analysis of eight organisational training materials. Participants were recruited from across the four UK nations. Key findings reveal limitations in the knowledge and understanding among child protection professionals regarding effective engagement with families from diverse ethnic backgrounds, compounded by language barriers, insufficient training, and high caseloads that hinder the establishment of positive working relationships. Socioeconomic challenges, such as inadequate community services, further exacerbate these disparities. Additionally, participants emphasised the need for increased funding to support family services, access to interpreters, and enhanced training opportunities for professionals. The study highlights the necessity of adopting culturally sensitive practices, diversifying the care system workforce, and advocating for policy reforms that prioritise equity and inclusion. By addressing these issues, professionals can reduce ethnic disparities in child protection interventions and work towards more equitable opportunities for children and families from diverse ethnic backgrounds.

Abbreviations

BASW	British Association for Social Work	**PDG**	Programme Development Group
DfE	Department for Education	**CASCADE**	Children's Social Care Research and Development Centre
GRT	Gypsy Roma Travellers	**ADR UK**	Administrative Data Research United Kingdom
DoH	Department of Health	**CIN**	Children in Need
CPCs	Child Protection Communities	**WWCSC**	What Works for Children's Social Care
PSNI	Police Service of Northern Ireland	**DCA**	Department for Constitutional Affairs
CAFCASS	Children and Family Court Advisory Support Services	**PHE**	Public Health England
NSPCC	National Society for the Prevention of Cruelty to Children	**SEM**	Social-Ecological Model
HSCT	Health and Social Care Trust	**ZPD**	Zone of Proximal Development
MoJ	Ministry of Justice	**SLT**	Social Learning Theory
COVID-19	Coronavirus Disease 2019	**NMS**	National Minimum Standards
ACEs	Adverse Childhood Experiences	**CRT**	Critical Race Theory
CDC	Centres for Disease Control and Prevention	**BLM**	Black Lives Matter
PTSD	Post-Traumatic Stress Disorder	**PCF**	Professional Capability Framework
DfES	Department for Education and Skills	**OECD**	Organisation for Economic Co-operation and Development
NHS	National Health Service	**PIAAC**	Programme for the International Assessment of Adult Competencies
NIHR	National Institute for Health Research	**ITAC**	Integrated Team Around the Child
DWP	Department for Work and Pensions	**ONS**	Office for National Statistics
Ofsted	Office for Standards in Education, Children's Services and Skills	**AI**	Artificial Intelligence
CIW	Care Inspectorate Wales	**LGBTQ+**	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning + Others
GIRFEC	Getting it Right for Every Child	**CPD**	Continuing Professional Development
CSIW	Care Standards Inspectorate for Wales	**EAG**	Equality Advisory Group
UNICEF	United Nations Children's Fund	**MESN**	Minority Ethnic Staff Network
CQC	Care Quality Commission	**ADSS**	Association of Directors of Social Services Cymru
BALI	Black and Asian Leadership Initiative	**EDI**	Equality, Diversity and Inclusion
ACAMH	Association for Child and Adolescent Mental Health	**SNAICC**	Secretariat of National Aboriginal and Islander Child Care
FOI	Freedom of Information	**UASC**	Unaccompanied Asylum Seeking Children

Chapter 1 – Introduction

1.1 Background to the Study

Ethnic inequalities within the children's care system represent a critical issue that requires thorough exploration, particularly within the context of the United Kingdom's increasingly diverse society (NSPCC, 2025). The research offers mixed evidence, indicating that White British children are ten times more likely to be in the care system compared to children from ethnic minority backgrounds (Bywaters, 2018). According to the Department for Education (2024), 72% of children in care across the UK are of White ethnicity, 9% identify as Mixed ethnicity, 6% as Black, 5% as Asian, and a further 5% are classified under 'Other' ethnic groups. This thesis investigates child protection professional's perspectives on ethnic inequalities within the children's care system. Children's social care is widely understood as a social construct, meaning it is not a fixed or universal system, but one that is shaped by shifting societal values, legal frameworks, cultural norms, and historical developments (Gupta, 2018). As a result, drawing on the perspectives of professionals working in child protection, examining the issue from a multi-level professional perspective can elevate understanding of ethnic inequalities. The UK's rich ethnic diversity presents both opportunities and challenges in delivering equitable social care (Blake et al., 2024). However, ethnic inequalities persist within the children's care system due to a complex interplay of historical, structural, social, and systemic factors that disproportionately affect ethnic minority communities (McDonald, 2020). These inequalities are not merely the result of individual biases or isolated incidents rather, they reflect broader, deeply embedded patterns of systemic discrimination and marginalisation that has been continued over generations (Banaji, 2020).

The historical legacy of racism and colonialism in western cultures plays a significant role in shaping contemporary inequalities (Fanon, 1952). Although colonialism was not exclusive to Britain, it has significantly contributed to the development of structural inequalities within the United Kingdom. Ethnic minority groups, particularly Black, Asian, and other marginalised populations, have historically faced discrimination, segregation, and exclusion, which have shaped social, economic, and political structures that continue to disadvantage these communities today (Schmitt, 2014). In the context of the children's care system, these historical injustices contribute to unequal treatment and negative stereotyping of ethnic minority families (NSPCC, 2025). However, systemic racism refers to the policies, practices, and procedures within institutions, including the children's care system, that disproportionately disadvantage ethnic minorities (Banaji, 2021). These inequalities are often invisible to the ethnic majority but ingrained within the system, manifesting in racial biases that affect decision-making processes, such as disproportionately high rates of ethnic minority children being placed into care or subject to harsher assessments of parenting capacity (Feely, 2021). These biases, whether conscious or unconscious may increase ethnic inequalities, often leading to ethnic minority families receiving less support or empathy than their White counterparts (Shah, 2023). Systemic racism continues to shape the structures and practices of social care, contributing to inequalities in ethnic representation within the care system (Child Safeguarding Practice Review Panel, 2025).

Ethnic representation refers to the extent to which different ethnic groups are visibly and fairly included in organisations and systems, both in numbers and in how they are portrayed or treated (Byrne, 2006). Additionally, ethnic representation refers to the inclusion and visibility of diverse ethnic groups within societal structures, particularly in decision-making roles and public services, ensuring their perspectives and needs are acknowledged (Modood, 2005). A systematic review by Javed et al. (2025) highlighted growing evidence of the

inequalities faced by children from different ethnic groups in the UK care system. The review examined 196 papers and found that over half did not report data on ethnic group. Additionally, where ethnicity was reported there was little consistency in the collection of ethnicity reporting. For instance, some papers were very detailed with multiple categories (Asian, Black, Mixed, Other, White), whereas others were limited to binary categories (White and non-White). The review also identified discrepancies in the representations of different ethnicities in the care system. To enhance the impact of these research papers, it is important to move beyond generalisations and adopt a more nuanced approach, avoiding reductionist interpretations.

Another contributing factor to ethnic inequalities is structural inequality, including poverty, inadequate housing, and limited access to resources, which disproportionately affect ethnic minority families (White, 2017). These social determinants of health and well-being can result in higher levels of intervention by child protective services in communities facing greater socioeconomic challenges. As a result, this leads to higher rates of ethnic minority children being removed from their families (Coram, 2021), with research showing that these children are more likely to be placed in foster or residential care compared to their White peers (Baron, 2023). This disproportionality is influenced by factors such as biased referrals, cultural misunderstandings between families and child protection professionals, and higher levels of poverty and social deprivation within ethnic minority communities, which attract greater scrutiny from social services (Robinson and Scott, 2016). These disparities are also reflective of prejudices embedded within broader societal structures, where ethnic minority communities face more frequent surveillance and intervention due to stereotypes and assumptions about their capacity to provide stable care for their children (Rashmi, 2020). In addition, limited cultural competence among child protection professionals can exacerbate the challenges faced by ethnic minority families (Dettlaff and Boyd, 2022).

Misunderstandings stemming from differences in cultural practices and parenting styles can lead to negative judgments or unnecessary interventions, further deepening inequalities within the system. Biases in decision-making, both implicit and explicit, can influence the outcomes for ethnic minority families, with systemic racism embedded within policies and practices that unintentionally contribute to racial inequalities (Banaj, 2018)

1.2 Research Aims and Questions

Existing research has provided a key foundation for understanding the presence of ethnic inequalities within the children's social care system. However, despite clear evidence of these inequalities, the literature remains inconclusive regarding the primary contributing factors, suggesting a complex and multifaceted issue (Brown, 2024). Additionally, there is limited research examining how major events such as the COVID-19 pandemic and the Black Lives Matter movement have influenced the perspectives, priorities, and practices of children's social care professionals over time. Existing studies often focus on individual social workers while overlooking other child protection professionals and multi-level perspectives. Addressing these gaps is essential for developing a more holistic understanding of structural inequalities and informing more effective responses. This thesis seeks to investigate child protection professional's perspectives on ethnic inequalities within the children's care system. This study will explore this issue using a multi-level approach, recruiting participants from a range of child protection roles across different levels of the professional hierarchy. The research aimed to address the following research questions:

1. What perspectives exist among children's social care practitioners and managers regarding the ethnic inequalities in the children's care system?

2. What training, practise, and knowledge barriers currently exist in relation to ethnic inequalities in children's social care that prevent it from adequately supporting families and children?
3. What are the current training, practice, and knowledge needs on ethnic inequalities in children's social care?

To achieve this, a sequential mixed-methods approach was implemented to gain insights from professionals working in child protection, analysing the issue from a multi-level perspective. The study was comprised of three phases; an online questionnaire with 244 child protection professionals, qualitative interviews with eight practitioners, and a document analysis of eight organisational training materials. Participants were recruited from across the four UK nations. Ultimately, the aim is to present findings that contribute to understanding and addressing the research gap on ethnic disparities that persist within the UK children's care system.

1.3 Structure of the Thesis

Chapter 2 offers a comprehensive overview of ethnic inequalities within the UK's children's care system, drawing on a review of relevant literature and statistical data concerning children entering care. This chapter establishes a foundational understanding of these disparities, which is further developed in Chapter 3 through an exploration of their underlying causes, informed by theoretical frameworks. Building on the findings and underlying causes identified in Chapters 2 and 3, significant gaps in the existing research are identified, which informed the development of the research approach best suited to exploring the ethnic inequalities within the children's care system. Chapter 4 outlines the overarching research methodology, detailing the process followed across the study's three phases. It also discusses the ontological and epistemological positions underpinning the research approach.

Chapters 5, 6, and 7 each present more detailed methodologies that build upon the framework established in Chapter 4. Chapter 5 presents the survey findings, including quantitative data analysis using descriptive statistics and chi-squared tests, alongside thematic analysis of the open-ended responses. Chapter 6 showcases the interview findings, offering in-depth qualitative analysis of participants' responses and exploring their relationship to the survey data. Chapter 7 delivers a document analysis focused on training materials used within children's social care, evaluating the extent to which they address cultural diversity. This chapter also integrates and triangulates the findings from all phases of the research, using the sequential mixed-methods design to examine the alignment between the survey, interview, and document analysis results.

Finally, Chapter 8 draws together the findings in relation to existing literature, policy, and practice. The thesis concludes with recommendations aimed at addressing ethnic inequalities within the UK children's care system and an overarching conclusion in Chapter 9.

Chapter 2 – Understanding the Children's Social Care System and Inequalities

2.1 Introduction

The UK children's care system refers to the statutory framework under which local authorities assume legal responsibility for children who cannot safely remain with their parents (Children Act 1989). Research suggests that there are now 107,317 children currently in care homes (National Statistics 2023) and councils across the UK have seen a 53% increase in child protection plans (Local Government Association, 2020). According to the Department for Education (2024), 72% of children in care across the UK are of White ethnicity, 9% identify as Mixed ethnicity, 6% as Black, 5% as Asian, and a further 5% are classified under 'Other' ethnic groups.

Chapter 2 aims to provide a comprehensive overview of the children's care system across the UK. It examines key demographics and statistics related to children entering care, alongside an exploration of the legal frameworks and entry processes within each of the four nations. The chapter also considers the roles and responsibilities of frontline professionals, including social workers and residential childcare workers, and discusses the challenges they face from a multi-level perspective, such as from support workers to managers. This is followed by a review of the quality standards governing children's homes across the UK and identifies the key contributing factors leading to care entry. Additionally, the chapter provides an in-depth examination of ethnic inequalities in the care system, incorporating both statistical evidence and literature. Key concepts, such as ethnicity, race, culture, and heritage, are defined and contextualised. In addition, the chapter addresses systemic racism and explores the varied experiences of ethnic minority groups, including the Gypsy, Roma and Traveller (GRT)

community, an under researched group within the social care literature (Smith, 2019). Finally, the analysis considers contextual factors, such as socioeconomic conditions, as well as organisational factors, including responses to COVID-19 and rates of re-referral, that contribute to ethnic inequalities within the care system.

2.2 The UK Children's Social Care System

In the United Kingdom the term 'Children in Care' refers to individuals under the age of 18 years who are under a legal responsibility of a local authority for more than 24 hours (Jackson, 2007). Additionally, children in care are looked after by the local authority due to concerns around safety, wellbeing or family dynamics (Murphy, 2023). Children in care are cared for in various settings including residential, foster care or kinship placements (Kenny, 2023). Each case involving a child being removed from their family home is unique, and the courts and children's services must consider the many factors that lead to the decision (Craft 2021).

Over the last ten years, there has been an increase in children entering the care system (Become Charity, 2023). The Local Government Association 2020 claimed that councils across the UK have seen a 53% increase in child protection plans and 139% increase in serious cases where local authorities believe that a child may suffer or is likely to suffer significant harm. Additionally, Elliot (2019) highlights the significant rise in children entering care in Wales, noting that the number of children looked after increased from 4,635 in 2008 to 6,405 in 2018 (a rise of 38%), reflecting a continued upward trend in care entry over the decade. These figures show the sheer scale of unprecedented demand in pressures on children's services and the care system over the last decade (Blake, 2020). Further research suggests that there are now 107,317 children currently in care homes (National Statistics 2023). The National Statistics highlighted that there has been a 2% rise in the total number of

children entering care since 2020. This continues an upward trend observed over the past decade, with the overall number of care experienced children steadily rising year on year. Over the last 30 years, there are several legal acts which provide legislation and legal protection for children who enter care, in this chapter key legal acts are discussed but are not exhaustive.

2.2.1 Children Act 1989

There are several legal acts that are important to consider when addressing ethnic inequalities within the children's care system; however, the two principal acts are the Children Act 1989 and the Equality Act 2010 (Hannon and Wood, 2017). The Children Act 1989 defines a child in need as a child who is deemed to require more assistance or services to maintain a reasonable standard of health or development. A child in care refers to a child that is being looked after by the local authority and where the local authority has responsibility for the child in place of the child's parents (Children Act 1989). The Department of Health (2022) defines a Looked After Child as a child that has been in the care of the local authority or provided with accommodation for over 24 hours. The child protection register is a confidential list of all the children identified within the local area of being at risk of harm (Department of Health, 2022). Each country within the UK has its own devolved policies, which will be discussed in turn within this chapter.

2.2.2 Equality Act 2010

In addition to the Children Act 1989, the Equality Act 2010 is a key piece of legislation to consider in the context of children in care, as it provides legal protection against discrimination on the basis of protected characteristics such as race, disability, and religion. It criminalises discriminatory treatment based on these characteristics and imposes a duty on public bodies, including local authorities and care providers, to actively promote equality of

opportunity and to ensure that care practices do not disadvantage or unfairly impact children from marginalised groups (Burch and Hodkinson, 2017).

In the context of children's social care, the principles built in the Equality Act 2010 are integrated into policies and practices designed to deliver services without discrimination and to address the diverse needs of individuals. Child protection professionals are mandated to recognise and respect the unique identities of children and families, ensuring that services are both inclusive and accessible to individuals from various cultural, religious, and linguistic backgrounds (Bullock, 2013). This includes providing tailored support for individuals, ensuring equitable access to care, and fostering an environment that actively challenges any form of prejudice, bias, or discrimination. (Papadopalous, 2016).

The Equality Act 2010 provides a foundational framework for promoting equality and equal opportunities for children within the care system; however, it has also faced criticisms regarding its effectiveness and implementation in practice. The main criticism of the Equality Act 2010 is that, despite providing a strong legal framework, its effectiveness is undermined by weak enforcement, limited resources, and inconsistent implementation, particularly within public bodies. Additionally, the Act is often seen as focusing on individual discrimination while failing to adequately address deeper organisational and structural inequalities (Hepple, 2011).

2.2.3 What are the Processes into the Care System?

Deciding whether to take a child into care is one of the hardest decisions to make (Neil, 2019). According to the Children Act 1989 if a child is at risk of harm and suffering, the local authority has a duty of care to protect the child. Care orders are issued by court which allow the local authority to take parental responsibility or share responsibility with the parents. This includes decisions on who looks after the child, where the child lives and how the child is

educated (Children Act 1989). The processes governing children's entry into the care system are devolved across the four nations of the UK. Each nation's approach will be examined in turn in the following section.

2.2.3.1 Wales

The Social Services and Well-being (Wales) Act 2014 provides a legal framework for social services in Wales. Section 21 within the Act states that the local authority has a legal requirement to assess the needs of a child or children if they appear to need additional care beyond that which their family can provide (Children Act 1989). The assessment will explore the level of the child's needs for care support, the level of the financial resources of the child or any person with parental responsibility, developmental needs of the child and the outcomes that the child and parents wish to achieve. Once the assessment is complete the local authority will decide on how to proceed.

Firstly, they may not take further action if the child has not been harmed and is not considered to be at risk. Secondly, if the child is assessed to need care and support, a plan must be agreed by the local authority as a requirement of section 54 of the Social Services and Well-being (Wales) Act 2014. Under Section 76 of the Social Services and Well-being (Wales) Act 2014 a child may be taken to care voluntarily. The local authority is required to provide accommodation for children who do not have anywhere suitable to live. For example, due to parental illness, financial difficulties and homelessness. Under Section 76 the parent retains full legal rights and can request the child's return at any time.

If the child is in immediate danger the local authority can issue an emergency protection order to immediately remove a child to a place of safety (Williams, 2018). An exclusion order can be issued to remove the abuser from the family home. Additionally, the local authority can issue a child assessment order for a social worker to assess the child's needs

without requiring the parent's consent. The police can remove a child to a place of safety for up to 72 hours without a court order (Children Act 1989). If the child is determined to be at significant risk of harm, a case conference can be held under Section 47 of the Children Act 1989 where relevant professionals share information, identify risks and discuss the measures required to protect the child (NSPCC, 2023).

Care proceedings are usually held in family court, with complex cases in the High Court. A child's social worker prepares a care plan to guide the court. If necessary, the court can grant the local authority parental responsibility. An Interim Care Order may allow the child to be taken into care while the social worker and Children and Family Court Advisory and Support Service (CAFCASS) officer assess risks and recommend measures to keep the child safe. A full care order can be issued if the child is suffering or likely to suffer significant harm due to parental care or if they are beyond parental control. Placement orders enable temporary placement with prospective adopters, and adoption orders transfer parental responsibility to adoptive parents following assessment of the child's best interests.

2.2.3.2 England

The Working Together to Safeguard Children (2018) guides safeguarding and promoting children's welfare. When child protection concerns arise, the local authority must investigate under Section 47 of the Children Act 1989. If the child is not in immediate danger, an assessment determines the need for protection, the likelihood of significant harm, and the services required for the child and family. Following this, a strategy discussion with other agencies decides whether to conduct a Section 47 enquiry. If the child is in imminent danger, emergency measures such as an Emergency Protection Order, Exclusion Order, or Child Assessment Order may be used. If parents or guardians cannot provide safe care, the local authority may place the child into care.

The Children Act 1989 has two key provisions: Section 20 and Section 31. Section 20 allows parents to voluntarily let the local authority care for their child while retaining full parental responsibility, such as during parental illness, police bail, or mental health challenges. Parents can withdraw consent, requiring the child's return home, though the local authority may seek an Interim Care Order if it is unsafe (Children Act 1989). Section 31 places a child into care with parental responsibility shared between parents and the local authority, only if the court finds a significant risk of harm. Section 31 orders should be implemented immediately to protect the child's physical, mental, and emotional health. Parents may have reasonable contact unless it threatens safety. Ending a Section 31 order requires a court decision showing significant changes in home circumstances (Ward et al., 2014; Department for Education, 2021).

2.2.3.3 Scotland

In Scotland, child protection is the responsibility of the Scottish Government (NSPCC, 2024). Multi–agency child protection policy, process, guidance and practice are handled by the Child Protection Communities (CPCs). Within each local authority, CPCs work with local agencies such as social workers, health services and the police to protect children (NSPCC, 2024). Children's services plans must be jointly created by each local authority and its relevant health board every three years (Scottish Government, 2020). Local authorities have a legal duty to investigate concerns about a child and assess the risk of harm. If a child is not considered to be in immediate danger the local authority will assess whether they are at risk of suffering significant harm (NSPCC, 2024). If a child is in immediate danger an order can be made through Scotland's sheriff courts. This procedure is similar to that of Wales and England with the Emergency protection order, an Exclusion order and a child assessment order (Ministry of Justice, 2023).

As with Section 76 of the Social Services and Well-being (Wales) Act 2014 and Section 20 of the Children Act 1989, a child in Scotland may be taken into care voluntarily through Section 25 of the Children (Scotland) Act 1995. The parents still retain parental responsibility, and the Section 25 can be ended at any point at their request. However, if the child is in immediate danger the local authority can ask a sheriff court to grant a care order. In Scotland this can take the form of a Supervision Order or a Permanence Order. A Supervision Order allows the child to continue living at home under the supervision of the local authority, it has no set time limit but must be reviewed by a children's hearing at least once a year (Citizen's Advice, 2024). In contrast, a Permanence Order removes parental responsibility and gives it to the local authority (The Fostering Network, 2024)

2.2.3.4 Northern Ireland

In Northern Ireland the Northern Ireland Executive, through the Department of Health (DoH), is responsible for child protection (Belfast Health and Social Care Trust, 2024). If the child is suffering or likely to suffer significant harm a child protection investigation must take place as well as a referral to the Police Service of Northern Ireland (PSNI) (2023). In the instance a child is in immediate danger, as with Wales, England and Scotland, the courts in Northern Ireland can issue an Emergency Protection Order, Child Assessment Order, Interim Care Order or Supervision Order (NSPCC, 2024). Equivalently to the other nations, parents in Northern Ireland can agree for their children to be taken into care voluntarily under Article 21 of The Children (Northern Ireland) Order 1995. Additionally, Under Article 22 of The Children (Northern Ireland) Order 1995, a parent whose child has been taken into care voluntarily retains all their legal rights and can require the child's return at any stage. However, if a court decides that the child is suffering, or is likely to suffer, significant harm they can issue a Care Order which gives the local Health and Social Care Trust (HSCT) parental responsibility for a child.

Across the devolved nations, although procedural details, thresholds, and terminology differ, the legal frameworks are broadly similar, with parental rights subject to termination when a child is deemed to be at risk of significant harm. This shared principle ensures a consistent focus on child protection across the UK however, variations in procedure can impact the timeliness and nature of interventions, potentially affecting outcomes for vulnerable children and families. Understanding these differences is essential for informing policy development and improving cross-jurisdictional practice. The next section will explore the key factors contributing to children entering care.

2.2.4 Why Do Children Enter Care? What Factors Contribute?

According to a recent report published by the NSPCC (2021), there are a myriad of factors that contribute to children entering the care system. The key findings from the report suggest that many families are unable to care for their children due to illness in the family, disability or mental health challenges within the family home. The report suggests that abuse is a prevalent part of children entering the care system, such as neglect, physical abuse, sexual abuse and emotional abuse. Experiences of early complications in the antenatal period, early interpersonal trauma, challenging relationships between parents or primary carers, relationships that have disrupted attachments and parents that engage in substance misuse are all key factors in children entering the care system (Rodriguez, 2010). Children's services are key to safeguarding children's well-being, intervening when there is a potential risk of harm. Such interventions are often formalised through legal orders issued by the court (Children's Commissioner, 2022).

In 2019, Neil, Gitsels, and Thoburn conducted a study titled "Children in Care: Where do children entering care at different ages end up? An analysis of local authority administrative data", examining the pathways of children entering care in England and the influence of age

at entry on long-term outcomes. The study analysed 2,208 children from a single local authority who entered care between 2009 and 2015, tracking the children for at least two years. Findings indicated that age at entry was a key predictor of outcomes: older children were more likely to remain in long-term placements, while younger children were more often reunified with families or placed with relatives. Abuse and neglect were the primary reasons for entry, with children from deprived areas disproportionately represented, highlighting the strong link between socioeconomic disadvantage and care involvement. Ethnically, around 90% of children entering care were White, suggesting broader socioeconomic and cultural factors influence child protection practices. Despite the valuable contributions of the study, it does have limitations. The data came from a single local authority, which may limit the generalisability of the findings to other areas of England. Local authorities can differ significantly in terms of socioeconomic contexts, policies, and practices, making it difficult to apply the results universally. Additionally, the study relied on data from 2009 to 2015, meaning that it may not fully capture more recent trends or the effects of recent changes in child protection policies, such as the impact of funding restrictions on social services or the consequences of the COVID-19 pandemic.

The study by Neil, Gitsels, and Thoburn (2019) aligns with Melis et al. (2016), who conducted similar research on children in care in Wales. Both studies identify socioeconomic deprivation as a key factor contributing to care entry. Melis et al. (2016) found that children from the most deprived areas were 3.4 times more likely to enter care than those from the least deprived areas. It was estimated that overall care entry could be reduced by 35% if children in the two most deprived areas experienced the same living conditions as those in the least deprived. The study also highlighted maternal mental health during pregnancy, behavioural factors (smoking, alcohol, and substance use), and child health indicators (congenital anomalies, low birth weight, and preterm birth) as associated with increased care

risk. The findings emphasise that deprivation and perinatal maternal health are important, modifiable risk factors for children entering care.

The Scottish Government (2022) report, Born into Care in Scotland: Circumstances, Recurrence and Pathways, analysed trends in children entering care and found, consistent with Neil, Gitsels, and Thoburn (2019) and Melis et al. (2016), a clear link between local deprivation and infant care entry. Rates increased with rising deprivation, although factors such as admission thresholds, service availability, and local authority practices also influenced outcomes. Cross-national comparisons showed that 20% of Scottish infants entered care compulsorily before their first birthday, compared to 27% in England and 30% in Wales, with England and Wales seeing a higher proportion of newborns entering care within two weeks of birth. Similar patterns are evident in Northern Ireland, where poverty often leads to over-surveillance and unnecessary removals (Featherstone et al., 2018). These findings, supported across England, Wales, Scotland, and Northern Ireland, highlight the strong association between socioeconomic deprivation and care entry, reinforcing calls for child protection systems to address structural inequalities. The following sub-sections explore reasons for care entry in more depth.

2.2.4.1 Abuse and Neglect

Adverse Childhood Experiences (ACEs) have become a critical area of research, as studies investigate the long-term behavioural and health consequences of various forms of abuse and neglect during childhood (Felitti et al., 1998). The term ACEs was first introduced in a groundbreaking study conducted by the Centres for Disease Control and Prevention (CDC), which provided essential insights into how early traumatic experiences, including abuse and family dysfunction, can lead to both immediate and long-term negative outcomes. Although the impact of trauma on children has been recognised for a long time, the concept of ACEs

has provided a framework that consolidates and conceptualises these impacts (Felitti et al., 1998).

Subsequent research has shown how early adversity contributes to physical, emotional, and psychological challenges into adulthood. Felitti et al. (1998) studied 13,494 adults with care experience, using questionnaires on seven categories of adversity: sexual, physical, and psychological abuse, parental mental illness, domestic violence, substance misuse, and family incarceration. The study established a clear link between multiple ACEs, family breakdown, and entry into care, supporting earlier research that high levels of abuse and stress increase the risk of removal for safety. It also highlighted the long-term health effects of ACEs, associating early trauma with chronic illness, substance misuse, depression, Post-Traumatic Stress Disorder (PTSD), and difficulties maintaining stable relationships. The findings confirmed that the more ACEs a child experiences, the greater the likelihood of negative outcomes in adulthood.

The research on ACEs has profound implications for understanding the factors that contribute to children entering the care system. It highlights the importance of early intervention not only to protect children from immediate harm but also to address the long-term emotional and psychological consequences of childhood adversity. By intervening early to mitigate the effects of ACEs, there is potential to reduce the likelihood of children entering care (Bishop, 2016). For example, interventions that target mental health and substance misuse issues among parents, as well as initiatives to prevent domestic violence, could address some of the root causes of ACEs. Ensuring that children who experience ACEs are provided with trauma-informed care and ongoing support throughout their lives could help break the cycle of abuse and neglect, reducing the need for care placements (Kadel, 2021).

Despite the valuable insights provided by ACE research, there are several limitations that must be acknowledged. One of the primary concerns is the reliance on self-reported data,

which may introduce bias. Participants in ACE studies are asked to recall their childhood experiences, and this process can be affected by factors such as current mental health or memory reliability. Additionally, while ACEs are a significant contributor to children entering care, they do not account for all the factors that may influence child welfare outcomes. Socioeconomic conditions, community support, and access to resources are also important contributors to the likelihood of a child entering care. However, the relationship between ACEs and adult health is complex, with other factors, such as genetic predisposition, coping mechanisms, and healthcare access, influencing outcomes (Marks,1998). Furthermore, additional research is needed to better understand the precise impact of childhood experiences on brain development and physiological responses. Investigating how ACEs affect brain structure and stress-response systems could lead to more effective, targeted interventions for at-risk children. Exploring the ways in which early interventions can prevent ACEs from manifesting in adulthood would further enhance the effectiveness of child protection strategies.

Lacey and Minnis (2019) argue that a more critical perspective on ACEs is necessary. While the ACEs concept is widely adopted in health and policy contexts due to its simplicity and ease of use, this simplicity risks oversimplifying complex issues, potentially implying inevitable outcomes and contributing to unfair stigma. An alternative approach that examines individual adversities separately is also limited, as these adversities frequently co-exist. With the availability of larger datasets, researchers can explore the severity, frequency, and timing of ACEs. However, further research is required to determine which experiences should be classified as ACEs, how to appropriately weight them, and the implications of these findings for clinical practice and policy development. Developing more targeted yet accessible methods for measuring ACEs would be beneficial for clinicians, practitioners, and affected families.

ACE research has significantly advanced our understanding of the factors contributing to children entering the care system. It highlights the importance of addressing childhood trauma early, not only to prevent children from entering care but also to mitigate the long-term effects of abuse and neglect on health and well-being. As more evidence is gathered, it is essential for child protection systems to integrate trauma-informed approaches into their practices (Dune et al 2017). Additionally, further research into the most effective early interventions is crucial. These efforts could ultimately reduce the number of children entering care, improve the lives of children and families, and result in better outcomes for those affected by childhood adversity (Morane, 2004). The research on ACEs provides a deeper understanding of how childhood abuse, neglect, and family dysfunction contribute to children entering care, while also identifying limitations and areas for future exploration in this field.

2.2.4.2 Socioeconomic Impacts

Research suggests that there is a strong link between poverty and children entering the care system (Turner, 2022). Research from Bennett et al. (2022) investigated the contribution of recent trends in child poverty to trends in care entry. The method used to conduct this study was a longitudinal study of 147 local authorities between 2015 and 2020. They compared data from the Department for Work and Pensions and HM Revenue & Customs on the number of children under 16 living in families earning less than 60% of the median income with data from the Department for Education on rates of children under 16 entering care. The key findings identified that there is a 1% increase in child poverty associated with five additional children entering care. Between 2015 and 2020, 8.1% of care entries were linked to rising child poverty. Although, the research provides a large sample size, controlling for other factors, for example parent's mental health would have provided additional validity.

Socioeconomic status closely intersects with other social categories, particularly ethnicity, in the likelihood of children entering the care system. Research has shown that children from

certain ethnic minority backgrounds are often overrepresented in care not solely due to ethnicity itself, but because of the combined effects of poverty, housing instability, and limited access to support services (Bunting et al., 2020). Bywaters et al. (2016) found that deprivation was a key cause of child welfare inequalities, but that ethnic inequalities persisted even after controlling for socioeconomic status, suggesting the influence of racism and institutional bias. This intersectional perspective is crucial to understanding the complexity of contributing factors to children entering care and the need for responses that consider both socioeconomic circumstances and systemic inequalities.

2.2.4.3 COVID -19

Following the recent pandemic of COVID-19 there has been a further increase of children being taken into care during the lockdown period (DfES Report, 2021). Concerns were raised regarding sufficiency, placement disruption and children taken into care in an unplanned way increased during COVID-19 (Ofsted, 2020). Children and Adolescence Mental Health Services often did not have capacity to meet children's needs, however, this worsened during the pandemic (Ofsted, 2020). One of the key changes during the pandemic is that staff such as Health Visitors had to be redeployed to front line services due to the pressure on the NHS. As a result of the shortage of staff, the care system was less able to manage the increase in referrals at the time. (Baginsky and Manthrope, 2020). Throughout the lockdown period, it was reported that levels of domestic violence increased (House of Commons Homes Affair Committee, 2020). During the pandemic 24% of 11 – 18 year olds were at high risk of experiencing mental health difficulties (Schroon, 2021). Early studies indicate that children and adolescence experienced increased anxiety and depression (Meade, 2021).

A survey was established by the Department for Education 2021 to local authorities in England to help understand the impact of COVID-19 on children's social care. During the pandemic, some local authorities experienced a rise in the level of referrals during the

pandemic. Another factor identified is that there were challenges around placement sufficiency issues, local authorities struggled to find a placement that met the holistic needs of children with complex needs and behaviours. The rise in the number of looked after children following the three periods of lockdowns have created pressures upon households and additional parental stress and mental health issues. Furthermore, another key finding reported is that there has been a decrease in the children leaving care, however it was later found that the pandemic caused delays in the courts which resulted in less children leaving through adoption and special guardianship. Additionally, children who did leave care in Wales during the COVID-19 pandemic faced uneven support (Roberts et al., 2021). Overall, the pressures created by the pandemic, including rising referrals, placement challenges, and delays in permanency decisions, may have contributed to an increased likelihood of children re-entering or being re-referred to the care system.

2.2.4.4 Re-Referral to the Children's Care System.

According to the Department for Education (2022), 23% of children referred to children's social care in England were re-referred within 12 months of a previous referral. This indicates potential shortcomings in initial interventions or support services (Parfrement, 2023). For instance, Goddard (2020) researched the factors associated with 'stable reunification' with parents, which the researchers defined as not re-entering the care system for at least two years. The sample consisted of 2,208 looked after children from one large local authority who entered the care system from 2009 – 2015. The key findings were that 36% of the children returned home during that period, and the average time between returning home and returning to care was 53 days. Research suggests that older children between 12 and 17 years are significantly more likely to reunite with their parents for longer than younger children. According to the NSPCC (2021), returning children to their families is one of the most common reasons for leaving care. However, if families are not well supported, children's

experiences are likely to be negative and increase the chances of the child returning to the care system.

Mcgarth et al. (2017) conducted research into the re-entry rates into the care system. The research examined national administrative data between 2007 to 2012 and identified that more than a third of children leaving the care system had re-entered within five years. However, the law requires social workers to try to return looked -after children to their parents wherever possible and appropriate (Child and Family Social Work 2021). Nevertheless, this can have significant implications for the children as research has found that placing a child in a variety of care settings can have a major impact on the child's wellbeing (Hannon et al 2020). However, one of the disadvantages of the research is that the data examined was dated from 2007 to 2012, as a result, rates of children re-entering care may have changed significantly since 2012. To better understand current trends, more recent studies are needed, especially those that explore how ethnic differences, and other demographic characteristics, affect re-referral, care proceedings and decisions made in court. This would help identify whether inequalities still exist and inform improvements in the child protection system.

2.2.5 Front Line Professionals

Once a child has been placed into care, social workers and social care professionals play a crucial role for many children and families in laying the foundations for a better future (Centre for Public Impact, 2022). Their responsibilities extend beyond safeguarding to encompass the coordination of multidisciplinary support services, advocacy for the child's rights and needs, and collaboration with foster carers, birth families, and allied professionals (Munro, 2011). This role necessitates ongoing assessment, strategic planning, and review

processes aimed at promoting stability, developmental progress, and the overall well-being of children within the care system (Selwyn, 2018).

The quality of the relationships built is integral in making a difference to the children and the families (Berridge, 2012). However, research by the British Association for Social Work (BASW) 2020 highlighted that social workers only spend 20% of their time with the families and their children while 80% is spent on paperwork. Social workers in local authorities frequently report being overwhelmed by the sheer volume of cases they are required to manage (Munro, 2011). This often leads to a reduced capacity for meaningful engagement with the families, leaving social workers feeling that they are unable to fulfil the core aspects of their role, which primarily involves direct support and intervention with families and vulnerable individuals (Ferguson et al 2021). The Public Impact Foundation (2023) also highlights the need to reduce the average social workers caseload from 21% to 12.2% of cases to allow practitioners to spend more time with families. This reduction allows social workers to spend a greater proportion of their time on direct work with families (increasing from 16% to 25%), strengthens practitioner-family relationships, and improves professional support through a 46% increase in supervision time. Overall, lower caseloads are shown to improve both service quality and practitioner wellbeing.

For the last 80 years, there have been ongoing tensions within the social care profession (Jennings, 2020). Between 2022 and 2024, the children's social care sector experienced notably high staff turnover. During the 2022/23 period, approximately 5,400 full-time equivalent (FTE) social workers vacated their positions, corresponding to a turnover rate of 17.1%, the highest recorded since data collection began. In 2023/24, this figure declined to 4,700 FTE leavers, with the turnover rate decreasing to 14%, the lowest level observed since 2020. Among those departing in 2023/24, 61% left the profession altogether, 12% transitioned into agency roles, and 27% moved to other local authorities. These statistics

highlight persistent challenges in workforce retention within children's social care (Department for Education, 2024).

Additionally, the Department for Education's Longitudinal Study of Local Authority Child and Family Social Workers published in August 2019 highlighted that the most cited reason in leaving the social work profession was the local authorities work place culture and that they could not make the best use of their skills and experiences. In total, 5,621 social workers took part in the research and 70% reported that the working environment within local authorities was often characterised by limited support from management, poor organisational structures, and an overwhelming focus on bureaucratic procedures at the expense of direct practice. The DfE (2019) study also found that poor management practices were a significant factor contributing to social worker turnover. Many respondents reported that management lacked a clear understanding of the challenges faced by frontline social workers, which resulted in inadequate supervision and support. As social workers felt disconnected from decision-making processes and unsupported in their professional development, it is unsurprising that many chose to leave the profession in search of more supportive and fulfilling work environments. However, there are a few limitations with the study. Due to its voluntary nature, the sample may be subject to self-selection bias, reducing the extent to which findings can be generalised across the wider social work workforce. The study also relied primarily on self-reported data, which is susceptible to subjectivity and recall bias and individuals with stronger opinions or feelings are more likely to participate in surveys, potentially introducing response bias.

More recently, the Community Care poll (2025) surveyed 815 social workers to assess perceptions of the relationship between frontline practitioners and senior management. Of these, 747 respondents (approximately 92%) agreed that there was a disconnect between the two groups, while 68 respondents (approximately 8%) disagreed. The findings suggest a

widespread perception of a disconnect between senior management and frontline practitioners within the social work profession. The study recommended that to strengthen the working relationship between front line professionals and senior managers a number of measures should be implemented. Firstly, all registered social workers should complete 100 hours of direct practice annually regardless of their professional level. Secondly, there must be a stronger commitment by all levels of local administration to understand how management decisions impact on frontline social work.

The interventions suggested to strengthen the connection between senior management and frontline social workers provides an integral framework to solidify the relationship. However, these measures may present certain challenges. The demand to meet the holistic needs of children and families is exceptionally high and therefore, it could be argued that completing 100 hours of direct practice could impact the effective execution of other responsibilities. It is essential that sufficient space is created to enable a stronger commitment from all levels of local administration. However, existing research indicates that time constraints serve as a significant barrier to the successful implementation of these proposals.

For example, a Community Care (2021) report conducted in partnership - A National Voice and Coram Voice, explored the experiences of over 300 children and young people across 31 local authorities in England regarding their interactions with social workers. The study highlighted significant challenges in forming positive relationships due to high staff turnover and the heavy workloads faced by social workers, which often limited the time available for meaningful engagement. Participants reported frequent changes in assigned social workers, disrupting continuity and trust, while feeling depersonalised and treated as mere cases. The findings emphasise the importance of stable, personalised, and empathetic interactions, noting that language used by professionals also influenced young people's perceptions. While this is a small sample, the study does provide a foundation to explore the key impacts of time

constraints in children's social care. This finding is similarly reflected in the context of senior management within children's social work. For example, a report by the Local Government Association (2024) highlights that the complex responsibilities associated with running a council, combined with the pressures of managing substantial workloads, often prevent chief executives from developing a comprehensive understanding of the performance of intricate children's services. These insights indicate that while efforts must be made to bridge the gap between frontline practitioners and senior leadership, foundational measures are required to support the implementation of such proposals. One such measure could include increasing staffing levels, thereby alleviating some of the time pressures faced by senior managers and enabling greater engagement in direct practice with frontline staff. However, to facilitate such staffing increases, additional funding must be allocated to local authorities to support the recruitment and retention of staff (Cook, 2024). However, the implementation of this solution is likely to be impeded by the ongoing funding crisis within the children's social care sector (Glasby and Dickinson, 2014).

Social work is a highly specialised profession, and practitioners derive job satisfaction from applying their knowledge and skills in ways that directly impact the well-being of vulnerable children and their families (Pithouse, 2018). Social workers sit with the lack of fullness and these core aspects of their role, they are more likely to experience job dissatisfaction, emotional fatigue, and a sense of professional ineffectiveness. These feelings, in turn, contribute to higher rates of attrition within the field (Community Care, 2015). Furthermore, the underutilisation of skills can lead to feelings of professional stagnation, which can be particularly damaging to social workers motivation and career satisfaction (Lock et al 2024). This is evident within the study from the DfE (2019) which suggests that when social workers perceive their roles as limited to administrative tasks, they are less likely to feel engaged in their work, which can erode their sense of professional identity and commitment

to the field. High turnover rates and the departure of experienced social workers can disrupt the continuity of care provided to the children and families, particularly in settings where long-term relationships are critical to the success of interventions. Continuity of care is especially important in social work, as the development of trust and rapport between social workers and the families is central to the effectiveness of interventions (National Institute of Health, 2023). When social workers leave the profession at high rates, families are often forced to rebuild relationships with new practitioners, which can undermine the stability and effectiveness of social work services (Social Work England, 2023).

To conclude, frontline workers in children's care play a pivotal role in ensuring the well-being and development of vulnerable children (Munro, 2011). These practitioners such as social workers, caregivers, healthcare professionals, and educators are responsible for addressing the multifaceted needs of children facing difficult situations (McGowan, 2018). However, the departure of experienced social workers creates a cycle of staffing shortages, leading to further increases in caseloads and further pressure on remaining staff. This exacerbates the already challenging work environment for social workers and contributes to the erosion of the quality of care provided (Fan et al., 2024). Despite their crucial role, these workers face high caseloads, emotional and psychological strain, insufficient resources, and systemic barriers that can impact their effectiveness, mental health, and overall job satisfaction.

2.2.6 Caring for Children in Care by the Local Authority

When children enter the care of the local authority, a variety of placement options are assessed to best support their individual needs and circumstances. The primary forms of care include foster care, where children live in a family setting with approved foster carers, kinship care, placements with relatives or close family friends, adoption, a permanent legal

arrangement outside the birth family and residential care, such as children's homes, which provide a staffed environment often suited to young people with complex or high-level needs (Department for Education, 2023; Munro and Hardy, 2006).

Foster care continues to be the most frequently used form of placement, accounting for approximately 70% of children in care (DfE, 2023). Nonetheless, residential care plays a vital role within the wider care system, particularly for older children, those with significant emotional or behavioural difficulties, or those who have experienced multiple placement breakdowns (McDermid et al., 2016; Holmes et al., 2020). These settings offer a structured, therapeutic environment, with their success largely dependent on the quality of relationships and day-to-day interactions between staff and young people (Whittaker et al., 2016; Berridge et al., 2012). Given that residential homes are often utilised when other placement types, such as foster or kinship care, have not been successful, they frequently serve some of the most vulnerable children in the system. As such, they tend to face heightened challenges in terms of staffing, resources, and funding, making them a critical focus for research and policy development (Department for Education, 2023; Cameron and Maginn, 2009).

2.2.7 Quality Standards and Regulations within Children's Homes

Children's homes in the United Kingdom are governed by a range of regulations that set minimum standards for care (Selwyn, 2015). While the overarching objective of safeguarding and supporting children in care remains the same across the UK, the regulations, frameworks, and approaches differ significantly between the nations. This section explores the key differences between England, Scotland, Wales, and Northern Ireland. A fundamental distinction between the nations is the regulatory bodies responsible for overseeing children's homes. In England, Ofsted (The Office for Standards in Education, Children's Services and Skills) is tasked with inspecting children's homes and ensuring that they meet the required

standards. Scotland has its own regulatory body, the Care Inspectorate, which plays a similar role in inspecting care services. In Wales, the Care Inspectorate Wales (CIW) is responsible for regulating children's homes, while in Northern Ireland, the Health and Social Care Trusts ensure compliance with the relevant regulations. Despite the differences in regulatory bodies, all share the common goal of ensuring that children's homes provide safe and high-quality care (GOV UK, 2022).

2.2.7.1 Wales

Under Section 23 of the Care Standards Act 2000 the Welsh Assembly Government have issued 37 National Minimum Standards for children's homes. These standards are used by the Assembly's Care Standards Inspectorate for Wales (CSIW) when determining whether children's homes are providing adequate care and meeting the needs of the children who live there (Welsh Assembly Government, 2002).

The standards are categorised into several key areas:

1. Choice of Service
2. Planning for Individual Needs and Preferences
3. Quality of Life
4. Quality of Care and Treatment
5. Staffing
6. Conduct and Management of the Service
7. Concerns, Complaints and Protection
8. The Physical Environment
9. Specialist Provision

The primary focus of the standards is the impact of the home on the children and young people who reside there.

2.2.7.2 England

The National Minimum Standards for Children's Homes is issued by the Sectary of State under the section 23 of the Care Standards Act 2000.

The Regulations comprise of nine quality standards that must be met within the children's homes:

1. The quality and purpose of care standard

2. The children's views, wishes and feelings standard

3. The education standard

4. The enjoyment and achievement standard

5. The health and well-being standard

6. The positive relationships standard

7. The protection of children standard

8. The leadership and management standard

9. The care planning standard

The key principles aim to ensure that caring for and supporting each child is a priority.

2.2.7.3 Scotland

In 2018 the Scottish Government introduced the Health and Social Care Standards which apply to all health and social care provision, including children's residential care.

1. I experience high quality care and support that is right for me.
2. I am fully involved in all decisions about my care and support.
3. I have confidence in the people who support and care for me.
4. I have confidence in the organisation providing my care and support.

5. I experience a high-quality environment if the organisation provides the premises.

The 5 standards were created according to 5 core principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing (Scottish Government, 2018).

2.2.7.4 Northern Ireland

In Northern Ireland the Department of Health issued 22 Minimum Standards for Children's Homes which aim to improve the quality and consistency of care for children and young people residing in care (Regulation and Quality Approvement Authority, 2023).

The 22 standards are underpinned by 9 core values:

1. Dignity and Respect
2. Independence
3. Rights
4. Equality and Diversity
5. Choice
6. Fulfilment
7. Safety
8. Privacy
9. Confidentiality

These standards are used by the Regulation and Quality Approvement Authority when inspecting residential childcare services. The Minimum Standards were designed to consider the specific needs held by children and young people in care who may have undergone abuse or trauma (Regulation and Quality Approvement Authority, 2023).

2.2.8 Challenges with Equality and Diversity in Children's Homes Quality Standards

Each devolved nation in the United Kingdom has its own quality standards for children's homes, however this section focuses on England and uses its approach to equality and diversity as an example of the challenges within these frameworks. Certain challenges have been identified holistically with the Quality Standards and Regulations within children's homes. Purcell et al (2025) review the impact of regulatory reforms on children's residential care across the UK, highlighting that while regulations aim to safeguard children, they can have complex and sometimes unintended effects on practice, organisational culture, and staff morale. The review emphasises the need to balance the enforcement of minimum standards with support for service improvement, recognising that overly strict rules can limit professional autonomy. It also highlights the importance of leadership, organisational culture, and workforce development, including training and qualifications. The researchers argue that reforms should consider the relationship between policy, practice, and staff-child relationships to improve care quality while supporting both staff and children.

Additionally, challenges have been identified with the Quality Standards, particularly regarding the promotion of equality and diversity within children's homes. While regulations differ across the four nations, they share the same core values. For instance, in Wales, Standard 3 covers placement plans, including a child's cultural, religious, language, and racial needs. England's Quality and Purpose of Care Standard emphasises personalised care reflecting welfare, culture, religion, ethnicity, language, sexual identity, disability, and previous experiences. Scotland's Standard 1.1 states: "I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation," while Northern Ireland highlights Equality and Diversity as a core value. These

standards underline that recognising and supporting a child's identity and culture is central to care, reflecting the Equality Act 2010. However, research shows equitable practice is not consistently achieved, with serious consequences for vulnerable children.

The Black Care Experience Report (2021), during COVID-19, examined 49 Black care-experienced individuals in England. Findings revealed 53% felt social workers did not understand their identity or culture, and 42.85% reported care had not positively shaped their view of identity. The report recommended mandatory training for all staff on promoting the culture and identity of Black children. A limitation is the focus solely on Black children, further research is needed on other ethnic minority groups, as their experiences differ. These findings reflect wider literature stressing culturally competent practice. Rogers and Pilgrim (2014) and Featherstone et al. (2018) emphasise risks from cultural misunderstanding, Trevillion et al. (2020) highlight the impact of limited representation on minority children's well-being, and Baines (2018) and Brandon et al. (2020) advocate training in cultural sensitivity and anti-racist, child-centred safeguarding practices.

The Children's Views, Wishes, and Feelings Standard (Quality Standards, 2015) ensures children in care are meaningfully involved in decisions affecting their lives. While it does not explicitly reference ethnicity, its principles promote inclusivity and support cultural diversity. By acknowledging children's unique perspectives, care providers can honour each child's cultural identity, fostering belonging, self-esteem, and a sense of safety (Care Standards Act, 2000). Recognising cultural nuances also enables personalised care plans that align with a child's heritage and family values, supporting strong connections to their ethnic background and positive identity development (Truong et al., 2014; McLeod, 2018). Culturally aware practices improve communication and trust, encouraging children to share their views and participate effectively in decision-making (Sue, 2019; Care Quality Commission, 2024). Incorporating cultural awareness ensures care is respectful, personalised, and supportive of

all children's identities (Kholi, 2007; Missouri, 2023). This inclusive approach empowers children to feel valued, heard, and understood in their care (Care Standards Act, 2000).

The Enjoyment and Achievement Standard aims to ensure children in care can participate in activities that support their creative, cultural, intellectual, physical, and social development. While not explicitly focused on ethnicity, its emphasis on cultural development is particularly significant for children from diverse backgrounds. Recognising and incorporating each child's cultural heritage into activities not only strengthens engagement but also fosters pride, belonging, and positive identity formation, factors closely linked to well-being and self-esteem (Salford Safeguarding Children Partnership, 2023; NSPCC, 2024). Community events that celebrate cultural diversity further promote inclusivity, enabling children to learn from and value one another's backgrounds, which enhances social and emotional growth (Rutagand, 2024).

However, evidence shows that many children from ethnic minority groups face additional challenges in care. Barnardo's report (2023) highlights that young Black individuals often experience "double discrimination", the combined effects of racial bias and the stigma of being in care. In their study, 20 out of 22 participants reported racism or differential treatment, contributing to feelings of exclusion and isolation. Such compounded adversity makes it harder for minority children to build supportive relationships and feel included in care environments. Together, these findings emphasise the importance of culturally responsive care systems that actively promote belonging, community, and identity development. By embedding cultural sensitivity in everyday practice and addressing the unique barriers faced by minority youths, care services can create inclusive environments that mitigate discrimination and improve outcomes for all children (Care Standards Act, 2000).

The Protection of Children Standard, set out in the Children's Homes (England) Regulations 2015, requires homes to take proactive steps to safeguard children's safety and well-being.

While it does not explicitly address ethnicity, cultural background can shape children's experiences of safety and must be considered in safeguarding practice (Trivedi, 2019; Bacote, 2002). Staff need to understand and respect cultural norms and values, as these influence how children perceive protection and well-being (Rogers, 2012). Recognising each child's cultural context allows for more personalised and effective safeguarding (Care Standards Act, 2000).

Addressing discrimination is equally vital. Staff must identify and challenge racial bias from colleagues, peers, or external sources, creating an environment where children feel valued and respected (UNICEF, 2022). Tailored support, such as cultural activities, access to community groups, or culturally informed staff training, strengthens children's sense of safety and belonging (Karatasas et al., 2024). Integrating cultural awareness into safeguarding both enhances care quality and aligns with wider equality and inclusion goals. By embedding ethnicity and cultural differences into protection frameworks, children's homes can safeguard not only physical well-being but also emotional and cultural security, ensuring that every child has the opportunity to thrive (Ainscow, 2019).

The Leadership and Management Standard highlights the responsibility of registered individuals to ensure children's homes provide high-quality care. While it does not explicitly address ethnicity, embedding cultural competence in leadership is essential for equity and inclusivity. Leaders should prioritise staff training in cultural awareness (Dettlaff, 2009; Lum, 2011), foster diverse team representation (Care Quality Commission, 2024), challenge discrimination, and collaborate with community organisations supporting ethnic minority children (Department for Education, 2015). Despite these aims, ethnic minorities remain underrepresented in Children's Services leadership. The Staff College (2023) reported that only 6% of directors were from ethnic minority backgrounds versus 14% of the general population, reflecting systemic barriers across the public sector (Perry, 2019). Minority staff also face disproportionate negative outcomes, including failed probation, disciplinaries, and

grievances (Ravilier, 2021). Cross-cultural leadership challenges persist, with some White managers reporting discomfort engaging with Black leaders due to fear of cultural missteps (Caver & Livers, 2002; Roberson, 2006). These issues extend beyond representation to workplace culture, progression, and decision-making power (Salway, 2016).

Addressing these gaps requires targeted recruitment, equitable promotion, and comprehensive cultural competency training. While the Staff College findings rely on 2011 Census data, updated evidence is needed to reflect recent societal changes, including the impacts of COVID-19 and the Black Lives Matter movement. In conclusion, effective leadership depends on embedding cultural competence, tackling discrimination, and promoting diversity, ensuring children's homes provide equitable and empowering environments for all children (Frankin, 2019).

Quality standards play a vital role in children's homes. To ensure that children receive the support and protection they need, it is essential that robust quality standards are in place. These standards serve as a foundation for good practice, guide professional conduct, and promote consistency across the care system. The importance of quality standards in children's residential care cannot be overstated, as they help safeguard children, promote emotional wellbeing, and ensure accountability and fairness (Sinclair, 2005). One of the primary functions of quality standards is to safeguard children, promote stability, emotional wellbeing, ensuring professionalism and accountability. Children living in residential care settings must be protected from abuse, neglect, and unsafe environments. Quality standards provide a structured framework for safeguarding practices, staff conduct, and the physical safety of the home (Department for Education, 2015). These measures help create a secure environment where children are less likely to be exposed to harm and more likely to receive timely support when concerns arise (Munro, 2011).

2.2.9 Focusing on Children's Homes: The Role of Front-line Professionals

Children's homes serve as environments where children receive emotional, social, and developmental support. Supporting vulnerable children who cannot live with their families is a priority for children's homes (Brown et al., 2019), along with a strong focus on early intervention and prevention (Early Intervention Foundation, 2021). Despite these priorities, the demand for safe, stable residential care remains high, however, acquiring suitable properties that meet regulatory and safeguarding standards is a major challenge (Children's Social Care Market Study, 2021).

A significant barrier to establishing new children's homes lies in securing properties that comply with the rigorous standards set by Ofsted and local authorities Children's Social Care Market Study Final Report (2025) . These standards encompass requirements for adequate space for both shared and individual living, as well as location criteria that ensure children's safety and access to community services. Compliance with building regulations such as fire safety, health, and accessibility is also essential. Furthermore, obtaining planning permission presents additional difficulties, often complicated by local residence who oppose children's homes due to stigma and misunderstandings about residential care an issue often known as "Not In My Back Yard" (NIMBY) effect (Smith et al.2020). These challenges can result in significant delays in the development of children's homes and contribute to shortages of suitable placements, particularly in high-need areas. A report by the Local Government Association's (2021) titled 'Children's Homes: Barriers and Facilitators to Councils and Small Providers Developing Provision' explored this challenge in more depth. The report found that while local authorities may have access to a large volume of existing properties, participants interviewed within the report discussed how children's homes typically require at least 4-5 bedrooms and need to be in a more suburban or rural location. These properties are

in relatively short supply and are expensive to purchase (Local Government Association, 2021).

Once the home has been established, child protection professionals are presented with further challenges. The day-to-day care is delivered by front-line professionals such as residential support workers, keyworkers, and social workers, who play a crucial role in offering trauma-informed, relationship-based care (Brown et al., 2019). These staff members are not only responsible for safeguarding and delivering care plans, but also for building trust, providing emotional support, and fostering secure attachments, often while managing challenging behaviours and emotional distress (Pinheiro, 2024). A systematic review by Friel et al. (2025) highlights the central role of effective communication in fostering strong, supportive relationships between social workers and the children they work with. However, the review also identified that structural and organisational barriers, such as limited time, high caseloads, and administrative pressures, often prevent professionals from engaging meaningfully with children. Additionally, children themselves were found to be aware of these constraints, expressing frustration at the lack of consistent and genuine contact with their social workers. This reinforces the need to prioritise increased time for direct work with children, which is critical not only for building trust but also for ensuring that children's voices are heard in decision-making. Given the well-established link between the quality of day-to-day interactions and children's well-being and outcomes, research and policy must centre the experiences, capabilities, and support needs of these practitioners. Improving communication time and investing in staff support are essential steps toward better care quality, while also addressing broader concerns such as staff turnover, burnout, and placement stability.

An additional challenge, highlighted in the DfE (2023) report titled Children's Social Care Market was the difficulty in finding skilled children's home managers. For instance, a participant stated, "You just can't recruit a registered manager at the moment for love nor

money." This issue is not widely discussed in the literature as a barrier to establishing high quality children's homes, but this was discussed by several stakeholders interviewed in the report. Participants described how successfully managing a children's home requires a specific set of soft and hard skills along with sufficient leadership experience to set appropriate expectations among staff. This combination of skills and experience can be challenging to find (Local Government Association, 2021).

While challenges around recruitment, staff retainment and leadership in children's homes are increasingly recognised, there remains an additional challenge in understanding the demographics of the children within these homes. In particular, there is limited research and statistical data specifically examining the ethnic composition of children living in residential care homes within the United Kingdom. Existing data is typically aggregated under the broader category of looked-after children, without separating the data by placement type. This gap in the literature highlights the need for more targeted research focusing specifically on ethnicity within residential care settings, to better understand the experiences and needs of these children and inform equitable policy and practice.

2.2.10 Demographics of Children Entering the Care System.

Alongside the reasons for entering care, there are demographic differences in terms of who enters care. For instance, there are more boys entering the care system than girls. Figures indicate that 54% of the children are boys and 46% are girls (Office for National Statistics, 2022). This implies there is a discrepancy in gender among children in care. Research indicates that boys face a higher risk of care entry due to a range of factors including greater prevalence of behavioural difficulties, higher rates of externalising behaviours such as aggression and conduct problems, and increased exposure to risk-taking activities (Lloyd, 2020). Ford et al. (2017) conducted a cross-sectional study using data from the British Child

and Adolescent Mental Health Survey, assessing psychiatric disorders among children in care compared to those living with their families. The study found that boys in care exhibited significantly higher levels of externalising disorders, such as conduct disorder and hyperactivity, which often prompt intervention by social care services. Similarly, Doyle (2007) utilised longitudinal administrative data to examine the behavioural histories of children prior to care entry. The study revealed that boys displayed higher rates of behavioural problems before entering care, and these difficulties were strongly associated with increased involvement in child protection services. These gender-specific vulnerabilities, including different patterns of abuse and neglect, contribute to boys overrepresentation in the care population and underline the importance of gender responsive approaches in child protection practice (Brandon et al., 2012). In addition to gender differences, research demonstrates a strong association between socioeconomic deprivation and the likelihood of children entering the care system in the United Kingdom (Bennett, 2022). Although UK-wide data is limited, evidence from England provides valuable insights that may be indicative of broader national trends. According to the Office for National Statistics 2022, approximately 81% of children who entered care for the first time following the 2011 Census were from households experiencing at least one form of deprivation, including employment, education, health, or housing challenges. In contrast, only 50% of children who did not enter care lived in similarly deprived circumstances. These findings highlight the significant impact of socioeconomic disadvantage on child welfare and the increased vulnerability of children from deprived backgrounds to care intervention.

Alongside deprivation, disabled children are more likely to enter the care system due to factors such as increased vulnerability to neglect and abuse, greater dependency on carers, and challenges in accessing adequate support services. According to the Family Resources Survey, approximately 7.3% of children aged 0–18 in the UK are reported as disabled,

equating to about 952,741 children (Department for Work and Pensions, 2022). Of the approximately 107,000 children currently in the UK care system, around 11% (about 11,770 children) are recorded as having a disability (NSPCC, 2023; Research in Practice, 2024). However, disability reporting varies widely across local authorities, with figures ranging from 3% to 32%, indicating inconsistencies in data collection and the need for standardised reporting (Research in Practice, 2024; Social Work Today, 2024). The intersectionality of disability and deprivation combines these risks, as disabled children living in economically disadvantaged households often face multiple layers of marginalisation, increasing their likelihood of entering care (Emerson and Hatton, 2014; Priestley, 2017).

Alongside the risks faced by disabled children in deprived households, other groups of children also experience heightened vulnerability, with current data reveals that unaccompanied asylum-seeking children (UASC) constitute a substantial and growing portion of the UK's care population. As of March 2024, there were 7,380 UASC in care in the United Kingdom, accounting for approximately 9% of all children in care, an increase of 2% from the previous year (Lenegan, 2025). Between 2021-2022, UASC made up 17.1% of all new care referrals, marking a record high and highlighting their overrepresentation in the care system (Nuffield Family Justice Observatory, 2023). This overrepresentation is even higher in some authorities, such as Kensington and Chelsea, where UASC account for more than 20% of children in care (Nuffield Family Justice Observatory, 2023). This highlights the uneven demand across the children's care system.

This increase in UASC referrals places significant pressure on local authorities, such as strains on placement capacity and resources (Hodes et al., 2008). These pressures can increase the risk of inappropriate placements, including the use of unregulated accommodation, which often fails to offer the specialist support these children require

(Department For Education, 2022). Additionally, many UASC arrive with complex trauma, and physical and mental health needs, often inadequately met due to stretched services and insufficient training in culturally responsive care (Hodes et al., 2008). Therefore, while UASC are a growing and therefore relatively overrepresented group within the care system, the system continues to struggle in meeting their specific needs. Their overrepresentation highlights a pressing need for targeted resourcing, specialist training, and systemic support to ensure ethical and equitable care.

Estimates of referral rates into care also reveal a complex relationship with the child's ethnic background. For example, data from the Department for Education (2024) indicates that while White children constitute the majority of referrals, children from Asian ethnic groups are underrepresented relative to their population size. Earlier studies (Owen and Statham, 2009; Brandon et al., 2020) have reported that children of Black and Mixed ethnicity were underrepresented within the care system. However, more recent national statistics suggest a shift in this pattern, indicating that Black and Mixed ethnicity children are now overrepresented relative to their population share (Department for Education, 2024). Similarly, children from GRT communities are also disproportionately represented within the care system when compared to their relatively small population size (Department for Education, 2024). These inequalities highlight significant variations in how children from different ethnicities are referred and assessed within the children's care system. This complexity requires a deeper exploration of key concepts such as ethnicity, race, culture, and heritage, which are often used interchangeably but represent distinct aspects of identity and social experience. However, ethnicity and its influence on child protection referrals remain an under-researched area, with limited comprehensive studies addressing how systemic biases and cultural factors shape these processes. The following sections will provide a detailed

examination of these issues to better understand the multifaceted nature of ethnicity in the context of children's social care.

2.3 Ethnic Inequalities Across Care Referrals of Children

2.3.1 Defining Ethnicity, Race, Culture and Heritage

The growing number of children entering the care system, and significant disparities in ethnic representation have been discussed. According to the 2021 Census, children of Asian heritage made up 5% of looked-after children, despite constituting 12% of the under-18 population, similarly, Black children represented 6% of those in care, compared to 5% of the general under-18 population. Children from the GRT community make up approximately 0.1% of the United Kingdom's population, significantly lower than their representation in the care system, where they constitute about 1% of looked-after children (Department for Education, 2023; Brandon et al., 2020). The underrepresentation of Asian and the overrepresentation Black children is frequently associated with cultural factors, such as families reluctance to report safeguarding concerns due to fears of stigma, shame, and socioeconomic challenges (Bhui et al., 2018; Nazroo and Williams, 2006). In contrast, the elevated representation of GRT children is commonly linked to systemic prejudice and discrimination within child protection agencies (Williams and Howard, 2021; Cousins and Milligan, 2020).

These complex dynamics highlight the importance of clearly defining and distinguishing key concepts such as culture, ethnicity, heritage, nationality, and race. These terms, while related, encompass distinct aspects of identity that intersect in shaping individual experiences and social positioning (Helms, 2017; Spencer, 2012). A detailed understanding of these overlapping identities is essential for comprehensively analysing how they influence children's experiences and outcomes within the care system (Crenshaw, 1991). Clear and

consistent definitions enable practitioners and policymakers to develop culturally informed assessments, enhance communication, and implement interventions that are sensitive to the unique cultural, social, and historical contexts of children and families from diverse backgrounds (Sue, 2016; Bhui et al., 2018). This cultural competence is vital in addressing systemic inequalities and ensuring that care services promote equity and inclusion for all ethnic groups (Bhopal, 2018).

2.3.1.1 Defining Ethnicity

Ethnicity has been defined as the social group a person belongs to, and either identified with by others, as a result of mix of cultural and other factors including language, diet, religion, ancestry and physical features traditionally associated with race (Bryce, 2023). Additionally, the term ethnicity has become a source of debate in the field of political economy, where many scholars have investigated the relationship between ethnicity and civil war, growth, institutions and violence using econometric tools (Green, 2006). The early roots of ethnicity was defined in the 19th century. In combination to Darwin's theories of evolution, the term ethnic was used to indicate a group unworthy compared to mainstream culture. During this time, ethnicity would have included groups discriminated against by "elite society" such as indigenous peoples, Jews, Romani, low White race (Bentley et al., 2021).

Over time there has been increasing recognition that people may want to identify themselves with more than one ethnic group and as a result the mixed category was introduced in UK 2001 Census (Bhopal, 2004). Further definition states that ethnicity refers to a shared cultural or historical identity based on common ancestry, heritage, language, religion or other shared experiences regardless of geographical location. For instance, Hispanic / Latino refers to people from or with ancestry from Spanish speaking cultures in Latin America or Spain itself (Drew, 2023). Efforts to define ethnicity often reveal significant overlap with the concept of nationality, highlighting the complexity and multifaceted nature of ethnicity as a construct.

2.3.1.2 Defining Race

It has been argued that the term race is extremely difficult to define (Burroughs, 2022). Section 9 of the Equality Act 2010 defines 'race' as including: colour, nationality, ethnic or national origins. Most definitions of race have themes in common which is an attempt to categorise people primarily by their physical differences. The term race has also been applied to linguistics groups (the Arab race or the Latin race) (Smedley, 2023). In contrast, There are many theories that believe that race itself is not real (Warren, 2019). One example is the idea that race is determined by culture, geographical location and production of melanin, which does not correlate with genetic diversity in humans (Fuentes, 2012). For instance, the local climate can affect skin colour as well as DNA (Goodman, 2020). Environmental pressure, clothing and natural or artificial tanning may be the causes of variation in skin tone (National Institute of Health, 2021).

A report from the National Academies of Sciences, Engineering, and Medicine (2023) investigated the impact of using race, ethnicity, and ancestry labels within research. The review found that many researchers view race as an aspect of human genetic variation. However, this may be problematic as it implies that humans can be classified into discrete, innate categories. According to the report, this classifying can be harmful as it encourages researchers to ignore variations between individuals within these racial categories. A further finding of the report was that researchers are working on the assumption that race is a biological concept and therefore not considering the influence of social, geographical and cultural factors. Therefore, the report recommends that researchers define their population descriptors based on the purpose of the study and should consider using multiple descriptors for each participant to improve clarity.

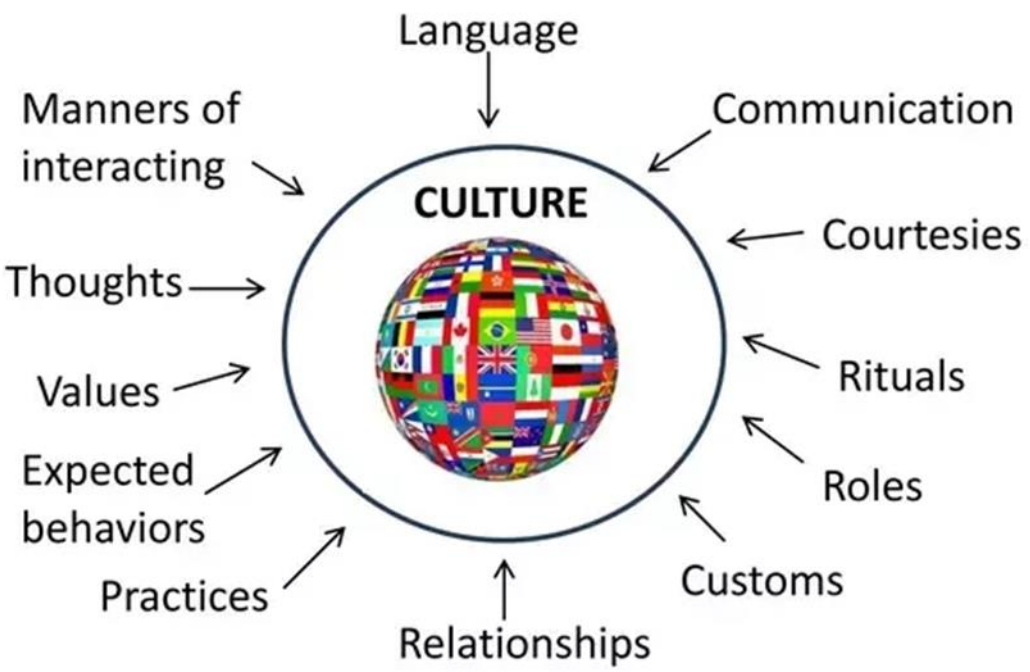
However, a limitation of this study is the lack of detail regarding the number of participants attending the workshops or the responses received from the targeted outreach, making it

difficult to determine the sample size and the strength of the findings. Additionally, aspects of the methodology relied on the expertise of committee members, which may introduce bias due to potential vested interests. Despite these limitations, the research highlights that race extends beyond skin colour, highlighting the importance of considering a range of social and cultural factors when discussing race.

2.3.1.3 Defining Culture

The term 'Culture' is notoriously difficult to define (Spencer-Oatey, 2012). The American Anthropologists Kroeber and Kluckhohn (1952) identified over 160 different definitions (Jalili, 2022). More recent definitions describe culture as relating to factors such as ethnicity, religion, nationality and language. However, other definitions place more emphasis on culture in terms of food, clothing and music (Jahoda, 2012).

Figure 1 – Diagram defining Culture taken from Richard et al (2016)



Drawing from Figure 1, cultural values are primarily transmitted by the family to the developing child and later reinforced by other social organisations, such as schools, places of

worship, or community organisations (Pumariega & Joshi, 2010). Cultural influences significantly shape psychological, emotional, and cognitive development (Joshi, 2011).

A disproportionate number of children and young people in care are from black and minority ethnic background have experience, such as racism, bias, stereotyping or cultural misunderstanding (NSPCC, 2024). In recognition of this, the National Institute of Health and Care Research (2021) emphasises the importance of ensuring that children's homes are sufficiently diverse and culturally sensitive to meet the complex and varied needs of children from different backgrounds.

2.3.1.4 Defining Heritage

Associations with the term heritage vary depending on the individual (Hawke, 2020). Heritage is often defined by values, traditions, culture, artefacts, and a familial identity (Johnston and Marwood, 2017). Research conducted by Dr Joshua Blamine from the University of Wolverhampton (2023) explored the significance of heritage in young people's lives. The report reviewed seven case studies of Heritage Projects for young people from diverse backgrounds, with a sample of over 150 participants. Each project provided the young people with an opportunity to participate in activities with a cultural heritage component, such as visits to museums and heritage cities including Bath and Cambridge. The key findings from the report suggest involving young people in local heritage could reduce 'brain-drain' by encouraging them to stay in so-called 'left behind places', claiming ownership over the spaces where they live, and contribute towards their revival. When young people engage in heritage it can lead to stronger, more cohesive communities and promote social inclusion. The report concluded that there are positive personal and social outcomes of heritage engagement for young people, such as better mental health and wellbeing. However, young people who engage with their local heritage are more likely to have a sense of civic pride and belonging. The report recommends collaborative working between heritage

organisations and the education, housing, transport, and healthcare sectors to promote the benefits of heritage for young people. However, it could be argued that heritage itself may not be the direct cause of these benefits. There may be other factors contributing to the improvements in the young people's mental health and wellbeing. For example, according to the report the Adventurers History Club (2023) visited five heritage museums, however the report also states that the club has monthly meetings. Therefore, it may that social factors such as simply participating in the group projects and activities created a sense of belonging for the young people, rather than their heritage alone.

Practitioners working with looked after children must provide homes that create a sense of security, continuity, stability and belonging (Alford, 2022). A study conducted by Cheruvillil, Halford and Boti (2022) aimed to explore the experiences of Muslim children in the care system with a focus on how their faith and identity is preserved. The analysis found that the children's identity was strongly related to their faith and heritage. Therefore, it is important for social workers to take heritage into consideration when deciding how these children should be supported to live their lives. A key strength of this study is that the participants consisted of a wide variety of individuals from different backgrounds with a strong focus on intersectionality. However, the sample size is relatively small and therefore it may be difficult to generalise the findings to the wider population. This information could be crucial as participants from a culturally diverse local authority may have significantly different experiences to those working in an area with little diversity. Finally, while it is useful to explore the experiences of care leavers, the data could have been enrichened by including the voice and perceptions of children currently living in care.

2.3.2 Statistics on Ethnic Minority Children in Care

The statistics on the demographics of children from ethnic minorities entering the care system imply that there is either an over or underrepresentation compared to the general population (NSPCC, 2021). For instance, research by Jing et al., (2024) explored ethnic disproportionality within the children's care system in Wales's from 2011 to 2020. By combining datasets, the research was able to provide a more complete picture than traditional figures, uncovering inequalities in children's contact with social care, ranging from initial support to ongoing care. Children of Mixed-heritage were most consistently overrepresented, by a factor between 1.1 and 1.5, while children of Asian heritage were the most underrepresented, with representation falling between 0.5 and 0.7. Children of Black ethnicity showed considerable year-to-year fluctuation, with representation ranging between 0.8 and 1.2. Notably, the level of disproportionality rose from 2011 to 2016 before declining between 2017 and 2020. Disproportionality was most pronounced among girls and in age groups 0–4 and 16–17, highlighting how age and gender intersect with ethnicity in shaping access to support.

While existing research has identified the existence of ethnic inequalities within the care system, it is not clear exactly why there is a large difference. However, research has been able to identify possible factors that may contribute to the over or underrepresentation. Research by Owen and Statham (2009) explored why children of Asian ethnicity are underrepresented among the children in the care system. They conducted a review of findings from qualitative studies undertaken in the UK, alongside analysing three sets of administrative data and the history of care experienced children. The results suggested that there were a variety of potential causes for the underrepresentation, including restricted access to support services. For example, the research claims that ethnic minority children and

families receive less support than other children and families and as a result, there is less contact with child protection services. It was also found that there was more ambivalence in some cultures to report concerns about a child's safety and there is more uncertainty among child protection professionals. Additionally, a study titled "Care Experience, Ethnicity, and Youth Justice Involvement" by the Administrative Data Research UK (ADR UK) (2023) used linked data from the Ministry of Justice and the Department for Education to examine how ethnicity and care experience influence youth justice outcomes. It found that inequalities were particularly pronounced among ethnic minority groups Black and mixed-ethnicity children in care were nearly twice as likely to receive custodial sentences as their White peers. The report identifies several underlying causes for these inequalities. Ethnic minority children in care often experience placement instability and are more likely to be placed far from their home communities, which can disrupt social support networks and increase vulnerability to criminalisation. Furthermore, the study highlights the role of institutional racism and implicit bias within the youth justice and child protection systems, which can result in harsher treatment and decision-making for minority children. Limited culturally sensitive interventions and support services, combined with underrepresentation of minority professionals within children's social care, further exacerbates these inequalities. These factors contribute to a cycle where ethnic minority children in care are disproportionately penalised and excluded from positive outcomes, highlighting the urgent need for systemic reform to promote equality and culturally informed practice.

A similar study titled "A Systematic Review of Ethnic Representation in UK Research Involving Children and Young People Living in Care" (Javed et al., 2025) explored how ethnicity is reported in UK research about children in care. One of the key findings was that over half of the studies (51.5%) did not report the ethnicity of their participants at all. In the studies that did, the way ethnicity was reported varied a lot with some using very broad

categories like “White” and “non-White,” while others included more detailed ethnic groups. Study sizes also differed widely, some used national datasets with up to 60,000 children, but most had much smaller samples, with the average number of children in care being just 49. Most of the research focused on England, with very little coming from Wales, Scotland, or Northern Ireland. Overall, the review shows that ethnic minority children are often under-represented in research, and it calls for more inclusive and consistent ways of collecting and reporting ethnicity in future studies.

An ethnic group which are commonly under researched are Gypsy, Roma and Traveller ethnic groups. The terms ‘Gypsy’, ‘Roma’ and ‘Traveller’ are frequently used interchangeably in both public dialogue and policy frameworks, yet they refer to distinct communities with separate cultural heritages and historical backgrounds. In the UK context, ‘Gypsy’ generally denotes Romany Gypsies, who trace their ancestry to northern India and have been present in Britain since the 16th century (Okley, 1983). In contrast, the term ‘Traveller’ encompasses a wider range of groups, including Irish Travellers, Scottish Travellers, and New Travellers, each of whom maintains unique languages, customs, and traditions (Cemlyn et al., 2009). Although ‘Gypsy’ is recognised as a legitimate ethnic classification under UK race relations legislation, it may carry negative or outdated connotations, especially when used inappropriately or by those outside the community. As a result, many individuals favour more accurate, self-defined terms such as ‘Romany,’ ‘Irish Traveller’, or ‘Roma’ (Clark and Greenfields, 2006). Nevertheless, some individuals, particularly among Romany populations, continue to use the term ‘Gypsy’ as part of their cultural identity. While the umbrella term ‘Gypsy, Roma, and Traveller’ (GRT) is commonly used in education, health, and policy discourse to raise awareness of systemic inequalities, it can unintentionally oversimplify the distinct needs and experiences of each group, potentially limiting tailored support and recognition.

2.3.3 Ethnic Inequalities and Court Proceedings

The aim of the justice system is to maintain everyone's safety and to mediating conflicts in a civilised manner (Garside, 2008). There is very little data on the ethnicity of families who encounter family court (Rehill 2021). Research by Hood et al. (2020) found systematic differences in the way services assess and respond to neglect. Local authorities seem to vary in their operational practices when it comes to identifying neglect in poor families. This is crucial because child neglect is the single biggest category of child protection plans (Hood et al., 2020). This research suggests that children living in poverty are more likely to be seen as neglected of they are assessed by child protection professionals in a well-resourced local authority. This research links to children in care by showing that inconsistent assessments of neglect across local authorities can influence whether a child is removed from their home. Since neglect is the most common reason for child protection plans, children living in poverty may be more likely to enter the care system if they are assessed in well-resourced areas, where thresholds for intervention may be lower. This highlights a potential inequity in care decisions, where poverty is mistaken for neglect, leading to unnecessary or uneven care placements.

Building on this, a qualitative study conducted in 2005 by the Department for Constitutional Affairs examined minority ethnic parents, their solicitors, and child protection litigation through interviews with both parents and solicitors. The findings revealed that solicitors often struggled to obtain full accounts from parents, as many did not fully understand state interventions or expectations around parenting. Parents from countries with corrupt or underdeveloped legal and welfare systems often narrated their experiences differently, which influenced their interactions with solicitors and agencies. Additionally, solicitors tended to make assumptions about second- or third-generation Black or Asian British parents regarding their understanding of the welfare and legal systems and their degree of integration into

predominantly White British society. Taking instructions was generally similar to working with White British parents, though challenges increased when parents were relatively new to the UK. Language barriers further complicated communication, with parents reporting that legal processes were often not clearly explained, while some solicitors admitted they were better at listening than clarifying the law.

Solicitors were divided on whose responsibility it was to address potential cultural differences. Approaches varied depending on whether parents were new arrivals or more established in the UK. Some solicitors avoided discussing cultural diversity due to limited knowledge or fear of being perceived as racist, while others proactively raised the topic, recognising that parents might not initiate such discussions due to stigma. Parents reported mixed experiences, with some unclear about the reasons for questions about their backgrounds and others feeling unable to discuss cultural issues. Across the study, all parents described feelings of fear, anxiety, and trauma in family court settings, and some minority ethnic parents remained highly suspicious of local authorities (Department for Constitutional Affairs, 2005).

Research into court proceedings has highlighted a clear relationship between low socioeconomic status, ethnicity, and the likelihood of children entering the care system (Hood et al., 2020). The findings emphasise the need for reforms within the family justice system to ensure that ethnic minority families are treated equally, not marginalised, and that legal professionals develop stronger, more culturally competent relationships with these families to improve trust, communication, and outcomes (Department for Constitutional Affairs, 2005).

2.3.4 Understanding Ethnic Inequalities in the Social Care System

Ethnic Inequalities refer to the disparities and unequal treatment experienced by individuals or groups based on their ethnicity or racial background (Mirza, 2024). These inequalities

manifest in various aspects of society, including access to resources, opportunities, services, and outcomes. In the context of the children's care system, ethnic inequalities are seen when children from certain ethnic backgrounds are disproportionately represented or treated differently compared to children from other ethnic groups (Jing, 2024; Department For Education, 2025). In a broader sense, ethnic inequalities can result from systemic biases, historical discrimination, or socioeconomic factors that affect specific ethnic groups. These inequalities often contribute to poorer outcomes in education, health, employment, and social mobility for affected individuals or groups (Kershbaumer, 2024). Reducing ethnic inequalities requires addressing these systemic issues and ensuring equal opportunities and treatment for all people, regardless of their ethnicity.

Ethnic inequalities within the children's care system represent a significant concern, reflecting the disproportionate representation and distinct experiences of children from diverse ethnic backgrounds (Bywaters, et al 2018). These inequalities manifest in various forms, such as the rates at which children enter care, the types of care placements they receive, and their outcomes throughout their time in the system (Wilkinson, 2018). In the United Kingdom, statistical data reveals notable disparities in the treatment of children from different ethnic groups, highlighting the need to address these inequities is to ensure fairness and equality for all children in care (Department for Education, 2023). However, the concept of ethnic disproportionality, which is closely related to ethnic inequalities, refers to the overrepresentation or underrepresentation of a specific ethnic group within a particular context, such as the child welfare system, in comparison to their proportion within the broader population (Hill, 2006). This concept highlights how certain groups may be disproportionately affected by the practices and policies within the child protection system.

Ethnic inequalities within children social care are poorly understood and deeply disturbing (Bennett et al., 2024). The 'Children in Care – North England 2024' report suggested that

there is no evidence to suggest that the inequalities accurately reflect ethnic differences in experiencing abuse or neglect. Additionally, the report highlighted that most ethnic groups have high rates of children in care compared to White British populations, almost quadruple in the case of Black African and Black Other populations, more than triple for Black Caribbean and Mixed Other groups. However, in the most deprived neighbourhoods of the country, the pattern is largely reversed. Many ethnic population groups have much lower care rates compared to White British populations (Souza, 2024). The notable exception is for children in the Mixed Other group. The children of mixed heritage face challenges of both socioeconomic and ethnic inequity (Webb et al., 2020). These statistics highlight the existence of ethnic inequalities in the representation of children from different ethnic backgrounds within the care system (Hunter, 2022). This remains a significant issue that requires further research to explore the underlying causes and identify effective measures to mitigate these inequalities. Ethnic minority communities often face compounded disadvantages due to intersecting factors such as poverty, systemic bias, and cultural misunderstandings within child protection practices (White, 2018).

2.3.5 Current Statistics on Ethnic Inequalities in the Children's Care System

Identifiable patterns can be observed in the current statistical data regarding the number of children entering care from various ethnic backgrounds (Griffiths, 2023). For example, children from minority ethnic groups are disproportionately represented in the care system, with certain ethnicities facing higher rates of placement compared to others. A significant finding is that White British children are ten times more likely to be in care than Asian Indian children (Bywaters, 2018). Meanwhile, Black Caribbean children are 20 times more likely to be in care than their White British counterparts (Bywaters, 2018). This stark difference in representation indicates a clear pattern of ethnic disproportionality within the system.

Further statistics show that ethnic minority children, especially those from Black and Asian backgrounds, experience different outcomes within the care system. For example, children who are White or from Mixed or multiple ethnic groups have lower rates of supervision orders compared to Black and Asian children (Edney et al., 2023). Specifically, only 12% of White children and 15% of children from Mixed ethnic backgrounds are placed under supervision orders, whereas this number rises to 21% for both Black and Asian children (Edney et al., 2023). This variation in legal orders highlights the differing experiences of children from various ethnic groups and the challenges they face in the children's care system.

A significant limitation in much of this research concerning children in care is the use of broad ethnic categories such as White, Black, Asian, Mixed, and 'Other' (Jing et al., 2024). These combined categories often supress the unique experiences and needs of specific ethnic groups (Government Statistical Service, 2020). For instance, the 'Asian' category refers to a diverse range of communities, including Indian, Pakistani, Bangladeshi, Chinese, and others, each with distinct cultural backgrounds and challenges. Similarly, the 'Black' category includes both African and Caribbean communities, which may have different experiences within the children's care system (Centre for Crime and Justice Studies, 2025). The category of 'White' in research can also be overly broad and may undermine significant ethnic and cultural differences. For example, individuals of Hispanic or Latin American origin who do not identify as Indigenous may still select 'White' as their racial category, despite this label not fully capturing their ethnic identity or lived experience (Morning, 2009). This grouping can risk losing critical within-group differences and inequalities, leading to a loss of nuanced data essential for targeted policy and practice improvements (Nuffield Family Justice Observatory, 2023).

Regional differences further emphasise the extent of ethnic inequalities (Finney, 2017). The proportion of ethnic minority children in care varies across UK regions. In England, London's care proceedings involve approximately 60 % of children from ethnic minority groups. Reflecting the capital's high levels of diversity, whereas in the North East, 92 % of care proceedings involve White children, illustrating much lower representation of minority groups (Nuffield Family Justice Observatory, 2024). When comparing across the UK's four nations, further differences become more prominent. In Scotland, 84% of looked-after children were White, while 1 % each were from Mixed, Asian, Black, and Other ethnic groups and the remaining 12 % were unreported or unknown (Scottish Government, 2021). In Wales, 87.1 % of children in care were White, whereas 12.9 % were from other ethnic groups. This highlights lower diversity relative to England (Welsh Government, 2024). However, Northern Ireland overall remains less diverse, with only 3.4 % of the total population belonging to ethnic minority groups, compared to 18.3 % in England and Wales and 12.9 % in Scotland (Scottish Government, 2021).

These patterns reveal that UK-wide averages can suppress meaningful variations. Diverse cities like London exhibit significantly higher numbers of ethnic minority children in care, while less diverse areas such as Northeast England and parts of Wales and Northern Ireland show lower representation. This highlights the importance of analysing data on children in care at a more targeted level to fully understand and address the challenges faced by diverse communities across the UK.

2.3.6 Research on Ethnic Inequalities in the Children's Care System

Research suggests that ethnic inequalities do exist within the children's care system and that children of Asian ethnicity are underrepresented, whereas children from Black or GRT communities are overrepresented (Brady, 2017). Children from ethnic minority families

receive less interventions from child protection services and the services fail to meet the individual needs of different ethnic groups (Bywaters and the Child Welfare Inequalities Project Team 2020; Owen and Statham 2009). An understanding of the factors that contribute to these inequalities is essential for practitioners and policymakers working in this field if these inequalities are to be reduced. The existing level of research evidence is limited, however there have been some important findings. The relationship between deprivation, social care intervention and ethnicity was studied in the Child Welfare Inequalities Project (Bywaters and the Child Welfare Inequalities Project Team, 2020). The project found White children receive far higher intervention rates than almost all other ethnic groups. One key explanation for this disparity highlighted in the project is the higher concentration of deprivation experienced by White children in many areas, which strongly correlates with increased risk factors for social care involvement, such as poverty, parental substance misuse, and domestic violence. Additionally, the project suggests that systemic factors may contribute, including cultural differences in family resilience and community support networks among ethnic minority groups that may reduce referrals to social care. However, Bywaters (2020) found that concerns have been raised about potential biases in reporting and decision-making, where professionals might have different thresholds for intervention based on ethnicity, either due to stereotyping or cultural misunderstandings.

A further study by Bywaters (2020) aimed to explore the inequalities in the proportion of children from different ethnic groups entering the care system. Data was obtained from across the UK for a representative sample of 50 local authorities from across different regions and differing sizes and administrative types. These local authorities gave information on 12,412 children on child protection plans and 24,351 looked after children. Through analysing the data, there is evidence to suggest that there are large inequalities in intervention rates and children's ethnicity. Almost all minority groups have lower rates of intervention than White

British children and this is particularly the case for children of Asian heritage. White British children are almost eight times more likely to be on a protection plan than an Asian Indian child, four times more likely than a Bangladeshi child, and twice as likely as Pakistani child.

This finding is consistent with a review commissioned by The Department for Education (DfE, 2022) who undertook a descriptive analysis of the representation, experiences and outcomes of children in social care by ethnic group (Ahmed et al. 2022). The review analysed data from the Children in Need (CIN) census and the Care Experienced Children census and identified that children from White ethnicity had the highest rates of child protection plans and were the most likely to be looked after. In addition, the Independent Review of Children's Social Care (MacAlister, 2022) interviewed both families and professionals on the causes of the ethnic inequalities in children entering care. The participants reflected on the influence of differing cultural values around family life, as well as the deep-rooted suspicion and mistrust that some communities hold towards statutory services. These perspectives highlight the need for culturally informed approaches within the care system. In response to such challenges, the government-funded initiative 'What Works for Children's Social Care' (WWCSC) was established to improve outcomes for children and families by promoting evidence-based practices across children's social care. As part of its work, WWCSC has commissioned research to explore the prevalence and impact of these issues, aiming to build a stronger understanding of how policy and practice can better serve diverse communities. This work is particularly important because mistrust of social care services can lead to under-engagement, late intervention, and ultimately poorer outcomes for children. By identifying barriers and promoting culturally sensitive practice, such research helps ensure that support is more accessible, appropriate, and effective for families from all backgrounds.

The study by Gurau and Bacchoo (2022) involved a survey of social workers across local authorities in England. The study found that nearly one in three social workers reported

witnessing racism directed towards families by their colleagues or managers at least once. This indicates that racial bias and discriminatory behaviour are not only experienced by the families but are also visible within professional practice environments. The findings highlight systemic challenges related to organisational culture and the need for targeted anti-racism training, stronger leadership accountability, and more inclusive workplace policies. The study emphasises that addressing racism within social work is essential to improving trust, fairness, and effectiveness in service delivery, particularly for ethnic minority children and families. Addressing systemic challenges within social work, such as racism and leadership accountability, aligns with broader policy efforts.

For example, the Department for Education's report Stable Homes Built on Love (2023) aims to improve outcomes for children in care by promoting stable, loving placements and enhancing the consistency and quality of children's social care services. The report highlights ongoing challenges within care proceedings, particularly the absence of a unified framework that clearly defines the goals and delivery of children's social care. This lack of a coherent national strategy leads to considerable inconsistencies in practice across local authorities. Although the evidence base regarding effective interventions has grown, its application remains uneven and insufficiently embedded in routine practice. Both the Care Review and the subsequent Panel have underscored the urgent need for stronger national leadership and clearer system-wide direction to ensure more consistent, equitable, and effective support for vulnerable children and families throughout care proceedings.

Alongside these systemic challenges, children from Black, Asian and other ethnic groups tend to have less time referrals and entering care (one month or less on average) than White children (3 months on average) (Department for Education, 2022). The Department for Education (2022) also highlights that almost half of children from Asian and any other ethnicities (42% and 46% respectively) did not have a child in need or a child protection plan

in month prior to becoming a looked after child compared to 14% and 17% of White and mixed ethnicity children. In addition, the report highlights that children from White ethnicity have the highest rates of having child protection plans and becoming looked after within a year of being referred. However, children from mixed race and black Caribbean ethnicity are less likely to have a child protection plan following a referral compared to White British children. Bywaters (2018) suggests that there are a number of potential reasons why these inequalities exist, firstly policy makers and researchers appeared to pay little attention to ethnic inequalities in children's services over the past twenty years and as a result there is no evidence to explain these differences in care rates. Additionally, there is not enough knowledge or understanding behind the factors behind the large inequalities in family economic circumstances and there is limited understanding regarding the differential rates of children in care. Lower rates of children in care among certain ethnic groups may suggest that some children in need are being missed by services, or alternatively, that particular communities are more effective in supporting children's development through strong family and community networks. In contrast, high rates of care involvement carry significant personal and economic costs, both for the individuals affected and for wider society. These disparities highlight a broader challenge within children's social care the need to balance respect for ethnicity, religion, culture, and heritage with the responsibility to safeguard and protect children. Navigating this balance requires culturally competent practice as professionals must ensure that cultural considerations do not overshadow the child's right to safety, while also avoiding culturally biased assumptions that could lead to either over-or under-intervention.

An article titled "Safety of Children Must Come Before Cultural Sensitivity" (2024) created by Keep Children Safe service highlights the essential principle that children's safety should always take precedence in child protection cases, even when cultural or religious beliefs are

involved. While the importance of understanding and respecting cultural contexts is emphasised, the article stresses that these considerations should never override the fundamental need to protect children from harm. In child protection, it is crucial for professionals to balance cultural awareness with the primary responsibility of ensuring the safety and well-being of children. The article advocates for professionals in child protection to gain insight into the cultural and religious backgrounds of the families they work with. This understanding helps them assess situations more accurately and provide appropriate support tailored to the family's context. However, while the article emphasises the importance of balancing cultural awareness with child protection, it does not provide specific examples of cultural practices that may be harmful to children. This makes the guidance less practical for professionals seeking clear instances where cultural considerations might conflict with safeguarding responsibilities.

Additionally, the article cautions against allowing cultural beliefs to justify harmful practices. It warns that cultural sensitivity, which is defined as the awareness and respectful consideration of different cultural beliefs and practices, must not be used as a shield to overlook potential risks to children, particularly when these practices may put the child's safety in jeopardy (Spielman, 2024). Professionals are urged to remain vigilant and critically assess cultural practices to ensure they do not overlook harmful behaviours that threaten a child's well-being. This involves ongoing training to recognise and address personal biases, prioritising the child's safety above cultural norms, and consulting cultural experts to balance respect with safeguarding (Anderson, 2010). Clear policies reinforce that cultural sensitivity cannot justify neglect or abuse, while multi-agency collaboration helps challenge harmful practices collectively, ensuring that safeguarding remains paramount (Bailey, 2012). Although policies are clear that cultural sensitivity should never come before a child's safety, real-life cases show how hard this can be to follow. The deaths of Victoria Climbié (Laming,

2003) and Baby P showed that poor communication between agencies and a reluctance to challenge carers led to serious failures. In the Rotherham abuse case (Jay, 2014), professionals did not act due to a fear of being seen as racist. Research on Female Genital Mutilation (HM Government, 2015) and forced marriage (Gill & Anitha, 2011) also shows that cultural beliefs and a lack of confidence can stop professionals from stepping in. These examples show that, even with clear policies, worries about culture and poor teamwork between agencies can put children at risk.

At the heart of this argument is the child-centred approach, which stresses that the rights and needs of the child should always be the primary focus in any intervention. Cultural and religious considerations should never overshadow the child's safety or well-being. The article "Safety of Children Must Come Before Cultural Sensitivity" (2024) highlights the importance of maintaining this child-focused perspective in every case, ensuring that the child's rights and protection remain the top priority. Child protection professionals are encouraged to demonstrate professional courage by taking decisive action when cultural practices conflict with the imperative to protect children. This may involve challenging harmful traditions and advocating for the child's best interests, even if it means confronting deeply held cultural or religious beliefs.

This perspective aligns closely with broader safeguarding guidelines, such as those outlined in the "Safeguarding Children from Harmful Practices Related to Tradition, Culture, Religion, or Superstition" guide by Safeguarding Wales (2021). This guide emphasises that while cultural beliefs should be understood, they must not be used to justify practices that cause harm to children. Similarly, the "Culturally Competent Safeguarding" framework from the Brighton & Hove Safeguarding Children Partnership 2021 advocates for cultural awareness among professionals but makes it clear that cultural and faith considerations

should never be an excuse for abuse. In both frameworks, the safeguarding of children's rights takes precedence over cultural sensitivity.

In conclusion, while cultural sensitivity plays a vital role in understanding and supporting families, the safety and rights of children must always remain the highest priority in all safeguarding practices. Child protection professionals are tasked with the challenging yet crucial responsibility of balancing cultural respect with the need to protect children from harm. For instance, a key issue may be the limited cultural competence among some practitioners, which can contribute to fears of being perceived as racist or culturally insensitive when raising concerns (Bernard and Harris, 2019). This fear may lead to hesitation or inaction, even in situations where there are safeguarding risks. Additionally, professionals may encounter difficulties when addressing culturally accepted practices that conflict with UK safeguarding standards. For instance, physical discipline may be considered a normal part of parenting in some cultures, but in the UK it may constitute physical abuse (Gilligan and Akhtar, 2006; NSPCC, 2023). In these cases, practitioners may either overlook potentially harmful behaviour out of respect for cultural norms, or intervene without fully understanding the cultural context, risking alienation of the family. Furthermore, conflicting beliefs about parenting and child development can lead to tension between professionals and families. Practices such as expecting older siblings to take on caregiving roles, or emphasising obedience and discipline, may be misinterpreted as neglect or abuse (Williams and Soydan, 2005). These issues highlight the need for ongoing training to ensure that safeguarding decisions are both effective and respectful of cultural diversity.

2.3.7 Contributing Factors to Ethnic Inequalities in the Children's Care System

Supporting ethnic minority families effectively involves understanding a range of interconnected factors. Gilligan and Akhtar (2006) identified that many social workers felt ill-equipped to work with families from diverse cultural backgrounds, often due to limited training, a lack of cultural understanding, and concerns about appearing discriminatory. Their study also revealed that this uncertainty led some practitioners to either avoid necessary intervention out of fear of being culturally insensitive or overlook cultural considerations altogether, resulting in inconsistent practice and weakened relationships with families. Similarly, Williams and Soydan (2005) found that ethnic minority families were less likely to receive early support and more likely to encounter services during crisis situations. They attributed this to differences in practice across local authorities, shaped by organisational priorities, available resources, and varying levels of cultural competence among staff. These studies demonstrate that service inequalities stem from a complex mix of personal, institutional, and systemic issues, rather than a single cause. While no clear explanation for these disparities was identified, both studies underline the need for improved training, culturally informed practice, and structural change. Bernard (2021) supports this view, advocating for anti-racist training, reflective supervision, and greater community collaboration to ensure early intervention is accessible and professional judgement is informed by genuine cultural awareness.

Alike the research conducted by Owen and Statham (2009) there is more than one contributing factor to why there are higher rates of children from White ethnicity than Black and Asian children. A study by Webb et al. (2020) examined the ethnic and social disparities in 18 local authorities. The research concluded that while poverty is a key factor in explaining why rates of intervention may be different between ethnic groups, they do not explain all differences. For example, children from Asian and Black ethnic groups have higher rates of

low income than White British children and it was evident in the findings that the scale of socioeconomic inequalities in social care intervention differed by ethnic group. More research is needed to ensure that the data is comprehensive, reliable, and valid. To strengthen the findings, there is a need for a better understanding of how socioeconomic factors contribute to the characteristics and approaches of different ethnic populations to differential intervention rates. Additionally, further research is required into the causes of the ethnic inequalities in the care system. For example, research into how culture affects the number children referred to care and whether parenting styles differ between different ethnicities.

One of the more under researched groups are children from GRT Communities, who are three times more likely to enter the care system (Allen, 2017). Allen and Hamnett (2022) reviewed statistical evidence from the Department for Education (2012) on key indicators for GRT children and all other ethnic groups involved in Child Welfare Services. GRT children were 1.81 times more likely to be referred to Child Welfare Services, twice as likely to attend an Initial Child Protection Conference or Child Protection Plan and 2.11 times more likely to live in state care compared to children from any other ethnic group. Although numerically low compared to the total population, the number of GRT children living in state care increases at a disproportionate rate over time with an increase of 147.6% since 2012 in comparison to a 10.7% increase for all other children. However, a significant amount of information from the Department for Education (2012) had been redacted meaning the data set may have been incomplete which could have influenced the results. Finally, although the research did identify an over representation of GRT children within the care system, it was unable to provide any explanation as to why this over representation exists. Consequently, further research is needed to explore the impacts of factors such as deprivation, family disengagement, structural discrimination or institutional racism on the number of GRT children entering care.

GRT communities in the UK have faced longstanding discrimination, particularly around housing and social services (Craigforth, 2018). Many councils fail to provide enough official sites, forcing families into unauthorised locations and creating risks of eviction and legal action (Cemlyn et al., 2009; Traveller Movement, 2021). This housing instability increases scrutiny from social workers, with negative assumptions about Traveller parenting often leading to child protection referrals and fewer opportunities for early help (Cemlyn, 2000). These issues are compounded by a deep mistrust of social services, rooted in a history of discrimination, forced assimilation, and negative stereotyping (Greenfields, 2009).

The nomadic lifestyle of some families also presents logistical challenges, making consistent contact difficult and contributing to misunderstandings around school attendance, healthcare access, and well-being monitoring (Sweeney and Matthews, 2017). Cultural differences in parenting and education further create communication barriers. Allen and Riding (2018) found that over half of child protection professionals viewed GRT children as more at risk of harm due to cultural practices, with child marriage and domestic violence perceived as prevalent. This reliance on stereotypes contributes to disproportionate care placements, often linked to housing instability, irregular schooling, and cultural employment practices (Kostka, 2022). Traditional practices such as older siblings caring for younger children or physical discipline are frequently misinterpreted as neglect, reflecting systemic discrimination and public prejudice (Greenfields et al., 2017; EHRC, 2010). Addressing these challenges requires culturally sensitive practice, fairer planning policies to increase site provision, and greater diversity within social services to build trust and ensure collaboration based on mutual respect (Whitwell, 2009).

2.3.8 Findings of Literature Review

The key evidence indicates a rising trend in the number of children entering the care system, with notable disparities in ethnic representation. Data suggest that children from Asian communities are underrepresented in the care system, whereas children from GRT communities are disproportionately overrepresented and the evidence is mixed for children of Black ethnicity (Department for Education, 2023; Brandon et al., 2020). Research attributes the underrepresentation of Asian children and overrepresentation of Black children in care partly to cultural factors, including reluctance among families to report safeguarding concerns due to fears of family shaming, stigma, and socioeconomic challenges (Bhui et al., 2018; Nazroo and Williams, 2006). Conversely, the overrepresentation of children from GRT communities is often linked to systemic prejudice and discrimination within child protection services (Cousins and Milligan, 2020).

The COVID-19 pandemic has further exacerbated challenges related to child protection. Studies report increases in domestic violence, parental stress, self-harming behaviours among children, and a subsequent rise in referrals to care services during this period (Fegert et al., 2020; Baroni et al., 2022). Additionally, the pandemic highlighted difficulties in securing appropriate placements for children, revealing systemic pressures on the care system (Brooks et al., 2021). Neglect and abuse remain the primary reasons for children entering care, while family reunification is the main pathway for children leaving care (Hannon et al., 2022). However, research warns that insufficient support for families post-reunification increases the risk of children re-entering the care system, underscoring the need for integrated, sustained family support services (Melton, 2018; Farmer & Lutman, 2017). From this literature review, several gaps have been identified which require further research. For instance, while the research discussed in this chapter has identified the presence of ethnic inequalities within the children's care system, there is no single, clear explanation for their existence. Instead, these

inequalities appear to result from a range of factors, including socioeconomic disadvantage, cultural factors, parenting styles and different levels of access to support services. Building upon the literature review, the following questions emerge, requiring exploration from a theoretical perspective:

- Why are children from GRT and Black communities overrepresented within the care system?
- Why are children from Asian communities underrepresented in the care system?
- To what extent do cultural factors contribute to discrepancies in the representation of ethnic minority children in care?
- How do differences in parenting styles across ethnic groups influence these disparities in care system?

The next chapter will theorise ethnic inequalities in the children's care system using the socioecological model, focusing on cultural factors, systemic biases, and socioeconomic influences that contribute to these disparities. It will critically examine how cultural norms, parenting styles, and community values influence families interactions with social care services and impact decision-making processes. Particular attention will be given to the experiences of Asian, Black, and GRT communities, considering how factors such as trust in authorities, stigma around safeguarding concerns, and historical marginalisation affect both the underrepresentation and overrepresentation of these groups in the care system. Additionally, the chapter will investigate how institutional practices, and unconscious bias may perpetuate inequalities, with the aim of identifying barriers to equitable care and proposing culturally sensitive approaches to improve outcomes for all children.

Chapter 3 – Theorising Ethnic Inequalities in Care

3.1 Introduction

This chapter will use key theoretical frameworks and critically unpack the multiple layers of racism, highlighting how systemic and structural inequalities impact children from ethnic minority backgrounds within the care system. The key findings from the previous chapter reveal a rising trend in the number of children entering the care system, alongside significant disparities in ethnic representation. Data indicates that children from Asian communities are underrepresented in care, whereas those from GRT Communities face disproportionate over-representation (Department for Education, 2023; Brandon et al., 2020). However, the evidence for children from Black and Mixed ethnicity is inconclusive (Owen and Statham, 2009). This underrepresentation of Asian children and overrepresentation of Black children has been partially attributed to cultural factors, such as family's reluctance to report safeguarding concerns due to fears of family stigma, shame, and socioeconomic challenges (Bhui et al., 2018; Nazroo and Williams, 2006). In contrast, the overrepresentation of children from GRT Communities is frequently linked to systemic bias and discrimination within child protection services (Williams and Howard, 2021; Cousins and Milligan, 2020). Additionally, much of the research discussed in Chapter 2 categorises individuals into broad ethnic groups such as White, Black, Asian, Mixed, or 'Other', which results in a relatively limited and oversimplified understanding of ethnic diversity (Nuffield Family Justice Observatory, 2023). In addition to inequalities, there were significant pressures on the system in relation to COVID-19, challenges with reunification and re-entry into care (Fegert et al., 2020).

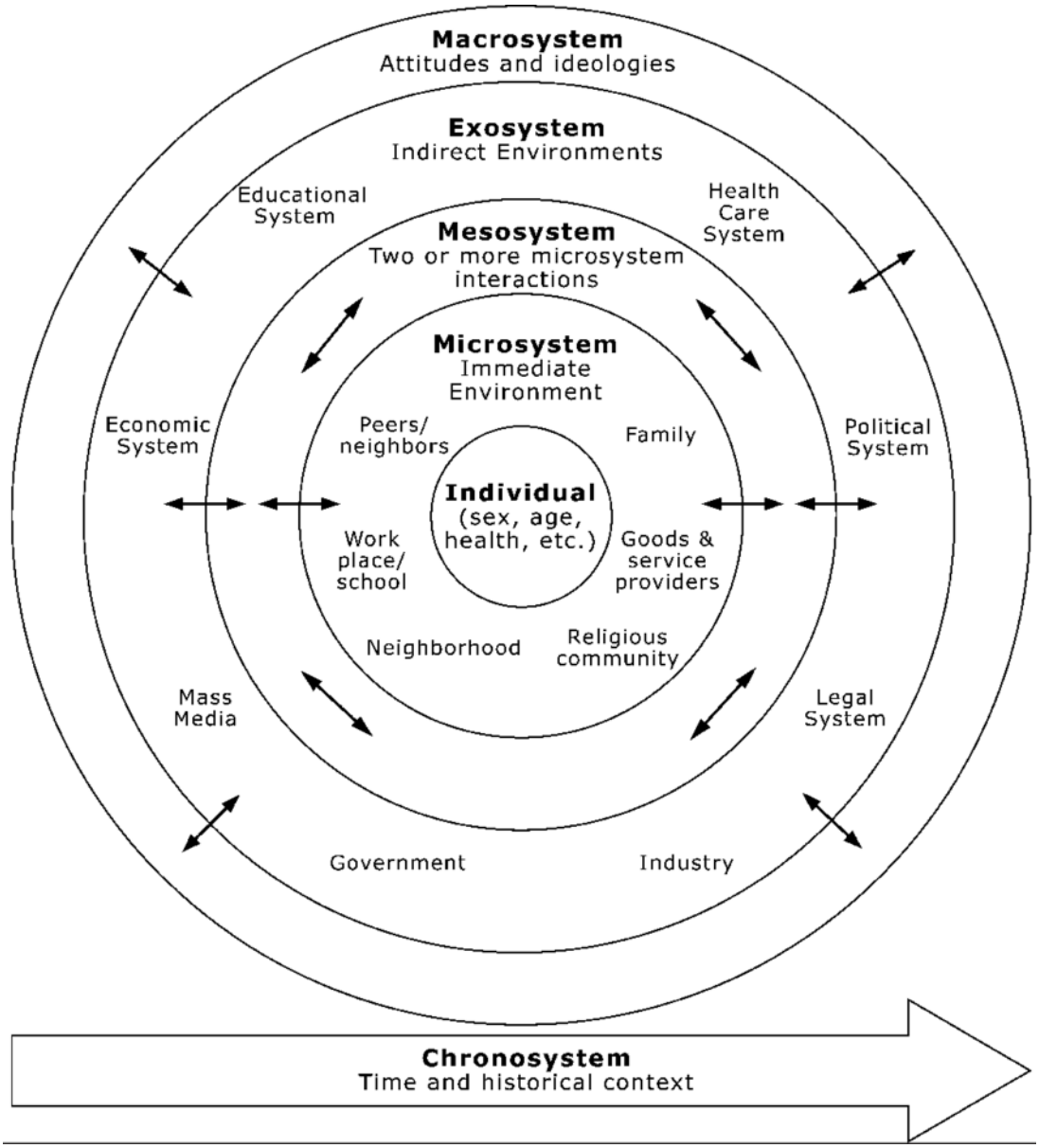
Following the challenges and organisational pressures identified in Chapter 2, Chapter 3 introduces Bronfenbrenner's Socioecological Theory (1979) as a framework to understand human development within the context of multiple interacting environmental systems. Bronfenbrenner's theory theorises ethnic inequalities by highlighting how multiple layers of a child's environment interact to shape their experiences. Ethnic disparities in the care system arise not just from individual or family factors but from broader systemic and cultural and religious influences (Boyd, 2020) with these dimensions embedded within the socioecological framework which shape developmental outcomes. By exploring these complex inequalities through the lens of culture and environment, this chapter aims to theoretically frame and understand the factors influencing children's trajectories into and through the children's care system, along with the experienced inequalities from multiple layers which co-exist.

3.2 Introduction to Socioecological Theory

The Socio-Ecological Model (SEM) was initially proposed by Urie Bronfenbrenner (1979) as a theoretical framework for understanding child development (Crawford, 2020). The model organises development contexts into five levels of external influences. (1) Microsystems – The environment that is most direct such as the home or a school, there will be elements of socialising, for example the quality and type of interpersonal relationships between other young people and carers. (2) Mesosystem – links between different micro systems where the child is centralised, for example the quality of the residential home / school environment. (3) Ecosystem – an interconnection between two or more settings that does not include the child as an active participant. For example, support for carers, carers' experiences and carers' behaviour (Bronfenbrenner, 1979). (4) Macrosystem – The cultural environmental system within which the child is globalised, for example policies on the provision of residential care

for example quality standards and qualifications. (5) Chronosystems – Adding a time dimension, this highlights the importance of a child's change, consistency and development, for example children who come and go from the care system. Understanding this system when working with children within the care system can support children's health and development.

Figure 2 – Bronfenbrenner's (1979) Ecological Systems Model taken from Brown and Strommen (2018)



The SEM places particular emphasis on the dynamic, reciprocal interactions between the child and their immediate environment comprising family, peers, school, and neighbourhood

while also recognising the broader sociocultural and political-economic contexts that influence the child (Skinner et al., 2022). Bronfenbrenner's framework asserts that development is not a linear process but is instead shaped by the complex interplay between the child and multiple levels of their environment, ranging from the micro-level (e.g., family relationships) to the macro-level (e.g., societal values, national policies). One of the principal strengths of the socioecological model lies in its holistic approach, enabling a multifaceted view of a child's life by integrating data from diverse environmental sources. This comprehensive perspective allows practitioners to assess the numerous factors that shape a child's experiences, facilitating a nuanced understanding of their unique context. By incorporating these various systems, the SEM enables the design of interventions that are tailored to the specific needs of individual children, and ensuring more effective, context-sensitive support (Brutzman et al., 2022).

In addition, the SEM highlights the importance of fostering children's engagement within their communities. Actively involving children in social, educational, and cultural spheres strengthens their sense of belonging and facilitates the development of essential social relationships that support emotional and cognitive growth. Consequently, it is imperative for practitioners to cultivate trusting relationships with children, dedicating time to understand their individual perspectives and identifying what holds significance for them (Stanley and Kuo, 2022). This personalised approach not only enhances the child's sense of agency but also creates a nurturing environment in which the child can thrive, supported by a network of relationships that help mitigate adversity.

Beyond its application in child development, the SEM has also been extended to address broader societal issues, such as public health, education, and community development. It has proven valuable in examining how structural elements of society, including family dynamics, school systems, and national policies, influence not only child development but also

community and societal well-being. The flexibility of the SEM enables its adaptation across various contexts, from early childhood education to social work, by providing a comprehensive framework that informs practice, policymaking, and research aimed at improving the overall quality of life for children and families (Campbell et al., 2016). By considering the complex relationships between individuals and their social-ecological environments, the SEM offers a powerful lens through which human development can be understood in a more interconnected and nuanced manner. Its capacity to assess various levels of influence, from immediate family environments to broader sociopolitical factors, makes it an invaluable tool for practitioners, policymakers, and researchers dedicated to fostering supportive, holistic environments that enable children to flourish.

There are several critical analyses of Bronfenbrenner's theory. Parquette and Ryan (2015) believe that Bronfenbrenner's ecological theory provides a good framework for development but for the theory to be effective, the individual must demonstrate willingness and participation in their development. If the individual does not show willingness when it comes to promoting their development the ecological model will not be equally effective (Parquette and Ryan 2015). Moreover, Christensen (2016) argues that an ecological model is one that influences the growth of children's development but that the environment, societies, family, friends and personal networks also play an important role when it comes to children's development.

Building on this, critics of Bronfenbrenner's theory are that the original model does not consider the experiences of children from different cultures and ethnicities (Tudge, 2009). Therefore, it would be beneficial to expand the theory to include factors relevant to the development of ethnic minority youth. For instance, the Macrosystem could be adapted to include concepts such as systemic racism and public policy, while the Microsystem could

incorporate the impact of racial-ethnic socialisation within schools (Stern, Barbarin and Cassidy, 2022).

This reframing of Bronfenbrenner's theory could evolve to encompass Critical Race Theory. This theory originated in legal studies and is now utilised in fields such as education and social work. Critical Race Theory focuses on how race and racism are built into society's structures and systems. Additionally, it challenges the idea that society is fair and determined by competence, and it values the lived experiences of people from marginalised backgrounds (Delgado and Stefancic, 2017). Integrating Critical Race Theory allows for a more critical and inclusive understanding of child development, particularly for children in care from ethnic minority backgrounds, by highlighting how systemic forces interact with individual experiences (Ladson-Billings, 1998).

A key concept within Critical Race Theory is Intersectionality which was originally developed to explore the intersection of race and gender in shaping experiences of discrimination. This concept provides a valuable way of understanding why children from ethnic minority backgrounds often experience inequalities within the care system. First introduced by Kimberlé Crenshaw (1989), intersectionality explains how different aspects of a person's identity, such as race, gender, and socioeconomic status, could combine to create a foundation for inequality. In children's social care, this approach helps us see how different inequalities overlap, rather than treating each one in isolation. Evidence shows that some ethnic groups are over-represented in the care system (Owen and Statham, 2009). For example, the Child Welfare Inequalities Project found that Black Caribbean children in England are much more likely to be taken into care compared to White British children, even when levels of poverty are the same (Bywaters et al., 2018). Research in Wales also found that mixed-heritage children are consistently over-represented in care, while children from South Asian backgrounds are under-represented, showing that the reasons behind these

patterns are complex and extend beyond ethnicity (Children's Social Care Research and Development Centre, 2023; Featherstone et al., 2019).

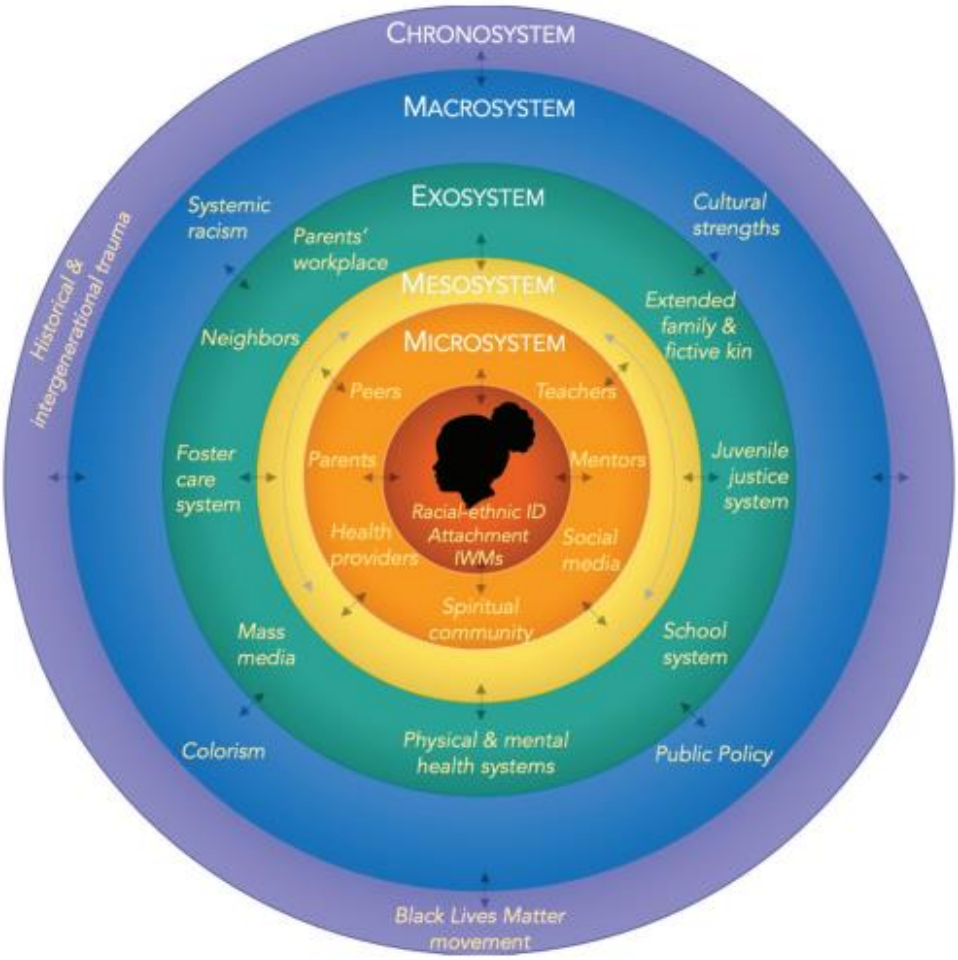
Intersectionality also helps explain how multiple forms of bias be embedded together (Crenshaw, 1991). Black children, especially boys, are often seen as older and less in need of protection, a stereotype known as adultification (Dancy, 2014). This can lead to fewer support services and harsher responses from professionals (NSPCC, 2021). These children are often also living in poverty or deprived areas, making them more visible to social services and more likely to be judged harshly. Social workers decisions can also be affected by unconscious bias or misunderstandings about culture. For instance, language barriers, unfamiliar parenting styles, or immigration concerns may be misinterpreted as signs of neglect. Without understanding how factors like race, class, and culture interact, professionals might misjudge a family's situation and apply inappropriate interventions (NSPCC, 2021; Bernard, 2021). Another key factor is failings by current policy to take intersectionality into account. Many services treat issues like race or poverty as separate concerns, but this can lead to poorly designed support that does not reflect the lived experiences of diverse families. As a result, services may miss opportunities to provide more tailored, effective help (Nuffield, 2023).

In summary, intersectionality provides a more complete picture of the inequalities within the children's care system. It demonstrates that children from ethnic minority backgrounds can face multiple, overlapping disadvantages that shape their experiences in complex ways. To create a fairer system, additional research is needed, as well as more inclusive policy-making, and training for professionals that addresses both structural racism and unconscious bias.

Building on this, Bronfenbrenner's ecological framework can help situate these inequalities within broader societal contexts. Since the theory's development in 1979, significant societal

changes have influenced the experiences of young people from Black ethnic communities. One of the primary changes is introduction of the Black Lives Matter movement. This movement is extremely influential to young people from Black ethnic communities and therefore, it has been argued that it should be included in Bronfenbrenner's Chronosystem (Murry et al., 2018). Similarly, when researching the development of children of Black ethnicity, it is important to consider the impact of historical and intergenerational trauma related to the legacy of slavery. Therefore, this is also a crucial element to include as part of the Chronosystem (Stern et al., 2022).

Figure 3 – Adapted Version of Bronfenbrenner's (1979) Ecological Systems Model by Stern et al. (2022)



The adapted model presented in Figure 3 by Stern et al (2022) offers a valuable foundation for applying Bronfenbrenner's ecological systems theory to the lived experiences of children from ethnic minority backgrounds. Stern et al (2022) build upon Bronfenbrenner's theory,

which highlight how a child's development is shaped by multiple layers of environmental influence, and extend the model to incorporate modern challenges such as ethnicity, racism, and inequality. By viewing each ecological system from the perspective of an ethnic minority child, the model allows practitioners and policymakers to better understand the unique challenges these children may face. These include peer discrimination and racial bias in schools (microsystem), limited cultural awareness in services (mesosystem), systemic racism in organisations such as social care and education (exosystem), societal attitudes (macrosystem) and historical legacies such as colonialism and slavery (chronosystem). This adapted view encourages more culturally informed approaches to practice and policy development, aiming to improve outcomes for children from marginalised communities.

This thesis utilises the adapted version of Bronfenbrenner's socioecological mode developed by Stern et al. (2022) as a framework to critically examine ethnic inequalities, with a specific focus on the children's care system. This adapted framework enables a deep analysis of how ethnic inequalities are produced and maintained across multiple ecological levels. By analysing the interaction between immediate care environments (microsystem), inter-agency collaboration and relationships among professionals (mesosystem), structural inequalities and organisational practices (exosystem), and broader sociocultural norms, systemic racism, and public policy (macrosystem), the study highlights how professionals operating at various levels contribute to and can potentially address these disparities. This approach highlights the complex, layered nature of disadvantage experienced by ethnically minoritised children in care and the necessity for coordinated, multi-level interventions. Therefore, this chapter will explore the levels of society which contribute towards ethnic inequalities in the care system, discussing them in turn and reflecting on reciprocal natures.

3.3 Socioecological Theory as a Framework

Bronfenbrenner's Ecological Systems Theory (1979) extends classic child development theories by situating the child within a broader, multilayered context. Unlike earlier theories, which primarily focus on the child's internal development or one to one relationships, Bronfenbrenner emphasises the dynamic interaction between the child and multiple environmental systems. This framework allows for a more holistic understanding of how various social, economic, cultural, and political factors influence development over time.

By acknowledging the role of external systems, such as schools, communities, and policy, Bronfenbrenner's theory offers a more inclusive model, particularly relevant for children in care. It also better accommodates ethnic and cultural differences, highlighting how systemic inequalities and discrimination can shape developmental outcomes. Therefore, Bronfenbrenner builds on and addresses some of the limitations of earlier theories, offering a flexible, context-sensitive approach to understanding the complexities of child development.

3.4 Individual Aspects

In 1994, Bronfenbrenner revised his theory and renamed it the 'Bioecological Model'. This revision marked a significant shift in how developmental psychology understood the various influences on a child's growth and well-being. Whereas his earlier model primarily focused on environmental factors, the Bioecological Model expanded its scope to include biological elements that also play a crucial role in shaping development. Bronfenbrenner's integration of both environmental and biological components offered a more comprehensive framework for understanding the complexities of child development. In doing so, he emphasised the complex interaction between the child's physical characteristics, such as age, gender, health, or temperament, and their surrounding environments. These biological factors are represented as the child at the centre of the model, acknowledging that each individual child brings

unique qualities to their development, which in turn influence how they interact with and how they are affected by their surroundings (Murphy, 2020). However, biological factors do not operate in isolation but are shaped by broader structural inequalities embedded within society. This suggests that aspects such as health, development, and behaviour are influenced by social conditions, including systemic racism, poverty, and discrimination (Krieger, 2001). Therefore, a comprehensive understanding of child development must account for the ways in which social structures interact with biological processes.

Positioning the child at the core of the Bioecological Model highlights the central role of the child themselves in shaping their developmental trajectory (Morris, 2007). It is not only the environment that influences the child but also the child's own characteristics that determine how they perceive and engage with people and settings around them. This dynamic, reciprocal interaction between the child and their immediate and broader environments is key to Bronfenbrenner's revised theory (Karnick, 2009). It illustrates that children do not merely respond to external influences passively, they actively shape and influence the experiences they encounter, guided by their inherent attributes, such as temperament or emotional regulation (National Institute of Health, 2024).

Bronfenbrenner's model proposes that the environments impacting a child's development are layered in a system of nested structures, ranging from immediate influences such as family and peers to broader societal factors like culture and policy (Rosa, 2013). This multi-layered approach that highlights the complexity of child development, suggesting that a child's growth is a result of constant interactions at various levels, which may be positive or negative depending on the child's personal characteristics and the quality of their interactions with others. The model highlights how these factors contribute not only to the child's immediate development but also to their long-term health, behaviour, and social outcomes (National Institute of Health, 2024).

Importantly, the inclusion of biological factors in Bronfenbrenner's Bioecological Model also emphasises that development is not purely shaped by external influences or social contexts (Morris, 2009). Genetic predispositions, physical health, and even individual differences such as temperament can significantly alter how a child responds to environmental pressures and experiences (Lener, 2008). For example, a child with a more resilient temperament might be better able to handle stressful family situations or changes in their environment than a child who is more sensitive or has health issues. This understanding helps to refine interventions and educational strategies, making it clear that approaches to supporting child development must be individualised, considering both the child's inherent characteristics and their environmental circumstances (Vélez-Agosto, 2017).

Through this expanded view of development, Bronfenbrenner's Bioecological Model provides an invaluable tool for understanding the complexities of how children grow and adapt to their environments (Tudge et al 2009). It is a reminder that a child's development cannot be understood in isolation from their physical, emotional, and social worlds. Instead, it is shaped by a continuous and evolving set of interactions that are deeply influenced by both the individual child and the context in which they live. This understanding of development as a dynamic, reciprocal process has far-reaching implications for educators, parents, and policymakers, calling for an integrated approach to supporting children that considers both their biological predispositions and the multiple layers of environmental influences that surround them (Rakesh, 2024).

The bioecological aspect of Bronfenbrenner's model can also be applied to the formation of ethnic identify. A child's biological traits, such as temperament, cognitive abilities, and emotional sensitivity, play a foundational role in shaping how they perceive, interpret, and engage with their cultural background and ethnic group (Gonzales-Backen, 2013). For example, a child with a naturally curious and open temperament may be more inclined to

explore and embrace aspects of their cultural heritage, seeking out cultural practices, language, and social connections that affirm their ethnic identity. Conversely, a child with heightened emotional sensitivity might respond more strongly to experiences of acceptance or exclusion based on their ethnicity, influencing their self-concept and willingness to identify with their ethnic group. It is through the interaction of these individual characteristics with the broader ecological systems that a child's ethnic identity is fundamentally shaped and developed (Coleman et al., 2003).

3.5 Microsystem

The microsystem is closest to the child and includes the most significant influences and encompasses the interactions and relationships within the immediate environment. This can include, their parents, siblings, friends, teachers or healthcare professionals (Macblain, 2021). Children's immediate environment has a significant effect on their wellbeing. A child cannot develop, learn, or explore in a setting that is not safe or healthy. A child's intellectual, social, and emotional growth, in contrast, may suffer from a dysfunctional home setting (Tudge et al., 2022). The relationship between family, school, and child development are fundamental within the Socioecological model (SEM). Both family and school represent microsystems, the closest and most immediate environments in which a child interacts. These systems significantly influence a child's cognitive, emotional, and social development, shaping their overall trajectory in profound ways. The relationships and experiences children encounter within these two key environments are instrumental in fostering development, as both contribute to different but interrelated aspects of a child's growth (Boulanger, 2019).

3.5.1 The Microsystem: Theories of Child Development

Reflecting on the individual and their microsystem, a child's development is a combination of their genetics, their environment and their interaction with carers, guardians and respective

others who offer social support (Rioux, 2016). More often children's early development lays the foundation for learning, behaviour and health (Coman, 2011). Children's experiences in early childhood shape the brain and the child's ability to fit in with others and to respond to daily stress and challenges (Ginsburg, 2007). Following the increased research on the key areas for healthy development, if these attributes are not integrated into the children's lives this has a detrimental effect on development and well-being.

While this thesis is primarily grounded in Bronfenbrenner's ecological framework, it is also essential to consider additional key theories of child development and their relevance to understanding ethnic inequalities experienced by children in care. These theoretical perspectives provide a foundation for understanding how children grow, adapt, and are shaped by their experiences within diverse socio-cultural contexts (Saracho, 2021). Child development theories focus on explaining how children change and grow over the course of their childhood (Cherry, 2023). The aim of these theories is to explore and support the processes through which children develop and achieve their full potential, while identifying and examining the various factors that may influence this development. While these theories provide overarching frameworks for understanding child development, they are not the central focus of this study, as they primarily examine the internal cognitive, emotional, and social development of the child rather than the societal factors that contribute to inequalities. However, in order to contextualise child development in the thesis, key theorists including Vygotsky (1934), Piaget (1936), Skinner (1938), Erikson (1950), Bandura (1977) and Bowlby (1958), and their ideas will be explored with application to the care system and inequalities.

3.5.1.1 Vygotsky's Sociocultural Theory (1934)

Vygotsky's (1934) Sociocultural Theory highlights the central role of social interaction, language, and cultural tools in cognitive development. Vygotsky's concept of the Zone of Proximal Development (ZPD) identifies the potential for learning that occurs with guidance from a more knowledgeable other, such as a caregiver or teacher (Verenikina, 2010). For children in care, Vygotsky's emphasis on social context and scaffolding is particularly relevant. Many children in care have experienced disrupted or inconsistent adult relationships, impacting their ability to access the support they need to reach their developmental potential. Care environments that provide culturally responsive and consistent adult support can help children bridge gaps in learning and emotional growth (Miller, 2010). Vygotsky's framework encourages practices that recognise the child's cultural background as a resource rather than a barrier.

A key strength of Vygotsky's theory is its alignment with the importance of culture in development, making it well-suited to address ethnic inequalities (Zavershneva and Van der Veer, 2021). However, the practical application of this theory in care settings requires staff to have cultural competence and an understanding of each child's heritage and linguistic background. Unfortunately, social care systems often lack this depth of cultural awareness, which can limit the effectiveness of interventions (Egonsdotter et al., 2020). Without culturally informed scaffolding, children from ethnic minority backgrounds risk receiving generic or inappropriate support that does not reflect their cultural realities, perpetuating disparities in developmental and care outcomes.

3.5.1.2 Piaget's Cognitive Development Theory (1936)

Piaget (1936) proposed that children progress through four sequential stages: sensorimotor, preoperational, concrete operational, and formal operational. Piaget emphasised that children

actively construct knowledge by interacting with their environments, gradually developing logical thinking and problem-solving skills (Jansen, 2011). For children in care, Piaget's stages provide a useful framework to understand developmental progress and identify potential delays caused by early adversity. Neglect and trauma can impair cognitive development, and carers and professionals can use Piaget's model to tailor educational and therapeutic interventions to the child's developmental stage. For example, children experiencing early deprivation may exhibit delays in concrete operational thinking, affecting their problem-solving abilities and social understanding (Kohnstamm, 2021).

However, Piaget's theory has been critiqued for its limited consideration of social and cultural influences on cognition. It assumes universality in cognitive development stages, but children from an ethnic minority group or non-Western background may demonstrate cognitive strengths that do not fit neatly into Piagetian stages (Dasen, 2022). Cultural practices shape the types of interactions and knowledge valued in different communities, influencing cognitive growth. For instance, storytelling, or communal problem-solving prevalent in some cultures may foster different cognitive skills than those measured by Piagetian tasks (Jahoda, 2021). This limitation may lead to underestimating the cognitive abilities of ethnic minority children in care, affecting educational support and placement decisions.

3.5.1.3 Behaviourism and Operant Conditioning (1938)

Skinner (1938) developed operant conditioning theories focusing on observable behaviour shaped by reinforcement and punishment. Behaviourist approaches are widely used in child care settings to encourage desirable behaviours and reduce challenging behaviours through systematic rewards and consequences (Leeder, 2022). In the context of children in care, behaviourist techniques can support behaviour management and the development of routines. Positive reinforcement can motivate children to adopt pro-social behaviours, which is

particularly valuable for those who have experienced trauma or inconsistent boundaries. Behaviourism offers clear, measurable strategies that can be implemented in residential or foster care settings (Schlinger, 2022).

However, behaviourism's focus on external behaviour does not account for internal emotional states and cultural influences on behaviour. This is particularly problematic in ethnically diverse care populations, where cultural norms affect expressions of behaviour and discipline (Yuliastutik, 2023). Additionally, behaviourism does not address systemic issues like racism or trauma that influence behaviour, limiting its effectiveness unless paired with culturally aware and trauma-informed approaches (Brewer, 2024).

3.5.1.4 Erikson's Psychosocial Development Theory (1950)

Erikson's (1950) psychosocial model is often positioned within the broader tradition of Psychoanalysis, as his early stages of development draw directly on the work of Sigmund Freud. While Erik Erikson extended Freudian theory by emphasising the role of social relationships and identity formation across the lifespan, his framework remains rooted in psychoanalytic assumptions about early childhood development. Erikson (1950) outlined eight stages of development each characterised by a psychosocial conflict. Successful resolution promotes healthy development, failure can result in emotional or social difficulties. Key stages relevant to children in care include trust vs. mistrust (infancy) and identity vs role confusion (adolescence) (Paul, 2023). Children in care may face challenges with trust due to early experiences of neglect or inconsistent caregiving, impacting their ability to form secure attachments. Adolescents in care often struggle with identity formation, compounded by the instability of placements and the experience of marginalisation. Erikson's theory helps frame these challenges as part of normative development disrupted by adverse experiences (Gunderman, 2022).

However, Erikson's theory assumes a universal, linear progression through stages, with less attention to cultural or socioeconomic influences. For ethnic minority children, the identity stage is particularly complex due to experiences of racism, cultural dislocation, and societal marginalisation (Galan et al., 2021). Erikson's model does not explicitly address how systemic racism shapes identity development or the psychological burden of navigating multiple cultural identities. Therefore, Erikson's theory should be utilised in conjunction with critical frameworks addressing ethnicity and discrimination to better understand the unique psychosocial challenges faced by minority children in care (Maree, 2022).

3.5.1.5 Bandura's Social Learning Theory (1977)

Bandura (1977) introduced Social Learning Theory, proposing that children learn behaviours and social norms through observation and imitation of others, particularly influential role models. The concept of self-efficacy, the belief in one's capability to succeed, also plays a central role in motivating behaviour (Rachmad, 2025). For children in care, Bandura's theory highlights the importance of providing positive role models who demonstrate healthy coping strategies, social skills, and self-regulation. Many children in care have witnessed or experienced adverse behaviours and may imitate maladaptive patterns unless exposed to supportive adults. Building self-efficacy in care settings can empower children to overcome challenges and build resilience (Rumjaun and Narod, 2025).

However, Social Learning Theory does not explicitly consider how systemic racism and societal marginalisation influence what children observe and internalise. Ethnic minority children may face a lack of relatable role models in care, and exposure to negative stereotypes can adversely affect self-concept and aspirations (Mesoudi et al., 2016). The absence of culturally relevant role models and affirming environments may hinder the positive effects of social learning. Addressing ethnic inequalities requires intentional efforts

to diversify representation and incorporate culturally meaningful role models into care contexts (Thyer, 2017).

3.5.1.6 Attachment Theory (1958)

Bowlby (1958) focussed on the biological basis of a child's need to form strong emotional bonds with primary caregivers. Similarly to Erikson (1950), John Bowlby's development of Attachment Theory was initially influenced by psychoanalytic thinking, particularly Freud's emphasis on early relational experiences (Bretherton, 2013). Locating these theories within their respective intellectual traditions highlights the shared foundations underpinning early developmental perspectives, while also demonstrating how later models, such as Urie Bronfenbrenner's ecological approach, shift attention toward the broader social and environmental contexts shaping children's development (Belsky, 2005). Ainsworth, (1969), expanded Bowlby's (1958) work through the "Strange Situation" study, identifying distinct attachment styles: secure, insecure-avoidant, insecure-ambivalent, and disorganised. These attachment styles profoundly influence emotional regulation, interpersonal relationships, and psychological well-being. For children in care, attachment disruptions are common due to abuse, neglect, or removal from birth families (Hillman and Cirasola, 2023). Such experiences often result in insecure or disorganised attachments, complicating their ability to trust caregivers and form stable relationships. Recognising attachment patterns helps social workers and carers apply trauma-informed approaches, aiming to build secure attachments through consistency and sensitivity (Harlow, 2021).

Attachment Theory has faced significant criticism, particularly regarding its cultural limitations (Morelli, 2000). One major criticism of Attachment Theory is that it is based on Western ideas, which may not apply to all cultures. The theory focuses mainly on the bond between a mother and her child, which reflects Western views of family life and individual caregiving. However, in many ethnic minority and non-Western cultures, caring for children

is often shared among extended family members like grandparents, aunts, uncles, and others in the community (Keller, 2013). In these settings, children often form strong attachments with several caregivers, not just their mother. Dagan and Sagi-Schwartz (2021) explain that this shared caregiving can give children a strong support system and sense of safety, which is different from the one-on-one model that Attachment Theory describes.

This difference may lead to misinterpretations of attachment behaviours in children from diverse backgrounds, potentially influencing decisions within the care system. For instance, behaviours considered ‘insecure’ in Western contexts may reflect different cultural norms elsewhere (Choate and Tortorelli, 2022). Therefore, culturally sensitive assessments are vital to avoid mislabelling children and to ensure that interventions respect cultural caregiving practices. Without this awareness, ethnic minority children risk being unfairly disadvantaged within care assessments and placements.

Research by Holden (2010) states that a large percentage of children in residential care have had experiences of abuse and neglect, which can impact secure attachment. The research itself has led to a better understanding of the challenging behaviours shown by children. According to Holden (2010) the evidence showed that residential care can help and support a child's development and well-being, residential homes ensure that activities, routines, expectations and interactions are planned around the needs resulting from a child's trauma and development. As a result, this promotes the holistic development of children and adopts an environment and culture that is free from violence and promotes safety for children. Holden (2010) shows that residential homes teach children to respond to stress and depression in a safe manner. Furthermore, carers in residential care understand what has happened to the children and grasp the effects of violence, power, and control, this will help to keep order and learning experiences for the child rather than control and demand compliance.

However, as highlighted in Bowlby's theory (1958), separation from parents/primary carers can have a negative impact on the process of attachment to the child. As a result, children in care are likely to experience restless and insecure attachments, which can be due to an inconsistent, unaccountable or aggressive parent (Rose, 2006). Due to this, children are likely to resist when it comes to developing secure relationships. When a child is placed in a residential home with a carer who is attentive and loving, the child will have difficulty processing this relationship as they will not have trust in the carer to meet their needs. Being cared for in a positive way can lead to difficult behaviour as a result of the resistance to form a relationship (Cleaver, 2004). This highlights the challenges faced by child protection professionals in supporting children who have developed insecure attachments as a result of separation from, or strained relationships with, their primary caregivers.

These challenges can be further exacerbated by ethnic inequalities as systemic biases misunderstandings of collective caregiving practices may mean ethnic minority children are more likely to be separated from their families (Gilligan and Akhtar, 2006). This disruption increases the likelihood of children developing insecure or disorganised attachments, which can lead to difficulty trusting adults or regulating emotions (Williams and Soydan, 2005). These challenges with attachment may be heightened further by ethnic inequalities in care placements. For example, children may be placed in environments that do not reflect their cultural identity, further reducing their sense of safety and belonging, key factors of secure attachment (Tilbury and Thoburn, 2009). Without culturally informed caregivers who understand and support the child's ethnic and cultural background, the consistency needed to address attachment disruptions may be limited. Moreover, institutional racism, language barriers, and limited access to culturally informed therapeutic services can prevent effective interventions, making it harder for children to rebuild trust and form healthy relationships (Barn, 2010). These combined challenges demonstrate how environmental factors across

Bronfenbrenner's ecological systems, especially when shaped by racial and cultural inequalities, can influence a child's opportunity to form secure attachments. A child's immediate environment is most often shaped by the family, which plays a central role in influencing early development, behaviour, and socialisation (Berk, 2013).

3.5.2 Family

The family is often considered the primary microsystem in a child's life, providing the foundation for initial development (Berk, 2013). It is within the family that children first learn critical skills, values, and behaviours, making it the most influential environment in their early years (McAfee, 2019). Parents provide childhood experiences and nurture the environment in order to guide children's development and consequently relate to child mental health (Bornstein, 2013), physical health (Suglia et al., 2018), educational outcomes (Dearing et al.) and other life opportunities. Parenting styles, attachment quality, and family dynamics all play pivotal roles in shaping various aspects of a child's development. These attachments are fundamental to emotional regulation and social skills, and they form the basis for healthy relationships later in life, directly contributing to emotional well-being (Bronfenbrenner, 1977). According to Roberts (2010) four important aspects support and develop a child's welfare and development, early relationships, the relationship between child, family, community and society, the ability to develop resilience and well-being. It is important that a child is protected from infections and injuries as well as providing a calm environment, warmth, clothing, access to health care, intellectual stimulation, sleep, food, activities, recognition of presentations, fresh air, cleanliness, love and consistent affection. Healthy and strong attachment with parents or primary caregivers is important for promoting children's well-being and development (Meggitt 2012).

Relating to the theories of development discussed prior, parents and caregivers play an essential role in cognitive development by engaging in activities that stimulate problem-solving, language acquisition, and academic learning. For instance, reading with children, engaging in educational play, and providing a stimulating environment positively affect early cognitive skills, laying the groundwork for school readiness (Rakesh, 2024). In addition to cognitive and emotional development, the family is where children first learn behaviours through socialisation processes. Parenting techniques such as discipline, encouragement, and communication patterns directly affect how children behave in social settings, including their interactions with peers and authority figures (Weiss, 2006). Additionally, families are responsible for transmitting cultural values, beliefs, and social norms, which influence how children view the world, make decisions, and interact with others. Consequently, the family's cultural background can shape how children approach education, social situations, and even relationships within the school environment (Hayes et al., 2022).

3.5.2.1 Parental Styles within Different Ethnic Groups

Parental styles are deeply influenced by a range of factors, including culture and ethnicity, which are pivotal in shaping how children are raised and the outcomes they experience (Sanvictores, 2022). Parental style plays a prominent role in how the child is raised and the term parental style refers to the combination of strategies employed to raise children (Shi, 2018). In 1689 John Locke an English philosopher proposed that children were born with a 'tabula rasa' or a blank slate. (Fritscher, 2022). This meant that parents could transmit their values or beliefs on to their children and the way that parents transmit their values and beliefs, their parenting style has a major impact on how children develop into adults (Spera, 2005). Cultural socialisation, as explained by Hughes et al. (2006), is one of the central components of parenting, where children are taught about their racial heritage and history. This process not only encourages the practice of cultural customs and traditions but also

fosters pride in their ethnicity, culture, or race. Parenting, more generally, involves specific behavioural patterns through which parents or primary caregivers interact with their children (Bastawrous, 2013). These patterns reflect different approaches and methods employed to nurture and guide the child as they grow.

The seminal work of American psychologist Diana Baumrind (1966) laid the foundation for defining and terming the concept of parenting styles, identifying three distinct categories. The first of these is the permissive style, characterised by a more lenient, friendly relationship between parents and children. Parents employing this style tend to avoid conflict and yield to their children's desires, providing minimal guidance or boundaries (Barton and Hirsch, 2016). Authoritative parenting, which Baumrind considered the most balanced and effective style in White westernised contexts, involves a high level of responsiveness combined with reasonable demands. Authoritative parents set clear and consistent rules, engage in open discussions with their children, and encourage independence while maintaining boundaries (Baumrind 2013). These children are typically more independent, socially responsible, and capable of regulating their emotions. This style has been associated with numerous positive outcomes, including higher academic achievement, better emotional regulation, and healthier social relationships (Steinberg, 2001). The third style is the authoritarian style, which emphasises strict control and discipline, often justified under the guise of "tough love." Authoritarian parents demand obedience without providing emotional warmth or room for the child's input. While children raised in this environment may appear well-behaved, this parenting style is frequently linked to negative outcomes such as poor social skills, low self-esteem, and increased anxiety or depression. They are also more prone to developing anxiety and depression due to the lack of emotional warmth and the emphasis on control. (Dwairy, 2004).

Baumrind's foundational framework was expanded by Maccoby and Martin (1983), who introduced the concept of neglectful or uninvolved parenting to more comprehensively capture the effects of parenting styles characterised by both low warmth and control. Permissive parenting, while fostering a warm and nurturing environment, often leads to difficulties in self-regulation, responsibility, and following rules, as children raised in such settings may not learn the importance of boundaries or discipline. Children who experience neglectful parenting face the most significant challenges, as they lack both the emotional and practical support necessary for healthy development. These children often experience attachment issues, poor academic outcomes, and behavioural problems (Baumrind, 1966) Their refinements introduced a two-dimensional matrix that evaluates both "demandingness" (control) and "responsiveness" (warmth), creating a clearer understanding of how these two dimensions interact in shaping child development. Based on this, authoritative parenting reflects high demandingness and high responsiveness, authoritarian parenting involves high demandingness but low responsiveness, permissive parenting is characterised by low demandingness but high responsiveness, and neglectful parenting entails both low demandingness and low responsiveness.

The four recognised parenting styles have been shown to have distinct influences on children's behavioural, emotional, and cognitive development (Baumrind, 1991; Maccoby and Martin, 1983). For instance, Anwan et al. (2021) investigated the impact of various parenting styles on the academic achievement of university students. Their findings indicated a significant positive association between authoritative parenting, characterised by warmth, support, and clear expectations, and higher academic performance. Students who perceived their parents as authoritative tended to achieve better academically compared to those experiencing alternative parenting styles, such as authoritarian or permissive. However, the study was limited by its recruitment of participants from a restricted geographical area, which

may constrain the generalisability of the results to wider populations. Additionally, potential reliance on self-reported data could introduce response biases, and the cross-sectional nature of the study limits the ability to establish causal relationships. Despite these limitations, the research provides valuable insight into the role of parenting style in academic outcomes and highlights the importance of authoritative parenting in supporting student achievement.

Over the years, researchers have built upon the frameworks developed by Baumrind (1966) and Maccoby and Martin (1983), incorporating new insights into how cultural, socioeconomic, and familial dynamics affect the effectiveness of various parenting styles (Pinderhughes, 2009). For instance, contemporary studies have explored how different cultures might shape the responses children have to authoritative, authoritarian, or permissive parenting, showing that parenting styles may be received and enacted differently across cultural contexts. A parenting style characterised by overprotection and control is often referred to as 'helicopter parenting' (Lemoyne et al., 2011). The term was created to illustrate how parents metaphorically may hover over their children, like helicopters, ready to sweep in and rescue their children from disappointments and painful experiences (Cline and Fay, 2020). Overprotective parenting is thought to have become more prominent around 1985, driven by a range of social and cultural changes (Haims, 2015). One notable development was the rise of the parent-supervised and highly structured play, which replaced the previously common practice of unsupervised, child-initiated outdoor play (Gray, 2011). According to Haims (2015), these changes become more prominent due to parents becoming more worried about their children's safety, more focused on their children's success, and wanting to keep a closer eye on their social lives leading to a more controlled and less independent childhood.

A representative study in the US suggested that child-centred, time intensive parenting has now become a cultural norm and is pervasive, even across different social classes (Ishizunka,, 2019). It has also been argued that such intensive parenting is prevalent on a global scale (Anderson et al., 2019) and has harmful effects such as increase in depression (Shiffrin et al., 2014). Further evidence suggests that this also increases higher levels of anxiety (Spokas and Heimberg, 2009). Helicopter parenting is important modifiable risk factor with regards to mental health. Overall, helicopter parenting is sending a message to children that they are incapable of overcoming their own struggles and in need of constant protection from the dangers of the world. Over time, this can hinder the development of key life skills, including resilience, decision-making, and emotional regulation (Nelson, 2012). Research by Segrin et al. (2013) found that overparented young adults were more likely to experience low self-efficacy, poor coping skills, and greater psychological distress. Similarly, Schiffrin et al. (2014) found that college students with helicopter parents reported higher levels of anxiety and depression, as well as decreased satisfaction with life. These findings suggest that while helicopter parenting may stem from concern and a desire to protect, it can ultimately interfere with a child's ability to develop independence and confidence. Encouraging autonomy is important for children while still guiding and supporting will elevate a child's learning around life skills and how to be independent (Kwon, 2017).

Baumrind, Maccoby, and Martin's work, has provided a foundation to understand the key insights in parental styles. Their work highlights the delicate balance between warmth and control, highlighting how these two factors shape children's emotional, social, and cognitive growth. However, there are some limitations to theories on parenting styles as the research was based on White, middle-class American families, limiting the generalisation of the findings to ethnically and culturally diverse populations. This shows a bias in developmental psychology, where White, Western ways of parenting are often treated as the standard for

everyone. These frameworks overlook how structural inequalities such as racism, poverty, community violence, and limited access to resources directly shape parenting practices in minority communities. For instance, parenting behaviours labelled as authoritarian in ethnic minority families may be protective strategies developed in response to systemic threats or the need to prepare children for racial bias (Hill, 2009). These behaviours do not always mean the parenting is harsh or ineffective instead, they often show how families adjust to the challenges in their communities. However, the classification of 'Authoritarian' parenting can have negative connotations in Western culture. Therefore, failing to consider these contextual factors may lead the authoritative parenting model to mistakenly describe non-Western parenting styles and reinforce biased assumptions about what defines "good" parenting (García Coll et al., 1996). Therefore, Baumrind's theory may not fully capture the complexity and diversity of parenting practices across ethnic groups and cultural contexts.

Parenting practices and beliefs across different cultures can be distinctly different (Martinez et al., 2020). Cultural differences influence the style of parenting, for example some cultures expect children to be quiet and always respect their elders, while other cultures encourage children to speak up and be independent (Baxter, 2023). Cultures set out different expectations around parenting and child rearing, and different expectations of development progression for children at their different stages (Joshi, 2010). Moreover, when it comes to parenting, there is a great deal of diversity among families (Mendez, 2022). Changes driven by immigration (with different cultural, ethnic and spiritual ideologies), socioeconomic status and single parent families are some of the factors that determine a variety of parenting styles among families (Sanvictores, 2022). Researchers have explored cultural differences in parenting practices for many years, studies tend to agree that three major factors often explained differences in parenting styles: emotional warmth versus hostility, autonomy versus control and structure versus chaos (Perez-Gramaje et al., 2020). Owen and Statham

(2010) examined the ways in which parenting styles and disciplinary practices vary across cultures, highlighting how these differences can influence how child protection professionals interpret abuse, neglect, or adequate care. For example, their study found that Black and Asian parents were more likely to use physical force. In many communities, such practices are embedded in cultural norms and viewed as essential to integrate respect. However, within Western cultures child protection systems, particularly in the UK, such disciplinary methods may be interpreted as physical abuse, leading to a higher rate of referrals for Black children under this category. In contrast, children from White ethnic backgrounds were more often referred for neglect, suggesting that professional judgments may be shaped by racial and cultural stereotypes (Owen and Statham, 2010).

It is therefore crucial to explore how parenting is understood within different ethnic communities, particularly given the disproportionate representation of some groups in the child protection system. For example, Black African and Black Caribbean families may use physical discipline as part of traditional parenting approaches. These practices are often shaped by strong community values, where extended family and elders are actively involved in raising children (Bernard and Gupta, 2008). This type of parenting can be seen as a challenge when assessed by child protection policies that focus more on the child's independence than on family or community values (Phoenix and Husain, 2007).

Checa and Abundis-Gutierrez (2018) highlighted the importance of cultural context in shaping parenting styles. Their review reveals that authoritarian parenting characterised by high expectations, strict discipline, and limited emotional expression is perceived as effective and normative in several cultural groups. Chinese, Indian, and Malaysian families, for instance, may see authoritarian approaches as central to promoting discipline, academic success, and familial respect. However, when seen through Western parenting norms, which

often favour a balance of warmth and clear rules, these styles can be misunderstood as too strict or emotionally cold (Checa and Abundis-Gutierrez, 2018)

Similarly, within South Asian communities including Indian, Pakistani, and Bangladeshi families parenting may involve clear gender roles, high expectations for obedience, and an emphasis on academic achievement (Shaw, 2000). These cultural values can sometimes be misunderstood as overly controlling or emotionally distant, especially when assessed through Western frameworks that prioritise individual expression and autonomy (Ghuman, 2003). Within many South Asian families, the concept of ‘ Izzat ‘ (honour or reputation) plays a significant role in shaping parenting decisions. Maintaining family honour often influences how discipline is enforced, how children, particularly daughters, are monitored, and how private matters are kept within the family. This emphasis on family reputation can affect children's freedom, emotional expression, and access to outside support, which may be misinterpreted by professionals as restrictive or secretive parenting (Shaw, 2000). Similarly, in Chinese households, parenting is often shaped by Confucian principles that emphasise ‘filial piety’, academic achievement, and respect for authority. These values support an authoritarian style of parenting that prioritises obedience and discipline. While such approaches are considered normative and effective within their cultural context, they may appear rigid or emotionally disengaged when viewed through Western perspectives that value warmth, negotiation, and child autonomy (Chao, 1994).

These findings are consistent with Iqbal (2012) who conducted a mixed-methods study exploring parenting styles among British-born Indian, Pakistani, and non-immigrant White mothers living in culturally diverse areas of the UK. The study involved 90 mothers with children aged 5 to 7 years and aimed to identify both similarities and differences in parenting approaches across these groups. The findings revealed that British Pakistani mothers

demonstrated a more authoritarian style of parenting compared to their White counterparts. This included higher levels of child supervision, overt discipline, and a stronger emphasis on child-centredness. These practices were often rooted in traditional and religious values, with Pakistani mothers more likely to view parental authority and obedience as essential to good child-rearing. In contrast, White mothers tended to adopt a more permissive or authoritative style, placing greater value on encouraging independence and self-expression in their children. Indian mothers were found to occupy a middle ground between the two groups. While they shared some of the traditional and collectivist values of the Pakistani group, they also showed a greater tendency, similar to White mothers, to promote individual traits such as confidence, autonomy, and personal achievement. Another key distinction was how the mothers viewed their children's identity development. Pakistani mothers often emphasised the importance of maintaining cultural and religious heritage, encouraging children to understand their role within the broader family and ethnic group. Conversely, Indian and White mothers were more inclined to prioritise personal qualities and individuality over collective identity. This suggests that, even within the broad category of "South Asian" communities, there are meaningful differences in parenting styles, shaped by varying degrees of religiosity, cultural attachment, and attitudes toward assimilation and identity.

Cultural differences in parenting were also evident in research by Hopkins and Westra (1989) who studied 124 mothers from Jamaican, English, and Indian cultural groups in a British city, asking when they expected their one-month-old infants to reach motor milestones - sitting, crawling, and walking. Jamaican mothers anticipated earlier sitting and walking, while Indian mothers expected later crawling. These expectations closely matched the infants actual development, highlighting culture's impact on developmental norms. However, the small sample size and single city setting limit the generalisability of the findings. Additionally, the study relies on self-reported expectations, which may be influenced by social desirability or

recall biases. Greater diversity in future research is needed to better understand cultural variations in developmental expectations across different regions and socioeconomic backgrounds. The study's limited exploration of cultural differences overlooks the underlying child-rearing practices, societal values, and socioeconomic factors that shape Jamaican and Indian mothers developmental expectations. Furthermore, focusing solely on three motor milestones narrows the scope; including additional developmental domains such as fine motor or social skills would offer a broader view of cultural influences. Lastly, the impact of living in the UK and the acculturation process on mothers expectations is not considered, which may blend original cultural beliefs with dominant Western norms.

These findings align with research by Patcher and Dworkin (2015) which found significant differences among parents from different American ethnic and immigrant groups, (90 Puerto Rican, 59 African American, 69 European-American and 37 West Indian-Caribbean) in responses for 9 of 25 developmental milestone. The differences were mainly seen among personal and social milestones, with Puerto Rican mothers expecting children to attain these milestones at a later age than other mothers, although no differences in responses were seen between Spanish and English speaking Puerto Rican mothers. European American mothers expected children to take first steps and become toilet trained at a later age.

Gypsy, Roma, and Traveller (GRT) communities present another unique cultural context. Parenting within these groups is often highly protective, with strong emphasis on family loyalty and early preparation for adult roles (Cemlyn, 2009). While GRT families may appear to prioritise different developmental milestones (e.g., early independence, traditional gender roles), their parenting should not be misconstrued as neglectful (Cemlyn et al., 2009). However, due to widespread discrimination and misunderstanding, GRT families often face heightened scrutiny from social services, and referrals may reflect cultural bias rather than objective harm (Brown and Scullion, 2009).

These examples show how child protection systems can be biased when they do not fully understand different cultural parenting practices. Without a proper understanding of cultural norms, professionals may underestimate signs of harm, mistaking them for culturally acceptable practices (Helie, 2010). This can lead to missed opportunities for early intervention and may put children at greater risk. It can also damage trust between minority communities and child protection services, especially if concerns are overlooked or dismissed (Laming, 2003). To prevent this, professionals must be culturally informed while still able to recognise when cultural practices cross the line into harm (Phoenix and Husain, 2007).

While these studies provide valuable insights into parenting styles among parents of different cultures, there are notable limitations which are important to consider in parenting research. A number of studies focus exclusively on mothers experiences and consequently overlook the influence of other key family members such as fathers, grandparents, and siblings, whose roles are often central in many cultures (Hopkins and Westra,1989). The reliance on interviews and questionnaires without triangulating data through independent observers (e.g., teachers) also raises concerns about potential bias (Ghuman, 2003). Additionally, the sample in the study by Iqbal (2012) is drawn solely from culturally diverse urban areas like London which limits the generalisability of findings to less diverse settings.

These limitations highlight the necessity of viewing parenting within wider family and community systems. Social support, particularly through extended family networks, plays a critical role in parenting and child development by providing emotional, practical, and financial resources that reduce parental stress and enhance child well-being and resilience (Gutter, 2016; Stevenson, 2022). In many ethnic minority communities, caregiving is a collective responsibility involving grandparents, aunts, uncles, and other extended family, ensuring cultural continuity and shared child-rearing practices (Yang, 2022). This communal approach to parenting can act as a protective factor against family breakdown and state

intervention, particularly where collective responsibility contrasts with Western norms of individualised parenting. However, when social services fail to recognise these extended support systems, families may be unfairly assessed by nuclear family standards, leading to misunderstanding and inequality. A common limitation across many parenting style studies is their tendency to focus narrowly on individual parental behaviours, often mothers, without fully accounting for broader contextual factors such as socioeconomic status, cultural values, and the dynamic interactions within family and community networks. This narrow focus can restrict the depth of understanding and obscure how parenting is experienced and enacted in diverse settings. Therefore, acknowledging the role of social support and wider contextual influences is essential not only for a more holistic interpretation of parenting practices but also for developing culturally sensitive and inclusive child protection policies.

The concept of social support within different cultures such as a role of extended families in the UK is a topic that is gained a significant attention in research studies (Yang, 2022). The key focus of more recent literature is the role of extended families in providing social support, particularly during times of need and crisis (Stevenson, 2022). Researchers have examined how extended family networks contribute to individual and family well-being by offering emotional, practical, and financial support, thereby fostering a sense of belonging and security (Gutter, 2016). Recent studies have emphasised the cultural nuances that shape the dynamics of social support within extended families in the UK (Skinner, 2021). Researchers have explored how factors such as generational differences, migration experiences, and socioeconomic conditions influence the nature of support exchange within these family structures (Steele, 2022).

Understanding the relationship between cultural values, expectations, and available resources is essential for understanding the complexities of social support networks in diverse cultural contexts (Markus, 1991). Comparative research on social support across different cultural

settings highlights the importance of recognising and valuing diverse forms of support systems. While extended families may play a central role in the UK, other cultures may prioritise community networks, religious organisations, or informal social groups as primary sources of support (Yang, 2024). By acknowledging and respecting the diverse social support systems that exist across cultural, ethnic, and socioeconomic groups, research contributes to the development of more inclusive, equitable, and culturally sensitive approaches to promoting well-being and resilience. Traditional Western ideas of support and resilience often focus on individual traits like independence, discussing emotions, and support from the immediate family. However, these ideas may not match the everyday experiences of people from collectivist or marginalised communities, who may rely more on extended family, community, or shared values for support (Kim, et al., 2008). For example, in many non-Western cultures, resilience is built through strong community ties, support from extended family, shared traditions, and spiritual beliefs (Kirmayer et al., 2011). If research does not include these culture-based ways of coping, it can lead to narrow views of what health and resilience mean. This can cause unfair assumptions and ignore the strengths found in other cultures (Kirmayer, 2007).

Culturally aware research helps make findings more accurate and useful. It also helps shape support systems, like mental health care, education, and policies, that better reflect people's different social and cultural backgrounds (Walker, 2023). This is especially important in diverse societies, where using the same approach for everyone can leave out or misrepresent minority groups (Fernando, 2010). Recognising different ways people experience support and is necessary for doing fair and meaningful research that promotes equality and social justice.

Research on social support in different cultural contexts, including the role of extended family in the UK, highlights the significance of cultural influences in shaping support networks and practices (Liu, 2016). For example, while British society often focuses on the

individual and nuclear family structures, many ethnic minority communities, such as South Asian, African, and Caribbean groups, place a greater emphasis on collective responsibility, and extended family involvement in caregiving and emotional support (Bhui and Dinos, 2008). In South Asian families, for instance, it is common for multiple generations to live together or nearby, with family members, especially elders, playing a prominent role in raising children, decision-making, and emotional support (Chadda and Deb, 2013). Similarly, among African and Caribbean communities in the UK, support networks often extend beyond biological ties to include close family friends, church groups, and community leaders, forming a broader system that provides both practical and emotional support (Afuape and Hughes, 2016). These culturally informed support systems can serve as protective factors, against inequalities, racism, and socioeconomic challenges. However, they are often overlooked or undervalued in research, which may prioritise individual therapy or formal services over community-based approaches (Fernando, 2010). This highlights the importance of culturally sensitive frameworks that recognise the diverse support systems within the UK's diverse society.

The studies within the UK have provided a foundation for identifying key parental styles used in different cultures. Much of the research outside of the UK has produced comparable findings, however there are some that disagree. For example, a study by Stormshak et al (2000) investigated the relationship between parenting styles and behaviour problems within different cultures. The sample consisted of parents of 631 behaviourally disruptive children who were asked to describe their warm and involved interactions with their children and any punitive or inconsistent discipline strategies, including physical aggression. The findings indicated a stronger correlation between punitive discipline and behaviour problems in European American than African American families. Similarly, there was a stronger correlation between the use of physically aggressive discipline strategies and behaviour

problems in European Americans than in African American children. These findings suggest that a more authoritarian parenting style has a greater impact on children of European American backgrounds than on children from African American families. These findings imply that identical parenting behaviours can have different impacts depending on cultural norms and expectations. Specifically, the weaker correlation between punitive or physically aggressive discipline and behavioural problems among African American families suggests that these practices may be more culturally normative or interpreted differently within this context. In contrast, the same behaviours appear more detrimental among European American families, where such discipline may be less socially accepted. This highlights the need for culturally sensitive interpretations of parenting practices, avoiding a one-size-fits-all model and recognising that parental authority and discipline are embedded within broader sociocultural frameworks.

Building on the importance of cultural context in understanding parenting styles, Holochwost et al. (2016) conducted a study to examine the impact of parenting behaviours, specifically parental sensitivity, on executive functions across European American and African American ethnic groups. The findings indicated that higher levels of parental sensitivity were associated with improved executive function outcomes in European American children, but not in African American children. This result aligns with earlier research by Stormshak et al. (2000), which also suggested that the effects of parenting styles on child development differ significantly among cultural and ethnic groups. Both studies highlight how parenting styles affect children differently across cultures because what is considered normal or appropriate parenting varies culturally. Therefore, research must account for these cultural differences to accurately understand the impact of parenting on child development.

However, there are limitations of both studies, their failure to explore the underlying reasons for these ethnic group differences. For instance, there is little examination of how cultural

norms, values, and socioeconomic factors influence parenting behaviours and how children from different ethnic backgrounds respond to them. Additionally, it is important to consider how historical, societal, and community-specific experiences may affect parenting styles and their outcomes. Without a deeper exploration of these cultural dynamics, it becomes difficult to fully interpret the findings or to make well-informed recommendations for parenting practices that apply across diverse populations.

Differences in parenting styles across cultures suggest that traditional parenting theories, like Baumrind's, may not fully apply to children from diverse backgrounds or those who may not experience typical family environments (Chao, 1994; Ghuman, 2003). Likewise, the parenting style theory might not fully apply to children in care because many have faced broken attachments, trauma, or unstable caregiving (Munro, 2008). These children often require highly specialised, trauma-informed approaches that go beyond the general classifications of parenting styles. The emotional and behavioural needs of care experienced children may not respond predictably to authoritative parenting, which assumes a foundation of trust and stability that is often absent in their early experiences (Tanner, 2009). As such, applying standard parenting models without considering the complexities of the care system risks overlooking the unique developmental challenges these children face.

This issue is deepened further by research that consistently highlights significant ethnic inequalities within the children's care system, driven in part by cultural misunderstandings of parenting practices across diverse communities (Detlaff, 2020). Black African and Black Caribbean children, for example, are disproportionately represented in care and are more likely to be referred for physical discipline, a practice culturally embedded and often viewed as acceptable within these communities (Owen and Statham, 2010; Bernard and Gupta, 2008). However, child protection services in the UK frequently interpret these disciplinary methods through a Western lens that prioritises child autonomy and non-physical forms of

discipline, leading to higher scrutiny and intervention rates for Black families. Similarly, South Asian families, comprising Indian, Pakistani, and Bangladeshi groups, often emphasise obedience, familial duty, and academic achievement, alongside clearly defined gender roles (Shaw, 2000; Ghuman, 2003). These cultural values can be misconstrued by social services as overly controlling or neglectful, especially when professionals assess parenting against Western norms of emotional expression and independence. Furthermore, Gypsy, Roma, and Traveller (GRT) communities experience heightened discrimination and are frequently subject to increased surveillance and referrals, often due to cultural biases that misinterpret protective parenting and strong family loyalty as neglect or lack of care (Cemlyn et al., 2009; Brown & Scullion, 2009).

These patterns reflect a systemic failure to adequately incorporate cultural context into child welfare assessments, resulting in both overrepresentation of minority ethnic children in care and a lack of culturally sensitive interventions (Shelton, 2025). Such disparities are compounded by the tendency of child protection systems to apply nuclear family ideals and Western parenting standards universally, without accounting for collective caregiving practices common in many ethnic communities, where extended family members play integral roles in child-rearing (Phoenix and Husain, 2007). This disconnect not only exacerbates ethnic inequalities in care entry but also undermines trust between minority families and social services, leading to poorer outcomes for children and families. To address these inequalities, it is crucial that child protection professionals develop cultural competence, balancing respect for diverse parenting styles with a clear focus on child safety, while recognising the protective value of extended family networks and culturally specific caregiving practices (Williams, 2023). Only through this nuanced approach can the systemic biases contributing to ethnic disproportionality in children's care be effectively challenged and reduced.

3.5.2.2 Relationship Between Child Protection Professionals and Children in Care

While the family constitutes a key component of the microsystem, it is important to recognise that not all children live with their immediate family members, and caregivers may be an alternative for some children. For instance, many children in the UK's care system live with foster or kinship carers rather than their immediate family, which can significantly affect their development and sense of stability (Selwyn et al., 2013). These alternative caregiving arrangements often involve complex attachment and identity challenges, making it crucial for research and practice to consider the unique experiences of children separated from their birth families (O'Higgins, et al., 2015). Additionally, these children often face disrupted attachments and trauma, which can impact their emotional and behavioural development differently compared to children raised in biological families (Schofield and Beek, 2009). Therefore, understanding the distinct needs of children in foster and kinship care is essential to providing appropriate support that fosters positive outcomes.

Frequent placement moves in children's social care significantly disrupt development and the ability to form secure attachments, creating barriers to effective parenting. Research indicates that placement moves consistently predict emotional and behavioural difficulties (Lee et al., 2024; Rubin et al., 2007). This pattern is especially concerning in relation to Baumrind's parenting styles theory, which promotes a consistent caregiving environment where children experience warm and structured interactions. Placement moves disrupt opportunities for consistent authoritative parenting and make it nearly impossible for children to establish a stable, trusting bond, which is essential for healthy development (Newton et al., 2000). Therefore, traditional models of parenting styles may not account for the lived experiences of children in care, highlighting the need for theoretical frameworks that reflect the realities of disrupted caregiving environments and the impact these have on development.

As with placement moves, neglect experienced within children's care placements can lead to developmental challenges, suggesting limitations in parenting style theories. Research indicates that nearly 40% of preschool-aged foster children display developmental delays, mental health challenges, and insecure attachments, with around 22% showing disorganised attachment (Vasileva and Petermann, 2018). Disorganised attachment, a common outcome of neglect or inconsistent caregiving, is strongly associated with emotional dysregulation and behaviour problems (Fearon et al., 2010; Cicchetti et al., 2006). Longitudinal studies further demonstrate that children who have been abused or neglected often struggle academically, performing below expectations in IQ, reading, and school achievement even after adjusting for demographic factors (Perez and Widom, 1994; Jonson-Reid et al., 2004). These findings challenge Baumrind's theory of parenting styles, which refers to continuity and consistency in caregiving, conditions often absent for children in care. In situations where neglect occurs, children's relationships with caregivers are often damaged, making it hard to apply the usual parenting styles like authoritative, authoritarian, permissive, or neglectful. Instead, these children need care that understands trauma, focuses on stable support, and helps repair attachment, which traditional parenting models do not fully address.

A key way to address these challenges is provide sufficient training to foster carers and child protection professionals. However, training foster carers to adopt specific parenting practices presents significant challenges, often due to the complex and varied needs of children in care, alongside the diverse backgrounds of carers themselves (Rushton, 2004). Foster carers may struggle to consistently apply theoretical models of parenting because of limited access to ongoing, practical, and culturally sensitive training (Berridge, 2012). Additionally, workforce challenges such as high turnover rates, emotional burnout, and insufficient support can impact the quality and consistency of care provided (McFadden et al., 2015). These challenges are deepened further by inequalities within the system. As carers from minority

ethnic backgrounds or those working with children from different cultural or socioeconomic backgrounds may experience a disconnect between standardised parenting practices and culturally rooted caregiving practices (Schofield and Simmonds, 2013). This can lead to misunderstandings, reduced effectiveness of training, and an inability to adequately meet children's needs, therefore contributing to inequalities in outcomes for children from marginalised communities (McLean et al., 2018). Addressing these inequalities requires tailored, inclusive training programs that recognise cultural diversity and promote ongoing professional development to support foster carers and the wider social care workforce effectively.

These challenges especially present for child protection professionals when trying to foster relationships with children in their care. For instance, the relationship between social workers and children differs significantly from familial caregiving, challenging the assumptions of traditional parenting style theories. Foster carers often assume a dual identity as both professional and parent, adapting over time to integrate caregiving with professional responsibilities, especially in long-term placements (Hollett et al., 2022) Social workers, however, are frequently impacted by high caseloads and staffing shortages, leading to inconsistent support and challenges in building attachments between children and caregivers (Holland et al., 2005). This instability disrupts the opportunity for authoritative parenting styles, which require consistent, responsive caregiving. Furthermore, social workers often manage complex emotional and behavioural needs with limited training (Pears et al., 2014). These challenges make it hard to apply traditional parenting style models in children's social care, as they depend on stability, strong emotional bonds, and consistent relationships, which are often missing in these settings

These challenges are especially evident for children within the care system who have been separated from their parents and families. For these children, the primary elements of their

microsystem are typically the care home environment and the practitioners who provide support and care. To support children in residential care it must be ensured that carers maintain an environment that promotes safety and affection (Berridge, 2012). It is important that the carers show respect for the children and ensure that they are the focus of the home (Westlake, 2017). There are therapeutic homes that promote children's holistic development. The therapeutic technique used focuses on treating or alleviating children's physical, emotional, behavioural, psychological and cognitive challenges (Welsh Government, 2002). Many approaches would be used to support the holistic development of children in therapeutic homes. For example, behaviour adjustment structures, cognitive behaviour strategies, (including social skills, social problem-solving strategies), psycho-educational strategies, (including educating children about trauma and helping them make sense of their own traumatic events) and psychosocial approaches (McDonald, 2016).

3.5.3 School Environment

While families provide the foundation for development, schools become increasingly important as children grow, acting as an extension of the family and a key part of the microsystem (Bronfenbrenner, 1977). Schools support academic, social, and emotional development by offering structured learning, exposure to new ideas, and opportunities to develop critical thinking and problem-solving skills (Pianta, 2004). They also provide a diverse peer environment where children learn conflict resolution, empathy, teamwork, communication, social norms, and group dynamics, contributing to social competence (Wenzel, 2009; Zaatari, 2022).

Schools influence emotional development as well as positive climates, supportive teachers, and a sense of belonging foster resilience, self-esteem, and confidence, whereas negative experiences like bullying or exclusion can harm emotional regulation and mental health

(Jennings, 2009; Wang, 2023). Socioeconomic status also affects the resources and opportunities available to children, influencing both academic and extracurricular development (National Institute of Health, 2018). For children in care, schools often provide crucial stability. Research shows that teachers are a primary source of educational and emotional support for these children, offering consistency, positive role models, and relationships that mitigate the effects of trauma and disrupted attachments (Sebba and Berridge, 2014; Jackson and Cameron, 2012). Overall, schools serve as protective environments that support both academic achievement and social-emotional well-being.

In contrast, while schools can provide important sources of stability and supportive relationships with teachers, the educational environment is not always experienced positively by children and young people in care. Some care-experienced pupils report being treated differently by teachers due to their 'looked-after' status, including lowered expectations or assumptions about academic ability, which can contribute to feelings of stigma and exclusion within school settings (Mannay et al., 2017). Experiences of school engagement and enjoyment may also vary across different ethnic groups of children in care, suggesting that educational environments can be experienced differently depending on intersecting social factors. These experiences highlight the relevance of Bronfenbrenner's microsystem, as everyday interactions within immediate environments such as schools can shape how children in care experience support, belonging, and inequality, with these experiences potentially differing across ethnic groups.

3.6 Mesosystem

Bronfenbrenner's Bioecological Model provides a comprehensive framework for understanding how a child's development is shaped through complex interactions across multiple contexts, including biological factors, family dynamics, educational settings,

community environments, and broader societal influences (Feldman, 2021). This model highlights that these factors are not isolated but are deeply interconnected, continuously influencing and being influenced by one another over time (Tudge, 2009). For example, a nurturing and supportive family environment can foster resilience and effective coping strategies in a child, enabling them to better manage challenges encountered at school. Conversely, adverse experiences such as bullying or academic stress within the school microsystem can negatively affect the child's self-esteem and social skills, which in turn may impact family interactions and community engagement (Evans, 2015). This dynamic interplay creates feedback loops that either promote positive development or exacerbate difficulties, highlighting the importance of a holistic and multi-layered approach to childcare and intervention. Recognising this interconnectedness encourages practitioners and policymakers to design support systems that address not only individual factors but also the broader ecological systems surrounding the child (Prendeville and Kinsella, 2024).

The interactions between the family and school environments can significantly influence a child's development. These two systems often work in together, although their dynamics can vary depending on the child's specific circumstances. Research shows that parental involvement in school activities, such as attending parent-teacher conferences or helping with homework, is correlated with higher academic performance. When parents and schools collaborate, children tend to experience positive academic and behavioural outcomes. This interaction fosters a strong support network, providing a child with encouragement and guidance both at home and in school (Eccles and Roeser, 2015). Furthermore, when the family's expectations align with the school's educational goals, children are more likely to succeed academically and socially. For example, if the family emphasises the importance of education and provides a conducive environment for learning at home, it complements the school's objectives, enhancing the child's academic success (Hill, 2009). In contrast, a lack of

support at home can hinder a child's ability to thrive in the school system (Benner et al., 2021). Additionally, when families and schools share cultural or societal values, they provide a more cohesive and consistent environment for the child, fostering a sense of belonging and identity.

However, discrepancies between the cultural norms of the family and the school environment can lead to challenges, such as cultural mismatch or feelings of alienation in school (Deal and Peterson, 2016). For example, Joseph-Salisbury and Connell (2018) explored the Policing of Black Hair in Modern English Schools. The research examined qualitative case studies and found that often a parent may wish for their child to wear their natural hair, while a school may label it as 'messy' or 'unprofessional', reflecting deeper issues of institutional bias and limited cultural sensitivity. These conflicts can be especially complex in the lives of children care, where identity, belonging, and representation are already sensitive issues (Weekes-Bernard, 2017). These challenges highlight the need for culturally informed practices across all levels of the child's ecological system.

While family and school systems are crucial, they do not exist in isolation. The broader context in which these systems operate, including the exosystem and macrosystem, also play a pivotal role in influencing child development (Bronfenbrenner, 1994). The exosystem includes factors such as community organisations, media, and local policies, all of which can impact the interactions between family and school (Bronfenbrenner, 1977). For instance, children's access to quality schooling and extracurricular activities is often influenced by the socioeconomic status of their families and communities. Children from disadvantaged backgrounds may face barriers in accessing educational resources, which can affect their developmental outcomes (Sirin, 2005). The macrosystem, comprising cultural, societal, and political values, further shapes the way families interact with schools and how children are treated both at home and in the classroom. Policies and societal attitudes toward education,

such as inclusive education or support for mental health, also shape child development within school settings (Heath et al., 2022).

3.7 Exosystem

Bronfenbrenner's exosystem is a layer in the ecological systems theory that encompasses social settings and institutions that do not involve the child directly but still exert an indirect influence on their development. These settings impact the child through their effect on the immediate environment usually the family or caregivers who are directly involved with the child (Bronfenbrenner, 1979). For example, a parent's workplace policies, social support networks, or access to community resources are part of the exosystem. Stressors such as job loss, work-related stress, or inadequate community services can alter the family's emotional climate, availability of time and financial resources, and overall functioning. These changes subsequently influence the child's well-being, self-esteem, and development (Swick and Williams, 2006; Tudge et al., 2009). However, the exosystem highlights how broader societal factors, such as neighbourhoods safety, healthcare availability, and educational policies, indirectly shape the child's developmental context by affecting the microsystem environments in which the child lives (Tudge et al., 2009).

In the context of children in care, the exosystem is particularly influential. Social care professionals such as social services, local authorities, health services, and family courts all make decisions that coordinate the child's placements, access to education and therapy, and the consistency of care they receive (Ryan, 2001). For instance, a foster carer's capacity to provide stable support may be influenced by local authority funding or training policies, factors outside the child's control (Jack, 2010). In addition, frequent changes in social workers, driven by staff turnover or high caseloads, can interrupt the child's sense of stability (Munro, 2011). These examples show how wider systems can either support or weaken the

care around looked-after children, and therefore it is critical that decisions are made with the child's long-term wellbeing in mind. Acknowledging the impact of the exosystem encourages more holistic and child-centred policymaking.

3.7.1 Socioeconomic Factors

Socioeconomic status is a broad concept that refers to the placement of individuals or groups within a hierarchical social structure (Duncan, 2012). It is typically measured using indicators such as education level, income, and occupational status, and is associated with access to resources, health outcomes, and life opportunities (Bradley, 2003) Socioeconomic status is a key factor influencing individual's opportunities and outcomes in areas such as health, education, and social care. Its effects are often intensified when combined with other social identities, as understood through the concept of intersectionality (Braveman, 2014). Socioeconomic status rarely operates alone instead, it interacts with factors like gender, ethnicity, and disability, resulting in distinct and unequal experiences (Crenshaw, 2001). For example, studies reveal that men with high socioeconomic status tend to have lower mortality rates than women with similarly high socioeconomic status, highlighting how advantages are not evenly shared even among privileged groups (Razzell and Spence, 2006). Likewise, intersectional research in the UK education system shows that socioeconomic disadvantage combined with ethnicity. These inequalities also appear in social care, with evidence from Wales showing that people with dementia from poorer areas tend to enter care homes later, often due to limited informal support or financial constraints (Griffiths et al., 2021). Socioeconomic status is a powerful predictor of health outcomes as well. The Whitehall Study in 1977 found that lower job status is associated with higher risks of heart disease and premature mortality, even when healthcare access is similar (Marmot et al., 1991). Furthermore, individuals in the UK's most deprived neighbourhoods develop multiple chronic illnesses up to ten years earlier than those in more affluent areas (Barnett et al.,

2012). In education, socioeconomic status continues to influence achievement from early years through higher education, with students from lower-income families less likely to perform well academically or attend prestigious universities (Blanden et al., 2005; Smith & Naylor, 2001).

Investigating the roles of culture, tradition, community influences, and socioeconomic status could provide a more comprehensive understanding of how parenting affects child development. Gorski (2019) proposed that instead of accepting the stereotypes that are detrimental to low-income families, it is essential to address the wider issues within society that create the wealth divide. Gorski criticised the idea of the Culture of Poverty; first proposed by Oscar Lewis (1961). This refers to the idea that low-income families share similar beliefs, values, and behaviours. For instance, there is a common stereotype that people living in poverty are lazy, unmotivated, or unwilling to work hard. Gorski (2019) argues this assumption overlooks the wider challenges they may face, such as limited access to quality education, unstable employment opportunities, discrimination, or inadequate childcare, that make it harder to achieve financial stability. It also ignores the fact that many people in poverty do work, often in low-paid or insecure jobs, and that their circumstances are shaped more by systemic inequality than by personal failings. Gorski's theory is supported by empirical evidence. For example, according to the Economic Policy Institute (2002), working adults in poverty spend more hours working each week than their wealthier peers. Therefore, this contradicts the assumption that poor people are inherently lazy.

Similarly, research by the National Centre for Education Statistics (2005) challenges the notion that parents living in poverty are less invested in their children's education. Instead, it was found that low-income parents were less likely to attend school functions or volunteer in their children's classrooms not because they care less about education, but because they have less access to school involvement than wealthier parents. For example, they are more likely to

work multiple jobs, to work evenings, to have jobs without paid leave and to be unable to afford childcare and public transportation. Belief in the culture of poverty has major implications for children in care as it may lead child protection professionals to have low expectations for low-income families (Martin, 2014). Similarly, Lareau (2011) highlights how socioeconomic constraints shape parental involvement, showing that working-class and poor families often engage differently with schools compared to middle-class families, not due to lack of interest but because of limited resources and time. Additionally, Jeynes (2005) found that parental involvement positively influences academic achievement across all socioeconomic groups, emphasising that low-income parents are equally motivated but face systemic barriers that hinder their participation. The persistence of the culture of poverty belief has significant implications for children in care, as it may lead child protection professionals to underestimate the strengths and commitment of low-income families and hold low expectations for their capacity to support their children's development. This bias is particularly concerning given evidence from the Millennium Cohort Study (2000), which highlights persistent inequalities in child development.

The Millennium Cohort Study (2000) has highlighted persistent inequalities in child development, highlighting that children from lower-income households tend to have poorer cognitive and health outcomes compared to their more affluent peers. It has also shown that parental involvement, particularly in early literacy activities like reading to children, is strongly linked to improved educational attainment. Children from most minority ethnic groups are much more likely than White British children to be living in deprived neighbourhoods facing socioeconomic disadvantage, as a result there is an uptake of children entering care (Turner, 2022). In the sample of 18 local authorities studied by Webb et al (2020) only 37% of the White British, 44% of the Chinese and 45% of the Asian Indian children lived in the most deprived 40% of small neighbourhoods. However, these

neighbourhoods were the home for 70% of Pakistani children, three-quarters of all Black children and over 80% of Bangladeshi children. Socioeconomic disadvantage was a widespread experience for many of the major marginalised ethnicities. These figures show that Black, Pakistani, and Bangladeshi children are particularly at risk of experiencing the combined effects of poverty, including higher exposure to environmental stressors and reduced access to early support services. Understanding this is crucial for addressing racial inequality in education, health, and care outcomes, and for ensuring that interventions are both equitable and culturally informed. Therefore, further research is necessary into whether these lower rates are due to a failure to provide services to minority populations in deprived areas rather than lower levels of need. However, a key limitation is that current data on ethnicity and inequality in the UK is limited by outdated population estimates, poor recording practices, and inconsistent definitions, making it difficult to accurately research the experiences of diverse ethnic groups, particularly those of mixed heritage (Bywaters, 2020).

The socioeconomic status of a family plays a significant role within a child's academic achievements (Suna et al., 2020). A study by Vadivel et al (2023) explored the impact of low social economic backgrounds on a child's educational achievement. The main objective of this study was to determine how the children's socioeconomic status affects their psychology and the relationship between the children's academic success and socioeconomic background. This study used a descriptive survey research design and the sample consisted of 50 pupils and one or both of their parents. The selection of the target demographic was conducted using random sampling. To gather the data, focus groups, in-depth interviews, and various forms of observation techniques were utilised. According to the study's findings, many pupils from low socioeconomic backgrounds performed poorly academically, which forced them into the workforce at a young age. Low socioeconomic background parents were reported to be less engaged in educating their children. After completing their secondary education, children

from low socioeconomic origins were more interested in finding work than continuing their education. The majority of these pupils were working in low-skilled or manual labour (Vadivel et al., 2023).

This finding is also evident in a study by Kiernan and Menash (2011) which explored the relationship between poverty, family, parenting and the links to educational attainment overtime. The key findings suggested that over 61% of children who had not experienced living in poverty were assessed as having good achievement in the Foundation stage in contrast to the 26% of children living in poverty who were assessed as having good achievement. These findings highlight how low socioeconomic status can negatively impact children's educational outcomes, future opportunities, and family involvement in learning. As ethnic minority families are disproportionately affected by poverty (Turner, 2022), these socioeconomic disadvantages often overlap with racial inequalities, contributing to higher rates of stress, social service involvement, and, ultimately, the over or underrepresentation of ethnic minority children in the care system.

Socioeconomic factors such as poverty, housing instability, and limited access to services disproportionately affect ethnic minority children, placing them at greater risk of entering the care system (Gorski, 2019). These challenges are often impacted by systemic racism and structural inequalities, which can influence both the likelihood of intervention and the quality of support received (Turner, 2022). Understanding these dynamics is crucial for social workers and professionals in children's social care, as it enables more equitable, culturally informed decision-making. Linking this awareness to existing training frameworks supports better identification of need, reduces bias in practice, and promotes fairer outcomes for children from all backgrounds (Skills for Care, 2023).

3.7.2 Existing Training Practice, and Knowledge within Social Care

Existing training practices and knowledge within children's social care can be understood through Bronfenbrenner's exosystem, as they represent external institutional influences, such as government policies, organisational structures, and workforce development strategies, that indirectly shape a child's environment by impacting the capabilities and decisions of the practitioners. Training and professional development are foundational to effective social care practice, particularly in the context of children's services. Practitioners working with vulnerable children and families must be equipped with a broad range of knowledge, including child development, safeguarding, trauma-informed practice, and effective communication skills (DoE, 2023). Current training frameworks in the UK reflect an ongoing effort to professionalise the workforce and improve outcomes for children by embedding evidence-based practice and reflective supervision, as seen in England's Knowledge and Skills Statements (Department for Education, 2018), Wales's Social Care Wales standards (Social Care Wales, 2020), Scotland's GIRFEC approach (Scottish Government, 2021), and Northern Ireland's child-centred practice guidance (Department of Health NI, 2021).

Despite these efforts, variability in the quality and accessibility of training remains a challenge. Research suggests that while some practitioners benefit from structured induction programmes and continuous professional development (CPD), others experience inconsistent or insufficient training, particularly in high-demand areas such as mental health, cultural competence, and contextual safeguarding (Baginsky et al., 2020). However, frontline staff often report a gap between theoretical training and real-world application, especially in high-pressure environments where time and resources are limited (Ferguson, 2017). Ethnic and cultural training plays a crucial role in equipping practitioners with the knowledge and sensitivity needed to provide inclusive, respectful, and effective support to diverse communities. Social care professionals frequently work with children and families from a

wide range of cultural, religious, and ethnic backgrounds, and a failure to understand or appreciate these differences can lead to miscommunication, misjudgement, and even discriminatory practice (Dominelli, 2010). As such, cultural competence is not a peripheral concern but a core element of professional social work standards (BASW, 2021).

Existing training frameworks increasingly recognise the importance of anti-racist and culturally responsive practice, especially considering systemic inequalities and the impact of structural racism on service delivery. However, research shows that training in this area is often inconsistent, overly theoretical, or delivered as a one-off exercise rather than embedded into ongoing professional development (Hussein et al., 2020). There remains a pressing need for more reflective, practice-based approaches that help practitioners critically examine their own biases and engage more meaningfully with the lived experiences of the communities they serve. These skills are especially vital in residential care settings, where staff in group homes for foster children often come from diverse educational backgrounds, with many lacking experiences in working with children who have experienced trauma (Byrne and Sias, 2010).

The absence of targeted, culturally informed training in such settings can exacerbate communication gaps and misinterpretations of behaviour, particularly among children from ethnically diverse backgrounds (Sue, 2016). Although research on the training and working environment of residential care staff is limited (Parry et al., 2021), studies such as those by Steels and Simpson (2017) highlight the importance of relational and culturally attuned approaches in residential care to foster stability, belonging, and trust among looked-after children. They suggest that working with children in residential care requires strong knowledge of child development, trauma, and cultural identity, along with emotional resilience and advanced communication skills, to support children effectively in complex and challenging environments. Additionally, research by Allan et al (2023) indicates that

residential care workers typically receive low pay and minimal training. These workers often have little autonomy and are not respected for their contributions. Unfortunately, the training provided is often insufficient, and over time, workers forget much of what they learned due to the lack of ongoing evaluation and continuous training. As a result, staff members may apply what they learned inconsistently, which can have serious consequences.

Research by Rauktis (2015) found that when staff selectively applied parts of behavioural management interventions they preferred, it created confusion and disorder for the children. The staff's use of these interventions often became a means of exercising control over the children, leading residents to feel helpless and without autonomy. Such misuse of interventions contributed to increased conflict between staff and residents, ultimately hindering the development of healthy relationships. Inconsistent and unstable staff behaviour reinforced negative perceptions children already had about caregivers, further undermining the residents well-being. When staff lack adequate training, this prevents progression to promoting positive change (MacInnes, 2020). However, without regular supervision and training, the stress of working with traumatised children escalates (Eenshuistra et al., 2020; Eenshuistra et al., 2019). This can result in high turnover rates in residential care settings, a major issue exacerbated by poor supervision, low wages, and heavy workloads.

High turnover disrupts the consistency of care, which directly impacts the quality of service children receive (Bryant, 2023). The need for immediate hiring to fill vacancies often leads to rushed training, with new staff members quickly placed in the workforce without adequate preparation (Cook, 2024). This approach leaves new hires unprepared to work with children who have trauma histories, creating a cycle of poorly equipped staff under significant stress, without proper supervision, and with low pay. Ultimately, this cycle contributes to a decline in the overall effectiveness of residential care agencies (Bosk, 2024).

Challenges in recruiting sufficiently qualified staff are evident across the children's social system, however it is particularly prevalent in children's residential homes. The National Minimum Standards (NMS) require care staff in children's homes to hold at least a Level 3 qualification, with new employees expected to complete the Level 3 Diploma within two years of starting (Gov Wales, 2023). Registered managers must have a Level 4 qualification related to working with children, plus a management qualification such as Level 4 Leadership and Management or NVQ Level 4. New managers starting after 2011 are required to complete the Level 5 Diploma in Leadership within three years, though these qualifications are completed while in the role, as pre-qualification was not mandated (BASW, 2023). The Level 3 Diploma content is currently under review.

According to an Impact Assessment report by the Department for Education (2015) on the quality of children's homes, key issues in the sector include insufficient qualifications, lack of specialist knowledge and skills, limited career progression, and a lack of reward and recognition. Additionally, some private children's homes have been rated as inadequate by Ofsted due to poorly trained staff, disorganised management, and incidents that jeopardised children's safety. Children in residential homes often come from backgrounds of significant maltreatment and multiple placement moves, both of which are linked to various negative outcomes and affect their well-being. While the effects of child maltreatment are well-documented, less is known about how residential care workers understand the challenges these children face.

A study by Abraham et al (2022) aimed to explore the perspectives of residential workers, focusing on their understanding of their roles, barriers they face, and supportive factors in their work. Three main themes emerged from the analysis. First, residential workers feel that the profession is rewarding but is not widely understood or valued by society. Second, factors like shift demands and managing challenging behaviour can hinder workers' emotional

availability to the children in their care, while being part of a supportive team and having access to reflective spaces promote resilience. Third, workers recognised that their confidence and skills significantly influence their ability to manage challenging behaviours. The findings suggest that addressing these issues within children's services could improve staff well-being, reduce burnout and secondary trauma, and enhance staff retention, ultimately improving the quality of care for children. These findings demonstrate the urgent need for greater public respect and understanding of residential care work to increase staff morale and attract new workers; stronger organisational support such as, regular supervision, peer help, and reasonable workloads to protect staff wellbeing; and ongoing training to build skills and confidence in managing behaviour. Implementing these ideas into practice can create a stronger, more skilled, and committed workforce, which is crucial for delivering better care and outcomes for children in care.

The St Christopher's Fellowship (2021), which operates children's homes and semi-independent accommodation, conducted a survey between April 2020 and April 2021 to assess the risk of burnout and secondary traumatic stress among staff working with individuals who have experienced trauma. The results revealed that the average score for burnout risk was 23.6 out of 50, while the average score for secondary traumatic stress risk was 21.5. Notably, the score for secondary traumatic stress steadily decreased over the year, from 22.5 in June 2020 to 20.5 in April 2021. In response to these findings, the therapeutic team at St Christopher's Fellowship implemented several interventions aimed at supporting staff, including the introduction of one-to-one support sessions. These initiatives were particularly effective, with 80% of high-scoring individuals engaging in the support offered, leading to a reduction in their scores and a subsequent increase in staff retention. Additionally, the organisation incorporated reflective practice and increased training focused on working with traumatised children However, there are some limitations with this research.

For example, the study was conducted within a single organisation, meaning the findings may not be representative of staff experiences across other children's homes or residential settings with different cultures, support systems, or resources. Similarly, as the research was conducted internally and the interventions were implemented by the organisation itself, there may be a risk of reporting bias or pressure to demonstrate improvement.

The findings from the St Christopher's Fellowship (2021) are supported by empirical research conducted by Evans et al. (2006), who carried out a postal survey of mental health social workers across England and Wales. The study identified high levels of occupational stress and emotional exhaustion, with 47% of participants reporting significant psychological distress twice the rate observed among psychiatrists. Key contributing factors included perceptions of being undervalued, excessive job demands, limited professional autonomy, and overall dissatisfaction with their roles, all of which indicate burnout and reduced job satisfaction. Similarly, these findings align with research by Maddock (2023), who examined the experiences of social workers in Northern Ireland. Participants in this study reported moderate levels of stress and emotional exhaustion, along with considerable rates of anxiety (30.6% mild; 37.2% moderate-to-severe), depression (16.6% mild; 7.4% moderate-to-severe), and poor overall mental well-being (22.3%). Elevated levels of perceived stress were strongly associated with these negative mental health outcomes. Collectively, these studies highlight the urgent need for systemic interventions, such as reflective supervision, manageable workloads, peer support, and recognition of professional roles, to safeguard the emotional well-being of care staff and improve workforce stability and the quality of care delivered to vulnerable populations.

Building on the concerns raised by recent research into staff well-being in children's social care, the Practice Change Project (2021), a key component of this broader initiative, aimed to strengthen the evidence base for reflective supervision as a tool for supporting practitioners.

It emphasised the role of supervision not only in managing workload and enhancing professional development, but also in fostering critical thinking and safeguarding staff emotional well-being. The project found that high-quality, emotionally attuned supervision can mitigate occupational stress and fatigue, enabling staff to process challenging experiences and maintain resilience in emotionally demanding roles. This aligns with the findings of St Christopher's Fellowship (2021), Evans et al. (2006), and Maddock (2023), all of which highlighted the mental health risks facing child protection professionals. Therefore, reflective supervision should not be viewed as an administrative add-on, but as a central, evidence-based aspect of staff support strategies that can help reduce burnout, improve retention, and ultimately enhance the quality of care provided to children.

The Department for Education report Children's Workforce Census (2018) identified recruiting adequate numbers of staff from ethnic minority backgrounds as a significant challenge in the children's workforce. For instance, ethnic minority professionals made up just 21% of the workforce, while 79% identified as White. These figures indicate a significant under-representation of ethnic minority staff within children's social care, highlighting that the workforce does not reflect the diversity of the general population. This under-representation may in itself present challenges to building cultural trust and accessibility in child protection services. This issue reflects broader concerns about diversity and representation in social care roles, which is crucial for creating inclusive and culturally competent care environments. In the context of residential children's homes, which historically have had a predominantly White female workforce, the initial census findings revealed an interesting trend. The gender divide among staff in residential settings was roughly equal, with a significant presence of male workers. The inclusion of male staff was noted to have a positive impact, both by the young people residing in the homes and by the staff themselves, as indicated in case study interviews. For the young people, the diversity in

staff, spanning age, gender, and personality, was especially valued. The presence of both male and female staff members contributed to creating a more balanced and supportive environment, helping to foster a sense of diversity and inclusion.

In the Department for Education report Children's Workforce Census (2018) young people also highlighted that having a range of staff profiles, including male staff, was crucial in making the residential homes feel more like a family setting, as it allowed for varied role models and support figures. This finding suggests that gender diversity among staff can play an essential role in shaping the atmosphere and relational dynamics within children's homes. It also reflects broader societal attitudes towards gender roles and caregiving, as the positive perception of male staff indicates a recognition of the value that diverse caregiving roles can offer in supporting the emotional and developmental needs of young people. This trend challenges traditional gender stereotypes in caregiving professions and highlights the importance of diversity in staffing, not only in terms of ethnicity but also gender, to enrich the care environment and better meet the needs of young people in residential care. The findings from this research highlight clear inequalities in the representation of staff within child protection services, particularly in terms of both gender and ethnicity. This under-representation is a significant concern and must be addressed to ensure the workforce more accurately reflects the diverse communities it serves. These inequalities are also evident within the macrosystem, which encompasses the wider societal values, and structural inequalities that shape both the workforce and how services are delivered.

3.8 Macrosystem

The macrosystem refers to the broader cultural and societal context that shapes a child's life, such as societal norms, cultural values and religious ideologies. While the macrosystem does not always involve direct interaction with the child, it has a deep influence on the more

immediate environmental systems, such as the family, educational institutions, and peer groups (Bronfenbrenner, 1979). It encompasses overarching societal and cultural ideologies, including attitudes towards education, gender roles, and individualism versus collectivism, which shape the values, expectations, and resources available to children and families (Tudge et al., 2009). The macrosystem plays a significant role in shaping ethnic inequalities. For example, societal norms and institutional practices that privilege certain racial or ethnic groups can lead to disparities in access to resources, opportunities, and social mobility for marginalised ethnic communities (Crawford et al., 2020).

3.8.1 Cultural and Religious Settings

Examining the role of cultural and religious contexts within this model, we gain valuable insights into how these systems contribute to shaping the development of children (Hughes, 2020). Cultural settings are an integral component of the SEM, as culture significantly influences a child's development. Within the macrosystem, culture encompasses the broader societal traditions, customs, social norms, and collective values that inform individuals' lives (Bronfenbrenner, 1979). The SEM emphasises that development does not occur in isolation but is situated within these broader cultural frameworks, which interact with the more immediate microsystem, such as family, school, and peers (Vélez-Agosto et al., 2017). Culture influences how children engage with their immediate environment, shaping their behaviour, values, and perceptions of the world around them (Christensen, 2016). One key aspect of cultural influence is cultural socialisation, where families serve as the primary agents of transmitting cultural beliefs and practices (Chen et al., 2020). Through daily interactions, language, rituals, and customs, children internalise cultural norms, which ultimately shape their worldview and behaviour. For instance, in collectivist cultures, family centred values emphasise interdependence, while individualistic cultures prioritise personal

autonomy. These differences in cultural norms play a significant role in shaping a child's identity and behaviour (Newman, 2020).

The educational system also reflects cultural expectations, contributing to the way children develop academically and socially (Archer, 2007). In certain cultural settings, education may place a higher value on academic achievement, while other cultures may prioritise moral or spiritual education (Banks, 2015). This dynamic is further influenced by the relationship between family and school, where the mesosystem reflects how cultural values in the family shape children's experiences in the school system. Peer interactions, too, are shaped by cultural norms, as children navigate social hierarchies, conflict resolution, and group dynamics according to the expectations of their cultural context. The SEM helps us understand how these cultural influences contribute to the development of children's social skills, identity, and worldview (Sahin, 2018).

Religious settings play a significant role in shaping child development. Positioned within the macrosystem of the SEM, religion provides another layer of influence on the immediate environment, particularly through family and community interactions (Hooten, 2021). Religious socialisation within the family shapes children’s moral and ethical development, as children learn religious beliefs and practices from an early age (Lopez et al 2003). Family participation in religious rituals, such as prayer, fasting, or attending religious services, contributes to a child's spiritual development and moral framework (Marks, 2004). Religious communities also serve as important settings for socialisation, where children engage with others who share similar beliefs (Furrow, 2004). These communities provide a sense of belonging and identity, fostering social and emotional development that aligns with the values of the religious tradition (Smith, 2005). The interaction between family, school, and community further illustrates the role of the mesosystem in shaping a child’s religious and moral identity (King and Boyatzis, 2015).

The SEM also helps us understand the intersection of cultural and religious settings in child development. In many societies, culture and religion are deeply intertwined, with religion playing a central role in shaping cultural identity (Chukwudebelu, 2024). Religious practices within a community, such as festivals and rites of passage, strengthen both cultural and religious identities, contributing to children's sense of belonging and social connectedness. However, conflicts may arise when cultural norms conflict with religious teachings (Brahm, 2005). For example, certain cultural practices may promote behaviours that contradict religious values, leading to tension for children caught between these different sets of expectations (McKay, 2014). The SEM provides a framework for understanding how children navigate these conflicts and how the interactions between various systems influence their development.

In multicultural societies, where children are exposed to diverse cultural and religious beliefs, the SEM sheds light on the challenges of cultural adaptation and religious pluralism (Devine, 2024). Children often face the task of negotiating their religious identity while balancing the values of their family, religious community, and the broader society (Moulin, 2013). The dynamic nature of these influences highlights the importance of considering both the immediate environments (microsystems) and broader cultural and religious systems (macrosystems) in understanding child development. The SEM provides a foundation for understanding the role of cultural and religious settings in shaping a child's development. By highlighting the interconnectedness of cultural and religious influences at various levels of the model, we gain a deeper understanding of how these systems impact children's behaviour, identity, and worldview (Murphy, 2024). The SEM highlights the reciprocal and dynamic nature of these influences, illustrating how children's development is shaped by both their immediate environment and the broader societal and cultural contexts in which they live (Tong, 2024). The model also emphasises the need to consider cultural and religious contexts

when studying child development, as these factors significantly contribute to shaping children's experiences and shaping their development in diverse ways (Lopez, 2021).

In the context of children living in care, culture is especially important as they are not living with their biological families and therefore may be missing out on the cultural knowledge and experiences that they would have growing up (Venables, 2025). As a result, it is essential for social care professionals to explore the child's cultural background and promote opportunities for children to understand their past, culture race and religion. This is a crucial to help looked after children develop their own sense of identity. Research from the Knowsley Safeguarding Children Partnership (2021) shows that understanding children in care's past can be difficult and there may be lots of gaps in the knowledge. Subsequently, failure to understand their own story, children may blame themselves for having been placed into care. For some children living in care that have different cultural backgrounds may make them feel like an outsider. For those with strong ties to their birth family who wish that they were still living with them, it can be hard to feel at home while in care. It is key that those caring or supporting children within the system have a responsibility to help children define themselves as a member of their own culture. Without connection the child can feel lost and it is key that feelings of safety, security, belonging and self-esteem are essential for the child in making sure secure attachments are developed moving forward Knowsley Safeguarding Children Partnership (2021).

3.8.2 Cultural Factors Contributing to the Discrepancies in the Representation of Ethnic Minority Children in Care

Culture plays a prominent role in shaping beliefs, behaviours, and family dynamics (Witherspoon, 2020). While cultural traditions can offer strong community bonds, resilience, and support networks, they can also present challenges, particularly when values such as

family honour, obedience, or privacy conflict with child protection practice (Longo, 2024). The cultural context of shame is particularly prevalent in many ietie Asian, African, and Middle Eastern societies, where family honour and collective reputation are prioritised over individual well-being (Nydell, 2006). Although feelings of shame around disclosing abuse can be present in White communities, they are often more deeply rooted or culturally reinforced in many Asian, African, and Middle Eastern societies (Frey, 2020). In these societies, abuse is often seen as a private matter, and its disclosure might be viewed as a betrayal of the family or the community (Camp, 2022). As a result, children who experience abuse in these cultural settings may feel compelled to remain silent, not only to protect their own reputation but also to avoid bringing shame upon their families and communities (Lauren, 2021). This pressure to conform to cultural expectations can leave children without the support they need to address the abuse they are enduring (Green, 2023). In patriarchal cultures, abuse may even be normalised, particularly when it is perpetrated by male family members or figures of authority (Childress, 2023). In such environments, the lack of legal, medical, or emotional support further complicates the process of disclosure, leaving children with limited options for seeking help (Field, 2008).

Hutchinson (2014) extended this analysis through a population-based study across 19 countries, which examined the disclosure rates of child abuse. Their findings indicated that in Jordan, China, and Morocco, only about half of the children who had experienced abuse reported it to a professional. This low disclosure rate highlights the persistence of barriers to reporting abuse, which may stem from fear, mistrust, stigma or cultural inhibitions. The role of families and communities was identified as a key factor influencing whether children disclosed abuse. In some instances, family members may actively discourage disclosure in order to protect the family's reputation, particularly in cultures where public shame carries heavy social consequences. Families that perceive a disclosure of abuse as damaging to their

social status may pressure children to remain silent, reinforcing the cultural belief that the family's honour supersedes the child's well-being.

The study conducted by Hutchinson (2014) provide crucial insights into the cultural factors that influence the disclosure of child abuse, highlighting the complex interplay between cultural values, family dynamics, and societal structures. These studies reveal that children from cultures with strong shame-based values are often less likely to disclose abuse due to the fear of bringing dishonour upon themselves or their families. In many cultures where modesty and family reputation are highly valued, the act of speaking out about abuse can be perceived as a public admission of failure or wrongdoing. This fear of damaging the family's honour creates significant barriers for children, not only by discouraging them from disclosing their experiences of abuse but also by fostering an environment where silence and underreporting are common. The behaviours of victims are deeply shaped by these cultural frameworks, which influence not only the victims themselves but also those around them, including family members, peers, and broader societal structures.

Communities also play a crucial role in whether abuse is reported, as many societies operate with a strong sense of communal responsibility (McGuire, 2017). In some cultures, the public revelation of abuse can be seen as a reflection of the community's failure to maintain order and harmony (Jearnod, 2023). Consequently, children and their families may fear social rejection if they were to disclose abuse, further discouraging them from seeking help (NSPCC, 2023). An example of this reluctance to disclose abuse is particularly evident in Chinese society, where children may be especially hesitant to report abuse due to the strong cultural emphasis on family unity and respect for authority (Tian, 2024). Filial piety, or the obligation to honour and respect one’s parents, is deeply ingrained in Chinese culture (Gu, 2023). This value system can prevent children from disclosing abuse, as doing so might be seen as a betrayal of the family unit. Moreover, in cultures such as this, there may be a lack of

awareness regarding what constitutes abuse (Khan, 2018). Behaviours that are viewed as abusive in Western contexts, such as corporal punishment or emotional neglect, may be normalised or overlooked in other societies (Sabri, 2013). This cultural normalisation of certain abusive behaviours further complicates the process of disclosure, as children may not even recognise their experiences as abusive or harmful (Halverson, 2020).

The implications of these findings are significant for practice and policy, particularly in child protection efforts. The studies by Hutchinson (2014) highlights the importance of understanding the cultural context in which children are raised when addressing issues of abuse. Professionals working with children, including healthcare providers, educators, and social workers, must recognise the cultural norms and values that may influence the disclosure process (Rosenberg, 2017). It is essential for these professionals to create environments where children feel safe to report abuse without fear of judgment or retribution. Cultural sensitivity is key in ensuring that children from diverse backgrounds feel understood and supported in disclosing their experiences (Osborn, 2023). While cultural sensitivity helps children from diverse backgrounds feel safe in sharing their experiences (Osborn, 2023), it can also create tension in practice. Professionals may feel conflicted about challenging cultural practices such as physical punishment or strict family hierarchies that may harm children, for fear of being seen as disrespectful or discriminatory (Chand and Thoburn, 2005). At the same time, they must balance this with their duty to protect the child, which can be especially difficult in communities where honour and obedience are highly valued (Bernard and Gupta, 2008). This tension is shaped by broader cultural values and societal norms within the macrosystem, which influence how communities perceive and respond to issues such as abuse. In societies where community responsibility is highly valued, the fear of social stigma and dishonour may outweigh the urgency of protecting children from harm. (Martinello, 2020).Within the macrosystem, cultural values and societal norms dictate how communities

perceive and respond to issues such as abuse. In societies where community responsibility is highly valued, the fear of social stigma and dishonour may outweigh the urgency of protecting children from harm (Martinello, 2020). These cultural norms shape not only how abuse is reported but also how individuals and families react to it, often leading to silence and inaction (Mohamed, 2021). The macrosystem's influence, therefore, extends beyond immediate family or community systems and reflects larger societal structures, including legal frameworks, healthcare systems, and cultural taboos, that may either support or undermine the efforts to safeguard children's well-being. In order to address these challenges effectively**,** cultural competence and training for professionals working in child protection is essential. Practitioners must be equipped not only with knowledge of safeguarding procedures but also with a deep understanding of how cultural beliefs, values, and practices influence disclosure, trust, and help-seeking behaviour (Osborn, 2023). Without this cultural awareness, there is a risk of misinterpreting families' actions or overlooking subtle signs of distress in children from minority backgrounds. Culturally sensitive training should go beyond basic awareness, implementing reflective practice and critical engagement with one's own biases, while encouraging practitioners to consider how institutional responses may unintentionally marginalise certain groups (Chand and Thoburn, 2005). By embedding cultural competence into both training and policy, agencies can better support diverse families, reduce barriers to disclosure, and promote more equitable and effective safeguarding interventions.

Training for professionals should include an awareness of how cultural stigmas related to shame, honour, and gender roles may impact a child's willingness to disclose abuse (Community Care, 2020). Furthermore, strategies need to be developed to address and overcome these cultural barriers (Ali, 2024). Building trust with families and communities is critical to ensuring that they understand the importance of reporting abuse and the resources

available to support victims (Heron, 2021). Collaboration with cultural leaders, community organisations, and other local stakeholders can facilitate greater acceptance of child protection initiatives and promote a shift towards more supportive attitudes regarding the disclosure of abuse (Green, 2015).

Owen and Statham (2010) found that there was a greater unwillingness in certain cultures to report concerns about a child's safety. This is supported by an NSPCC study (2007) involving 500 British Asian families which found that one reason for the low rate of children from this community appearing on child protection registers maybe a reluctance to report suspected child abuse due to fears of the negative impact this would have on the honour of the child and their family. Over a third of those interviewed had suspected a child was being abused but nearly half of the participants did nothing about their concerns. Similarly, in the discussions with the NSPCC, 130 Asian women in Bradford reported that they would be reluctant to report child sexual abuse because of cultural imperatives arising from modesty and shame. The women also reported that others effected within their community had found it difficult to access relevant services. This issue deserves particular attention, as it reflects not only cultural differences but also systemic barriers within the UK's support systems. Many services are not fully accessible due to factors such as language barriers, cultural misunderstandings, and limited awareness of available resources (Bhui et al., 2015). These obstacles can prevent individuals from seeking help or receiving appropriate support, even when services exist. Therefore, while cultural differences play a role, it is crucial to recognise that the UK's systems themselves often need to become more culturally sensitive, inclusive, and better equipped to engage diverse communities effectively (Bhopal, 2018).

These findings were extended further by Barnardo's (2023) which explored the relationship between ethnicity, care experience and involvement in the criminal justice system. Researchers carried out in-depth interviews with 22 Black young adults aged 18–25 who

were care-experienced and were currently serving custodial sentences in England. Barnardo's (2023) found that Black care-experienced young people faced further discrimination, where they experience both racism and the stigma of being in care. Several participants indicated that they were treated differently compared to their White peers and perceived that care professionals held lower expectations for their futures. Additionally, many participants reported receiving inconsistent support, often finding themselves having to proactively request visits from their social workers (Barnado's, 2023). Participants reported systemic racism, low expectations from professionals, and limited culturally sensitive support across education, social care, and the criminal justice system. Their experiences of trauma and vulnerability were often overlooked, particularly within the justice system, where their care backgrounds were not recognised as relevant to their needs. The study also highlighted significant barriers to mental health support, with many young people feeling adultified, stereotyped, and unsupported until crisis point.

This study highlights the intersectionality of identifying as Black, care-experienced, and being involved in the criminal justice system. The findings call for systemic, cultural, and practical changes to better support this group. One of the key takeaways from this research is the wealth of valuable insights that policymakers can gain by listening directly to those with lived experiences. Harnessing these perspectives is essential for achieving meaningful, sustainable change.

This principle is exemplified in Hunter (2022), which examined the disadvantages faced by children in care from ethnic minority backgrounds. The research utilised official datasets from various government sources, including the Office for National Statistics, the Department for Education, the Youth Justice Board, the Home Office, and the Ministry of Justice. Additionally, 27 in-depth interviews were conducted with professionals working in youth justice and children's services. The study revealed that around one in three care-

experienced children received a caution or conviction by early adulthood, compared to just 4% of those without care experience. Ethnic inequalities were particularly evident, with care-experienced children from Black Caribbean, White and Black African, and White and Black Caribbean backgrounds facing the highest rates of justice involvement of up to 42%. The study also found that Black and Mixed-ethnicity children in care were nearly twice as likely to receive custodial sentences as their White peers. These findings highlight how care experience and ethnicity intersect to create combined disadvantage within the youth justice system.

Overall, the cultural and religious factors embedded within Bronfenbrenner's macrosystem play a pivotal role in shaping the ethnic inequalities experienced by children in the care system, often reflecting broader patterns of systemic racism that are deeply ingrained in societal institutions and practices (Blanchard, 2021).

3.8.3 Systemic Racism

Systemic racism is said to occur when racially unequal opportunities and outcomes are inbuilt or intrinsic to the operation of a societies structure (Massey et al., 2021). The causes and effects of racial inequality and unfairness in treatment opportunities are collectively referred as systematic racism (Banaji et al., 2021). Systemic racism relates to the causes, dynamics and effects of racial injustice in employment prospects (Braveman et al., 2022). According to Banaji et al (2021), systemic racism can infiltrate a society's institutional structures such as practises, policies and climate; social structures such as laws and culture and mental structures such as learning, memory, attitudes, beliefs and values.

Systemic racism can also be understood through Critical Race Theory (CRT), highlighting how deeply embedded power structures and institutional practices perpetuate racial inequalities across various societal systems, including the care system (Delgado and

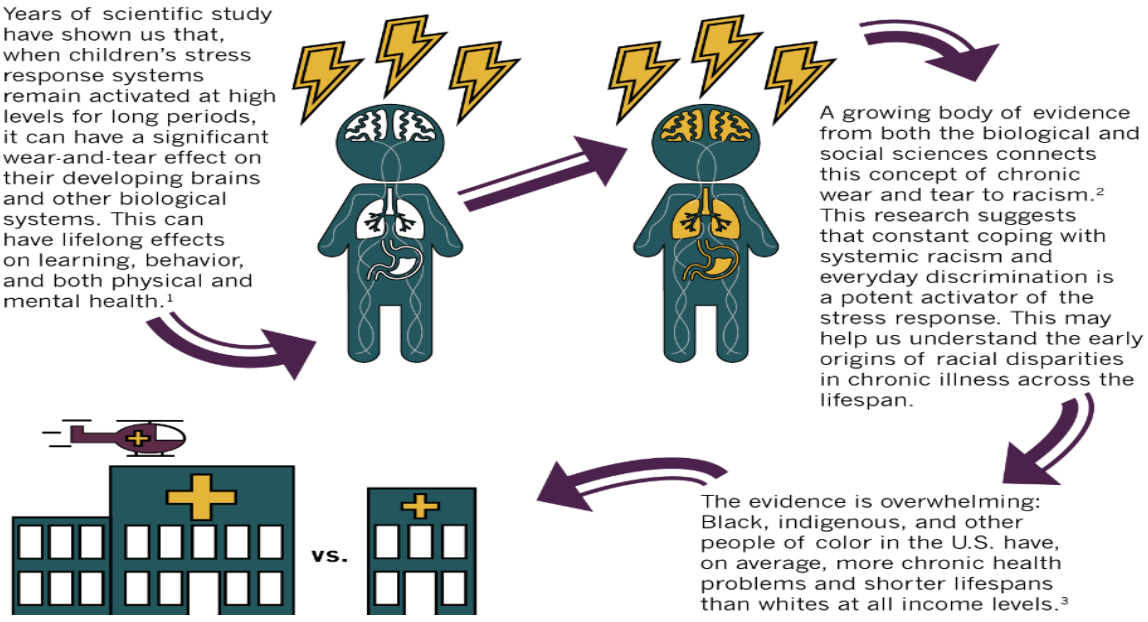
Stefancic, 2017). CRT originated in the legal field and had since been adopted across disciplines as a framework for examining how racism is embedded throughout society. Rather than viewing racism as solely individual prejudice or isolated incidents, CRT emphasises the systemic and institutional nature of racial inequality (Delgado and Stefancic, 2023). A key aspect of CRT is the idea that racism is not uncommon but rather a typical feature of social systems, including education, housing, and welfare (Delgado and Stefancic, 2000).

In the context of the care system, CRT helps identify how historical racial biases are reproduced through policy decisions, institutional cultures, and everyday practices. For children from ethnic minority backgrounds, this may result in disproportionate representation in care, misinterpretation of cultural norms, and reduced access to culturally appropriate support (Locklear, 2021). These experiences can contribute to poorer long-term outcomes in education, mental health, and social inclusion. CRT also advocates for the importance of centring the voices of those most affected by racism, encouraging a shift in focus from top-down policymaking to more inclusive and equitable approaches (Hunter, 2019). As such, applying CRT to social care highlights the urgent need for systemic reform to address the structural factors that contribute to inequality.

Ghezae (2022) examined the impact of racism on the mental health and wellbeing of children and young people in the UK through interviews with affected youths and relevant professionals. The study found that participants perceived a lack of urgency in addressing racism, experienced stereotypes and institutional bias, and often received insincere support. Young people reported feelings of imposter syndrome, the need to work harder than White peers, and social isolation, which negatively affected their confidence, education, career decisions, and overall wellbeing. Professionals corroborated these findings, highlighting the significant mental health impact of racism. However, the study's small sample size and

limited demographic data reduce the generalisability of its conclusions. Building on this, Harvard University (2020) identified the concept of a 'wear and tear' effect on a child's developing brain, resulting from the prolonged activation of their stress response system. The diagram in Figure 4 demonstrates how the continual coping with systemic racism can trigger stress responses in children, which, through the 'wear and tear' effect, may lead to physiological symptoms such as chronic illnesses. Figure 4 illustrates how prolonged exposure to systemic racism and discrimination can lead to serious long-term consequences for both mental and physical health. The model demonstrates the importance of early intervention to protect children from the harmful effects of racism and reduce the risk of lifelong developmental impacts. It aligns with the work of Stern et al. (2022), who argue that systemic racism should be explicitly recognised within Bronfenbrenner's macrosystem, given its significant influence on children's well-being and developmental outcomes.

Figure 4 – Impact of Systemic Racism taken from the Centre on the Developing Child, Harvard University (2020)



Building on this model, Berry et al. (2021) conducted a review of longitudinal studies from the past five years to explore how exposure to multiple, intersecting forms of racism

adversely affects very young children's socioemotional and behavioural development. Key findings include mothers who experienced discrimination during pregnancy were more likely to have babies who were easily upset, cried often, or were difficult to soothe. Additionally, evidence from Australia showed that Indigenous children exposed to caregiver-experienced racism face doubled risks of mental health and sleep difficulties. Children who were regularly exposed to racism, either directly or by seeing it happen to others, were twice as likely to develop mental health challenges. This research shows how serious and harmful racism can be during important stages of a child's development. Additionally, the review found that experiences of racism can have an impact on parenting practices and caregiver mental health which may further affect children. This relates back to the earlier section on parenting styles within the microsystem. The research suggests that cultural differences in parenting may be shaped not only by tradition or values, but also by broader issues such as racism and discrimination, which can influence how parents interact with and protect their children.

Ethnicity continues to play a prominent part within the inequalities of the children's care system. The foundation What Works Centre for Children's Social Care conducted a survey in 2022 with social workers in the UK. A third of the social workers reported witnessing racism directed towards ethnic minority families by colleagues and managers. Additionally, the findings support Barnado's (2023) which highlighted how little importance was placed on promoting the ethnic identities of young people in care as many participants had been placed in areas or families where they were the sole Black person. The study concluded that for many Black young people, experiencing discrimination was a common occurrence, and this situation must be addressed and changed (Barnado's, 2023). These experiences can be understood through Bronfenbrenner's chronosystem**,** which emphasises how development is shaped by sociohistorical context and significant life transitions over time. In this case, repeated experiences of discrimination, lack of identity affirmation, systemic neglect, impact

young people's mental health, identity development, and long-term outcomes particularly when experienced during critical developmental periods.

3.9 Chronosystem

Bronfenbrenner's (1979) chronosystem refers to the dimension of time within the ecological systems model, encompassing both life transitions and historical events that influence development over time. This system is particularly relevant when examining intergenerational trauma rooted in racism and the historical legacy of slavery. The enduring psychological and social impacts can shape familial and cultural narratives across generations, affecting identity formation, access to opportunity, and trust in institutions (Wang, 2023). Recent historical events, such as the rise of the Black Lives Matter movement, illustrate how societal attitudes and systemic responses to racial injustice evolve over time. These shifts not only bring attention to structural racism but also influence how individuals and communities navigate their lived experiences (Simmons, 2022). The chronosystem, therefore, offers a critical lens through which to understand the lasting and changing impact of historical oppression and contemporary movements for racial justice on child development.

3.9.1 Slavery and the Historical Abuses of Ethnic Minority Groups

The ways in which long-term social and political factors within the chronosystem shape the experiences and development of individuals and communities over time are clearly illustrated by colonialism (Guy-Evans, 2021). Colonialism was a global system of domination and exploitation initiated primarily by European powers from the 15th century onwards, profoundly shaping political, economic, and social structures worldwide (Jerry, 2005). It involved the subjugation and control of vast territories and peoples across Africa, Asia, the

Americas, and Oceania, often justified through racial ideologies that constructed colonised peoples as inferior (Loomba, 2005). The hierarchy created during colonial times led to deep inequalities that have continued even after countries gained independence (Robert, 2001). Colonialism changed local economies to benefit the colonisers, taking land from native people and disrupting their traditional lives. This caused lasting social exclusion and inequality (Rodney, 1972). The effects of colonialism still shape power today, leading to unfair treatment and economic inequality in both former colonies and settler countries (Ndlovu-Gatsheni, 2018). Understanding colonial history is important for understanding today's racial inequalities and conflicts, and for guiding discussions about fairness, justice, and addressing historical injustices (Bhambra, 2014).

Many ethnic groups, including Black communities affected by the slave trade across the Atlantic Ocean, have faced unfair treatment and systemic abuse rooted in colonial and imperial histories (Ania, 2005). The forced enslavement and displacement of millions of Africans was a foundational element of European economic expansion, with profound human costs and lasting social consequences (Smallwood, 2007). However, the history of unfair treatment goes beyond Black communities. For example, Gypsy, Roma, and Traveller (GRT) groups have faced many years of persecution, including forced changes to their culture, unfair laws, and being excluded in Europe (Hancock, 2002). South Asian people were ruled by the British, who took their labour and resources and created unfair systems that kept them socially and culturally excluded. (Metcalf, 2007). Indigenous peoples around the world faced settler colonialism, which took their land, destroyed their cultures, and caused violence. This has led to ongoing fights for their rights, recognition, and justice (Coulthard, 2014).

These past injustices have influenced how we see race, ethnicity, and social inequality today. They show that racism and discrimination have deep roots, and that race and ethnicity are not

just about culture but are shaped by history, power, and violence (Omi and Winant, 2014). Understanding these legacies is crucial for tackling deep-rooted inequality and creating better approaches in social policy, education, and how we remember history (Gilroy, 2004). The Black Lives Matter (BLM) movement became well-known after Trayvon Martin's killer was found not guilty in 2013 and grew even bigger after George Floyd was killed in 2020. It mainly calls for an end to racism and violence against Black people. But BLM also helps raise awareness about unfair treatment of many other marginalised groups and supports a more inclusive fight for racial equality (Taylor, 2016).

BLM focuses on Black experiences of unfair treatment but also connects these struggles to other ethnic minority groups. It recognises that race is linked with other parts of identity, like gender, class, sexuality, and disability. Due to this, people are starting to see racism not just as individual acts but as part of bigger systems that affect many groups (Crenshaw, 1991; Hancock, 2016). This has inspired efforts to fix problems in education, healthcare, housing, and jobs. Its calls to reduce police funding have led to worldwide talks about using that money for social services that better help marginalised communities, aiming for justice that helps all racial and ethnic minorities (Cooper et al., 2020; Amnesty International, 2021). Importantly, the movement has given a voice to people who were often ignored or silenced, allowing more open talks about race and fairness. Hearing different perspectives helps people understand each other better and encourages groups to work together to end unfair systems (Bonilla-Silva, 2018).

These long histories of unfair treatment and racism continue to impact the child care system today. Key challenges such as poverty, discrimination, and unfair treatment by social services disproportionately affect ethnic minority children (Bywaters et al., 2016; Larkins et al., 2018). For example, Gypsy, Roma, and Traveller (GRT) children often face

misunderstanding and prejudice, resulting in care placements that fail to respect their cultural identities and needs (Harcourt and Brice, 2019). These patterns of ethnic inequality persist across generations, highlighting the urgent need for policies that acknowledge and address the historical and social contexts of these communities. Reforming the child care system in this way is crucial for promoting fairness and breaking the ongoing cycle of racial and ethnic disadvantage (Featherstone et al., 2018).

Movements like Black Lives Matter (BLM) have been crucial in highlighting systemic inequalities. While focusing on anti-Black racism, BLM also supports broader racial justice efforts for all marginalised ethnic groups. By challenging racial hierarchies and power structures, it fosters solidarity and collective action among diverse communities, including GRT, South Asian, and other minorities (Taylor, 2016; Maynard, 2017). The movement highlights the systemic and interconnected nature of oppression, promoting a unified fight against both historical and contemporary injustices (Bonilla-Silva, 2018), and influencing public perception to recognise shared experiences of marginalisation and advocate for more inclusive social systems. This shift can be understood through Bronfenbrenner's ecological systems theory, which highlights how change at one level can influence and interact with all other levels of a child's environment.

3.10 How Do All the Systems Link?

The interaction between family, school, culture, and religion creates a multifaceted web of influence that profoundly shapes the development of children (Bornstein, 2017). The family serves as the primary microsystem, providing the foundational teachings of cultural and religious values that children internalise and carry with them throughout their lives (Briner, 2016). These values, once instilled at home, guide children in their interactions with the broader world, particularly within the school system and their peer networks. Schools, in

turn, are not isolated from the cultural and religious context in which children are raised instead, they represent a space where these values are either reinforced, challenged, or transformed through exposure to new perspectives and experiences (Lee, 2007). Peer interactions within schools further refine these cultural and religious beliefs by providing an opportunity for children to negotiate and adapt to diverse viewpoints, values, and behaviours (Edwards, 2006).

Care giver teachings related to culture, and religion have a powerful influence on how children navigate their educational experiences and broader social environments (Aguayo, 2021). For instance, a child raised in a family that emphasises collective values such as interdependence and respect for elders may approach school relationships with an expectation of respect for authority and collaboration (Bornstein, 2012). In contrast, a child raised in a more individualistic culture may place greater emphasis on self-expression and independence, shaping their interactions within the school environment differently (Strand, 2019). As children transition from the family unit to a more extensive social setting like school, they encounter diverse cultural and religious perspectives that may either align with or challenge their family's teachings. For example, a child raised in a religiously conservative household might find themselves exposed to peers with differing beliefs or practices, thus presenting both challenges and opportunities for expanding or reevaluating their worldview (Smith, 2020).

The school environment also plays a critical role in how cultural and religious norms influence a child's development (Knoblauch, 2023). Teachers, administrators, and peers in educational settings offer new opportunities for children to engage with ideas and ideologies that extend beyond the scope of their family's teachings (Linder, 2020). School systems, influenced by cultural and societal values, provide the platform through which children learn not only academic content but also social norms, ethics, and behaviours that may sometimes

contradict or complement their family's cultural or religious perspectives (Baars, 2018). For example, the school may reinforce the value of individual achievement, which may be at odds with the collectivist values taught at home. Conversely, schools that actively celebrate cultural diversity and inclusivity may provide children with the tools to better navigate their multiple cultural and religious identities (Murphy, 2024). Schools play a crucial role in shaping children's ethnic identity by influencing their sense of belonging, self-worth, and cultural recognition. As sites where societal values and norms are reinforced, schools can either promote racial stereotypes and inequalities through biased curricula and discriminatory practices or serve as spaces that challenge prejudice and promote inclusion, therefore either exacerbating or mitigating ethnic inequalities for children (Dixson and Rousseau Anderson, 2018).

Beyond the direct influence of family and school, cultural and religious norms also play a significant role in shaping how children understand and engage with societal expectations and opportunities available to them (Li, 2018). These norms often shape what children perceive as acceptable or desirable within their community, influencing their educational goals, career aspirations, and social relationships (Telzer, 2017). For example, in some cultures, educational attainment and professional success are heavily emphasised, influencing children's motivation to excel in school and pursue specific career paths (Alam, 2023). In other contexts, cultural or religious teachings may place greater emphasis on community service, social responsibility, or spiritual development (Hunag, 2024). These broader cultural and religious frameworks influence not only a child's immediate behaviour but also the long-term goals they set for themselves, as well as their perceptions of success and failure (Diamond, 2021).

At the same time, the reciprocal nature of these influences means that children are not passive recipients of family, school, or societal norms (Evans, 2024). Rather, children actively

navigate and negotiate their identities within the cultural and religious settings they are part of (Ercan, 2015). For example, a child may internalise the moral teachings of their religious background but, through school interactions, begin to question certain beliefs or practices considering new information or experiences (Estrada, 2024). The dynamic interaction between a child's family and the broader school and community contexts enables the child to develop a more nuanced understanding of their own identity, often integrating multiple cultural and religious influences (Lansford, 2021).

Ultimately, the interplay between family, school, culture, and religion highlights the importance of viewing child development as a complex and ongoing process, shaped by multiple layers of influence (Tang, 2024). Each of these settings, from the intimate family environment to the wider societal context, plays a critical role in shaping how children learn, grow, and develop their identities. The Socio-Ecological Model (SEM) provides a robust framework for understanding these intricate relationships, emphasising the importance of considering the child within the broader context of their family, school, cultural, and religious environments (Caperon, 2022). This interconnectedness is especially relevant in children's social care, where professionals must navigate diverse cultural norms and family dynamics to ensure appropriate support and safeguarding (Social Work England, 2021). Research highlights that ethnic inequalities persist in social care outcomes, often exacerbated by systemic biases and a failure to adequately recognise culturally specific parenting practices or social supports (Jones and Singh, 2023). As such, the SEM highlights the necessity for educators, social workers, policymakers, and families to collaborate, fostering culturally sensitive approaches that not only promote children's well-being but also actively address the structural inequalities faced by minoritised groups (Weiss, 2009). Without such holistic and intersectional understandings, social care interventions risk misinterpreting cultural differences as deficiencies, thereby perpetuating disparities in care and outcomes.

Each system within Bronfenbrenner's model contributes to provide a useful foundation for understanding the complex, multi-layered factors contributing to ethnic inequalities in the children's care system. However, much of the existing research focuses on individual experiences or outcomes without fully exploring how different systems interact to create and maintain inequality. This highlights a key gap in the literature, as there is limited research from a multi-level perspective that helps explain why these inequalities continue to exist and how they could be addressed in a more joined-up way.

3.11 The Research Gap: Understanding Ethnic Inequalities within the Children's Social Care System

Bronfenbrenner's Ecological Systems Theory helps explain the socioeconomic differences experienced by children of different ethnic backgrounds in the UK by highlighting how multiple environmental systems interact. Factors such as family circumstances (microsystem), school and community interactions (mesosystem), broader social policies (exosystem), and societal attitudes towards ethnicity (macrosystem) all influence a child's development and opportunities. Discrimination and unequal access to resources can limit the socioeconomic mobility of ethnic minority children, reinforcing disparities. Over time, changes in policies and societal norms (chronosystem) can either worsen or alleviate these inequalities, emphasising the need for systemic changes to support these children.

Existing research has provided a valuable foundation for understanding how established theories of child development can be sensitively applied and adapted to reflect the diverse cultural contexts in which children grow and learn. While there is clear evidence that ethnic inequalities exist within the children's care system, the research remains inconclusive in identifying the primary contributing factors. This suggests a complex and multifaceted issue that cannot be explained by a single factor. Importantly, current literature emphasises the

urgent need for more focused and nuanced inquiry into effective strategies for addressing and reducing these inequalities in meaningful and sustainable ways (Brown, 2024).

There is a gap in the research on how children's social care professionals views and ways of working have changed in response to major events like the COVID-19 pandemic and the rise of the Black Lives Matter (BLM) movement. Some studies have started to look at the short-term effects of these events, but there is still a lack of deeper, long-term research on how they have shaped children's social care professionals values, priorities, and decisions over time. Also, many studies focus only on individual social workers and ignore the wider social care system they work in. This also includes insufficient attention from a multi-level perspective on the voices and experiences of children, families, communities, and professionals from adjacent sectors such as health, education, and housing. As a result, the ways that frontline practice, workplace culture, policies, and inequality all affect each other are not well understood. There is limited research exploring how race, class, and power are connected, which makes it harder to understand how structural inequalities affect both service delivery and how child protection professionals view their roles. There is also a limited number of studies comparing how different regions or care systems responded to the inequalities following the pandemic and demands for racial justice and training. These gaps show the need for broader, more inclusive research in social work and social care.

Addressing this gap is essential for developing a more holistic and inclusive understanding of the structural and cultural dynamics at play. This thesis aims to address the research gap by exploring the perspectives of a range of child protection professionals across different areas of the children's social care system and at various levels of the organisational hierarchy, from frontline workers to senior managers. The research will explore the topic in depth to identify the factors contributing to ethnic inequalities within the care system, as well as the existing

training and support needs required to address them. As a result, the study will aim to answer the three research questions outlined below:

1. What perspectives exist among children's social care practitioners and managers regarding the ethnic inequalities in the children's care system?
2. What training, practise, and knowledge barriers currently exist in relation to ethnic inequalities in children's social care that prevent it from adequately supporting families and children?
3. What are the current training, practice, and knowledge needs on ethnic inequalities in children's social care?

Building on the preceding literature review, a clearer picture has emerged of the key factors contributing to ethnic inequalities within the children's care system. However, while the literature clearly demonstrates the valuable insights offered by social workers, it also highlights a significant gap: a lack of research that considers the experiences and contributions of child protection professionals beyond frontline workers. For instance, existing studies have predominantly centred on the views of social workers, however a more comprehensive, multi-level approach is essential to fully capture the complex and systemic nature of ethnic inequalities in the UK care system. Recent research such as the Independent Review of Children's Social Care (2022), the Nuffield Foundation's work on ethic inequalities, the Joseph Rowntree Foundation (JRF, 2020) and reports by the Children's Commissioner have highlighted persistent racial disparities in referral rates, experiences of care, and outcomes for children and families. However, these studies often approach the issue from a policy based perspective, with limited exploration of how practitioners themselves understand, navigate, and are supported to address ethnic inequalities in their day-to-day work.

The ways in which child protection professionals, supervision, and ongoing professional development influence their ability to recognise and respond to ethnic inequalities in practice remains relatively underexplored. Additionally, there is limited research that critically examines how practitioners perceptions and actions are shaped by organisational cultures, systemic constraints, and intersecting social inequalities. This thesis aims to address these gaps by exploring not only the wider policies but also the views of individual child protection professionals and the social care system as a whole. It explores how these different levels affect their work and their ability to tackle ethnic inequalities. This research focuses especially on how anti-racist training, reflective supervision, and professional development affect how child protection professionals respond to ethnic inequality. By looking at these factors after COVID-19 and the Black Lives Matter movement, the study provides important insights that can shape policy and practice with aim of reducing these ethnic inequalities. Therefore, to enhance the depth and quality of understanding, Chapter 4 will outline a robust overall methodology, comprising three phases designed to explore these issues from a multi-level perspective. Following this, Chapters 5 to 7 will present more focused methodological approaches aligned with each specific data collection method and corresponding findings. Finally, Chapters 8 and 9 will conclude the thesis by integrating and reflecting on the findings from each phase of the research.

Chapter 4 – Methodology

4.1 Introduction

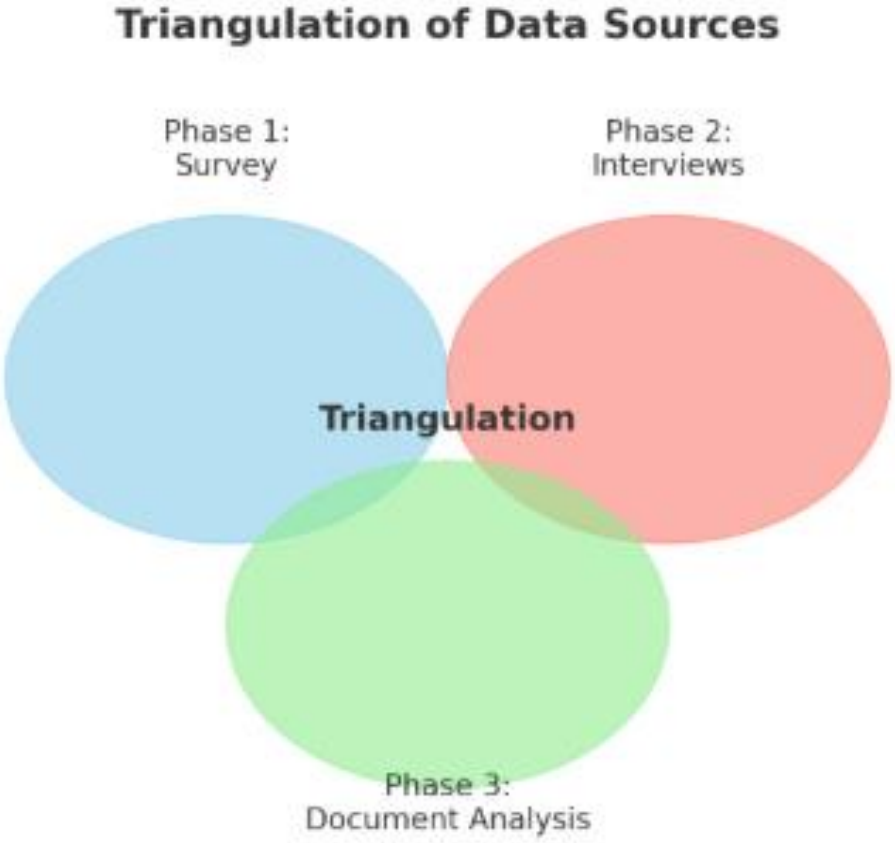
This chapter will provide an overview of the objectives and research methodology to investigate child protection professionals' perspectives on ethnic inequalities. The knowledge gained in Chapters 2 and 3 has led to the identification of key research questions through highlighting gaps in the research, particularly in terms of a multi-level perspective of those working in the social care sector. While existing research has identified the presence of ethnic inequalities within the UK children's care system, the findings remain inconsistent, particularly regarding the representation of children of Black and Mixed ethnicity, with studies differing on whether they are overrepresented or underrepresented. However, the underlying causes of these inequalities are not yet clearly understood, and current evidence remains inconclusive. Although the literature recognises the valuable insights offered by social workers, it is also limited on the perspectives from other children's social care professionals beyond frontline practitioners. Most existing studies have primarily focused on the views of social workers, without considering the range of professionals involved in child protection. Furthermore, much of the current research focuses policy-level analysis rather the individual experiences and contributions of those working within the system.

The context in which children reside is complex and shaped by numerous interacting factors, including families, professionals, and wider community systems. This study acknowledges this broader perspective, as reflected in the literature review, which highlights the diverse influences on children's experiences and outcomes. However, given the scope and practical constraints of a PhD, it is not possible to incorporate all perspectives within the research.

Therefore, the research focuses on the voices of child professional professionals. However, the study recognises the importance of all actors who play a role in children's lives.

The research was conducted in three consecutive phases, with each phase building on the findings of the previous one, as highlighted in Figure 5. Phase 1, presented in Chapter 5, comprises a mixed-methods survey incorporating both closed and open-ended questions. The quantitative data is analysed using statistical tests, while the qualitative responses is explored through thematic analysis. This phase aimed to capture a broad overview and provide a foundation for exploring child protection professionals' perspectives on ethnic inequalities. Phase 2 builds on the themes and findings emerging from Phase 1, discussed in Chapter 6, and consists of interviews designed to provide a deeper understanding of the challenges, with the data analysed using thematic analysis. Conducting interviews after the initial survey increased the validity of the research by providing rich, detailed accounts that help explain and interpret the statistical trends identified in Phase 1. This sequential approach strengthens triangulation by integrating the broad insights from the survey with the deeper understanding gained through the interviews (Kvale and Brinkmann, 2015). A recurring theme was identified in both the questionnaire and interviews, that current training on cultural diversity is perceived as insufficient. As a result, Phase 3, presented in Chapter 7, involves a document analysis of current training materials available to child protection professionals on cultural diversity. The integration of findings from all three phases is presented in Chapter 7, highlighting how each stage of data collection contributed to a comprehensive understanding of the research questions.

Figure 5 – Triangulation of Data Sources



The methodological approaches that were taken into consideration for each phase of the research, are critically examined, including any relevant ethical considerations and the rationale for using a sequential mixed-methods approach is provided. This chapter provides a larger overview of key methodological considerations including the research design, ethics, sampling, recruitment, data collection, ontological and epistemological considerations. As the research is split into three phases, this chapter will contain information which relates to the overall study, and then Chapters 5, 6, and 7 will include methodological considerations specific to the data collection and findings contained within that chapter. Building on a mixed-method sequential research design, the thesis utilises surveys, interviews and document analysis to build an understanding from child protection professionals' perspectives at multiple levels.

4.2 Research Design

The metrics that measure 'good' mixed-methods research design are characterised by credibility, rigor, and transparency across both quantitative and qualitative components, as well as effective integration of the two approaches (Pluye et al,. 2018). Key indicators include the appropriateness of methods to the research questions, the trustworthiness and validity of the data, careful and transparent procedures, ethical conduct, and meaningful contributions to theory or practice. Effective integration ensures that qualitative insights build upon quantitative findings, enhancing the overall understanding of the research problem (Creswell and Plano Clark, 2018).

A sequential mixed-methods approach was used (Cronholm, 2011), consisting of three distinct phases. A sequential mixed-methods research design offers several benefits by allowing researchers to build systematically from one phase of data collection to the next. Surveys can provide a broad understanding of patterns and trends, which can then be followed by qualitative methods such as interviews or document analysis to explore these findings in greater depth (Creswell and Plano Clark, 2018). This design improves the validity of research by using triangulation and by combining the strengths of different methods, broad patterns from quantitative data and deeper insights from qualitative data (Tashakkori and Teddlie, 2010). Sequential designs are also especially valuable, as findings from earlier stages can shape and refine later phases, helping the study better address the complexity of the research problem (Bryman, 2016; Fetters et al., 2013).

The sequential mixed-methods design was conducted from a multi-level perspective as the participants were comprised of individuals from across different levels ranging from trainees to managerial level. Utilising a multi-level perspective enables a more comprehensive understanding of complex topics by capturing insights across different hierarchical positions

and roles. Including participants ranging from trainees to managerial staff allows for the exploration of diverse viewpoints and experiences which may otherwise be overlooked if a single level were explored in isolation. This approach not only improves the richness and depth of the data but also highlights any similarities and differences across the different levels, therefore strengthening the validity and applicability of the findings (Creswell and Plano Clark, 2018). Additionally, exploring multiple levels provides a more targeted understanding of organisational dynamics and decision-making processes, which is particularly valuable for informing practice and policy (Yin, 2018).

The thesis used a cross-sectional design as the data was collected from the participants at a single point in time in every phase. A cross-sectional design was useful in order to gather data on the perspectives of the participants during this particular time period (Thomas, 2022). Cross-sectional studies are the most effective way to identify prevalence, therefore this design was advantageous in determining the prevalence of a certain belief held by the child protection professionals (Wang and Cheng, 2020). Finally, a cross-sectional design was the most appropriate method for this research as an experimental technique is not being used and no variable manipulation occurred (Cartwright et al., 2020). To conclude, the research was not exploring the change, but rather current professional perspectives and reflections, and as a result a longitudinal design would not be suitable.

In contrast, a disadvantage of using a cross-sectional design is that it does not allow causal inference to be made or for a change to be monitored over time (Wang and Cheng, 2020). Similarly, using this design requires a large sample size to be used in order for the data to be representative (Gaille, 2018). However, in the context of quantitative research, the first phase of this study involved a questionnaire which facilitated distribution to a large sample, subsequently enhancing the potential for representativeness. Therefore, the use of a cross-sectional design was appropriate. Likewise, in relation to the qualitative methods utilised in

Phases 2 and 3, the sample sizes were determined by the concept of data saturation, the point at which no new themes or information emerge from additional data collection (Vasileiou et al., 2018). Empirical studies have demonstrated that saturation can often be reached with relatively small sample sizes, such as six to twelve participants (Guest, Bunce and Johnson, 2006). This approach aligns with qualitative research's emphasis on depth and richness of data over statistical generalisability. Therefore, a cross-sectional design was appropriate for both the interviews in Phase 2 and document analysis in Phase 3, as they allow for in-depth exploration within manageable sample sizes (Hennink and Kaiser, 2022).

A cross-sectional approach was also considered more suitable for addressing the research objectives as examining changes over time was not the primary aim of the research. Additionally, the sample within a cross-sectional study will be less impacted by the issue of attrition, where participants may wish to no longer take part in the research. Finally, a cross-sectional design will not provide a measure of incidence (Skinner, 2013). Notwithstanding, this research will provide a useful basis for a longitudinal study to be conducted in the future.

4.3 Ethics

Ethical approval for all three phases of this study was obtained from the Faculty Research Ethics and Governance Sub Committees Swansea University. A separate ethics application was submitted for each phase of the research, however, the same ethical principles were applied consistently across all phases. Ethical approval was obtained for Phase 1 (see Appendix 1.1) on 12th June 2023 (6978); however an amendment was on 30th October 2023. This amendment allowed the survey to be distributed via additional channels to increase response rates and was granted on 20th November 2023. Ethical approval was granted for Phase 2 (see Appendix 1.2) in relation to the interviews on 10th June 2024 (9910) and finally

for the document analysis in Phase 3 (see Appendix 1.3) on 16th January 2025 (12594). The following section will address general ethical considerations, after which specific ethical aspects in reference to each particular method are reflected on in the respective chapters.

4.3.1 Avoiding Harm

Multiple examples of unethical research studies conducted in the past throughout the world have cast a significant historical shadow on research involving human participants (Barrow, et al 2022). Researchers need to consider the potential for causing harm, and how to avoid it, against the beneficial effects of social research (Hosseini et al 2022). According to the Human Ethics Committee (2021) harm means an injury to the rights, safety or welfare of a research participant that may include physical, psychological, social, financial or economic factors. It is the responsibility of the researcher to avoid, prevent, or minimise harm to others. The researcher has an ethical responsibility to consider these potentially conflicting perspectives, and to make a balanced and reasoned judgement about what are acceptable risks for everyone involved (Landau, 2018). Ethics and values are a fundamental part of the way people work across all levels of social care. For example, in social work in England values are one of the nine capabilities within the Professional Capabilities Framework (PCF). Social workers are expected to develop these nine capabilities as they progress through their careers and gain more experience (Social Research Association 2021). As this research is exploring a multi-level perspective the participants were comprised of individuals from across different levels ranging from trainees to managerial level.

Similarly, child protection professionals working within children's homes must adhere to the National Minimum Standards (2015). It is the responsibility of the Registered Manager to ensure that these standards are adhered to across all aspects of the children's home. However, all staff members have a duty to follow these standards in their day to day practice.

Therefore, in order to gain a multi-level perspective, participants were recruited from a range of children's social care services, including children's homes and local authorities, across all levels from care workers to registered managers. Given the sensitive nature of work carried out by social workers and children's home staff, and their obligation to uphold the National Minimum Standards (2015), it is essential that ethical considerations remain a central focus throughout the research process to ensure participants' confidentiality, safeguard professional integrity, and respect the vulnerable populations they serve.

4.3.2 Consent

Consent is one of the founding principles of research (Talich, 2019) and this process is one of the central components of the ethical conduct of research (Davies, 2022). It is essential that all participants voluntarily consent to participate in the study, are competent to participate and understand their right to withdraw from the study at any time (Feinsinger et al 2022). It is paramount that all participants understand all of the information that is disclosed, the researcher has a duty to ensure that the participants have a clear understanding of the aims and nature of the research (Goidsenhoven, 2022). To support this, the consent form (see Appendix 2) was written in clear and accessible language and organised using short sections with headings to guide the reader through the content. Participants were also given the chance to ask questions and have anything unclear explained before agreeing to take part. As part of the study, all participants were required to read a Participant Information Sheet (see Appendix 2) and to provide informed consent by completing an online consent form prior to taking part in either the survey or the interview. This process ensured that participants had access to all relevant details about the research before agreeing to participate. The consent form confirmed that participants understood the information provided and agreed to take part voluntarily. It included a clear explanation of the study's purpose, what participation would involve, any potential risks and including the right to withdraw at any time. This approach

ensured that consent was fully informed and obtained in accordance with ethical research guidelines. The same Consent Form and Participant Information Sheet were used for both the questionnaire and the interview stages of the study.

4.3.3 Confidentiality and Anonymity

Confidentiality and autonomy of participants must be adhered to at all stages of the research process (Akhurst and Leach, 2023). In the context of research, according to the General Data Protection Regulation and Data Protection Act 2018 the way personal data is collected, processed, and stored by organisations and individuals is regulated. These regulations give individuals certain rights over their personal data such as the right to access their data, correct it, and request its deletion (Petrovic, 2024). In qualitative research on sensitive topics, ensuring participant confidentiality and anonymity is essential. This involves practical measures such as using pseudonyms and anonymising identifiable data in transcripts and reports to protect participants identities. Following Dougherty's (2021) recommendations, transparency about data security and confidentiality protocols is crucial, helping participants understand how their information is protected. This transparency integrates trust, encouraging participants to be more open and honest in their responses. Hardwicke et al. (2022) emphasise that such openness not only supports ethical research practices but also improves data quality by promoting candid participant engagement. These approaches were incorporated into each phase of this research to create a respectful and safe research environment prioritising participant rights and comfort throughout the research process. For instance, all participant responses and interview transcripts were anonymised through the use of pseudonyms, ensuring that no individuals were identified or any personal data disclosed in the analysis. In relation to the document analysis, the organisations from which the training materials originated were identified, as these sources were publicly available and therefore in

compliance with ethics application 12594; however, no individual authors or contributors were named.

4.3.4 Storage and Deletion

Data should be reviewed frequently and at the earliest opportunity and any unnecessary data should be disposed of. It is therefore recommended that data is coded and analysed as an iterative process alongside data collection (Petrovic, 2024). This allows for the researcher to sooner determine what data is relevant to the research and what data can be disposed of. Data should be stored in a secure, safe location, with access limited to only the researchers that need it (Hallinan et al 2023). The same techniques used for both quantitative and qualitative research can be employed to protect confidentiality in mixed-methods research (West and Schill, 2022). Within this study the data was stored on a password protected laptop and accessed via a VPN. Only the researcher has access to the data, and the research supervisors will only be granted access where support is needed. Participant data will be preserved and accessible for a minimum of 10 years after completion of the research, at which point all participant data will be destroyed.

4.4 Sampling and Recruitment

Given the research has three phases, sampling and recruitment were conducted separately. This section reflects on general sampling and recruitment considerations in the thesis, with more specific actions being discussed in the relevant chapters. Successful recruitment and retention of study participants are essential for the overall success of a research study (Manohar et al., 2018). The recruitment of research participants involves recruiting individuals who have a basic knowledge or training about the study (Culley et al., 2014).

In the context of quantitative research, Andrade (2020) highlights the importance of selecting an appropriate sample size as a larger sample will more accurately reflect the population and therefore produce more accurate findings. However, certain sampling methods, such as probability sampling require a high level of effort and cost when recruiting the participants. Therefore, beyond a particular threshold the increase in generalisability will no longer outweigh the costs, meaning that the researcher must achieve a balance in determining the optimal sample size (Andrade, 2020). However, in qualitative research, challenges related to data saturation may arise, where no new themes or insights emerge after a certain number of participants have taken part (Hennink and Kaiser, 2022). As a result, sample sizes in qualitative studies are often smaller than those in quantitative research (Guest, Bunce and Johnson, 2006). Additionally, there are ethical considerations that must be taken into account when selecting a suitable sample. For instance, if the sample is too large more participants will be inconvenienced than necessary. Likewise, if the sample is too small the results therefore, the participants would be inconvenienced without any gain to society due to limited statistical power or data saturation, which is also unethical (Kang, 2021).

Within this research the sample consisted of both social workers and child protection professionals. It was crucial to include child protection professionals as they decide whether to accept or decline referrals from social workers. The aim was to elevate understanding around the nature of the inequalities in the children being accepted into the children's homes. Participants were considered eligible for recruitment if they were over the age of 18 and working in social care within the UK. The child protection professionals were not required to have worked in the sector for a minimum period of time. The rationale for this is that social care is a dynamic and continuously evolving environment. Therefore, a professional with only six months' worth of experience will still have witnessed significant changes, such as new referrals, staff turnover, caseloads and escalations in stressors and behaviours.

For both the surveys and the interviews volunteer sampling was utilised as the participants elected to take part after either being contacted by the local authorities and children's homes or by seeing the study advertised on social media. Volunteer sampling refers to a non-probability sampling method in which participants self-select to take part in a study (Bhardwaj, 2019). Individuals typically become aware of the research through advertisements, announcements, or public notices, and those who are interested voluntarily contact the researcher to express their willingness to participate (Alvi, 2016).

Volunteer sampling was selected as it enabled access to an under-served population of social care professionals. Volunteer sampling is also advantageous in obtaining a large sample size. This sampling method is the most appropriate method when using a cross-sectional design as the participants will be required for an isolated time period (McBride, 2018). However, there are challenges to implementing the volunteer sampling method. Volunteer sampling can be subject to bias as participants who choose to take part in a study may be psychologically different to those who do not. For instance, those who have strong opinions about the topic and are highly motivated may be more likely to volunteer (Mujere, 2016). Also, a volunteer sample may not be representative of the entire population and therefore it will be more difficult to generalise the results (Litman et al., 2021). A further potential challenge with volunteer sampling is low response rate as the method relies on participants to elect to take part of their own volition. This would be problematic as it could lead to a small sample size and this could reduce power to detect statistical significance within the results (Meyer et al., 2022). This challenge is especially evident when recruiting hard-to-reach populations, such as child protection professionals, who may be reluctant to participate due to high workloads limiting their available time or concerns about confidentiality arising from the sensitive nature of their work (Mirick, 2014).

In order to mitigate these challenges with volunteer sampling an alternative method could have been used, such as stratified or random sampling. For instance, a random sample would ensure that the entire population of social care professionals would have an equal chance of being selected (Noor et al., 2022). This method would be advantageous as it would eliminate sampling bias (Bhardwaj, 2019). However, using a random sample is not suitable for recruiting hard to reach groups like social care professionals, since it relies on having a complete list of the entire population. Obtaining such a list is challenging due to the workforce being spread out and experiencing high turnover rates (Hussein et al., 2014). These challenges make it difficult to establish and maintain a reliable and current sampling frame. Also, there is still no guarantee that the sample will be representative (Raifman et al., 2022). Additionally, as this research is investigating the beliefs and experiences of child protection professionals from a wider perspective, the emphasis on a proportional sample is moderately less significant and therefore, stratified sampling was not deemed appropriate (Lynn, 2019). Therefore, volunteer sampling was considered the main strategy when collecting data from participants for all three phases.

4.5 Ontological and Epistemological Considerations for the Thesis

Ontology and epistemology play a critical role in guiding the research process, influencing not only what is studied but how it is studied and interpreted. Ontological assumptions inform the researcher's view of reality, whether it is seen as objective or socially constructed, while epistemology shapes how knowledge about that reality can be obtained (Klakegg, 2016). Incorporating clear ontological and epistemological approaches enhances the transparency, coherence, and ethical integrity of the research, particularly in complex social settings such as child protection.

4.5.1 Ontology

The concept of Ontology originated in ancient Greece but was popularised by the German philosopher Christian Wolff in 1606 (Patomaki, 2020). Ontology is the theory of being and a study of how we determine if things exist, additionally ontology focuses on taking abstract concepts in order to identify if they are real (Bella, 2019). Ontology forms a branch of Philosophy concerned with the nature of things, their being, cause or identity (Chapel, 2016). In research ontology is essential for researchers to recognise how certain they can be about the nature and existence of objects they are researching, for instance what 'truth claims' can a researcher make about reality? Who decides the legitimacy of what is 'real'? and additionally, how do researchers deal with different and conflicting ideas of reality? (Moon and Blackman, 2017).

In relation to this research ontology will assist in determining whether the inequalities within the children's care system do exist or not. It is essential to take ontological considerations into account within the method of data collection, such as in determining if the questionnaire is measuring the information it is intended to measure. For instance, it will assist the researcher in identifying if the responses are what they believe them to be, as the researcher may interpret them differently to how the participant intended their response to be perceived.

Figure 6 – Demonstration of Ontological and Epistemological Paradigms

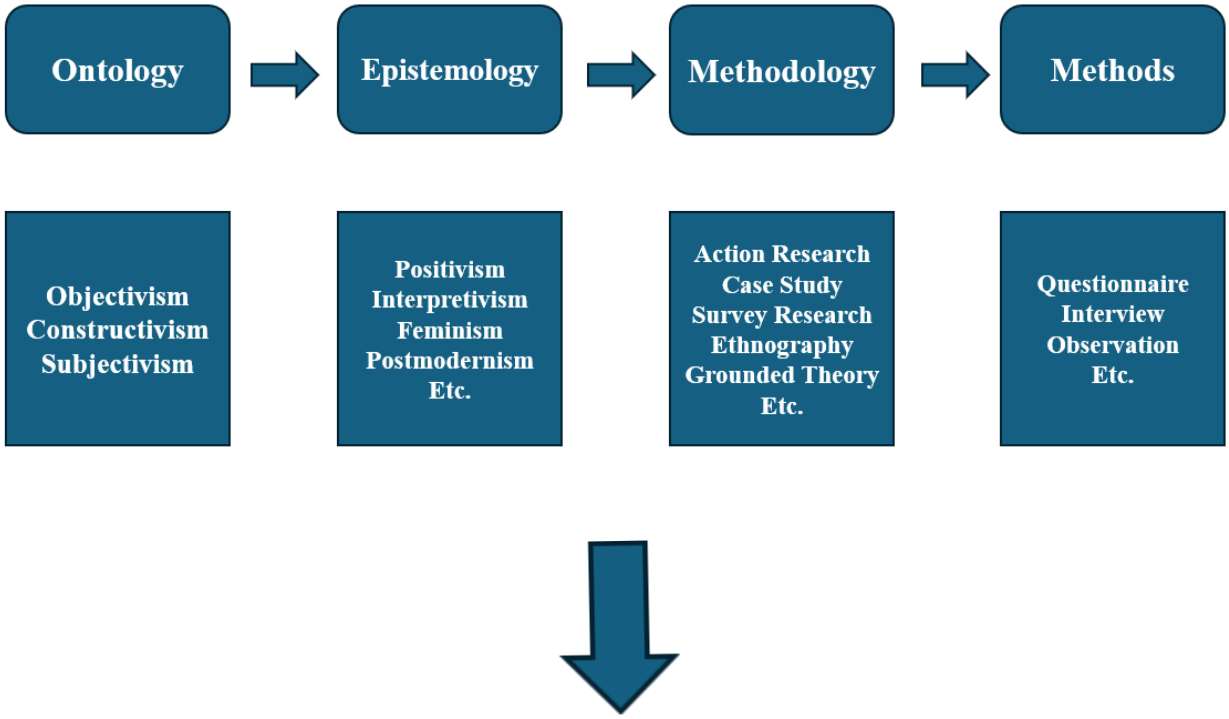
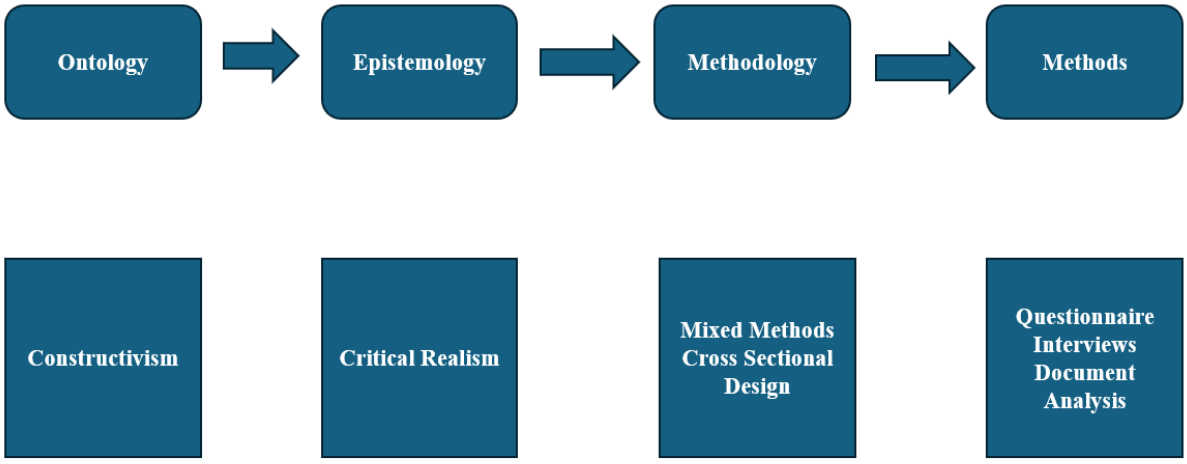


Figure 7 – Demonstration of Ontological and Epistemological Paradigms in Exploring Ethnic Inequalities in the Construct of the Children's Care System



Gray (2014) and O'Gorman and MacIntosh (2015) focus on the intersection of ethnicity and inequalities within social care systems, particularly highlighting how racial and ethnic disparities impact the experiences of individuals in children's services. Gray (2014) explores how institutional and structural factors contribute to the marginalisation of ethnic minority

children within care settings. This research emphasises the role of systemic barriers, such as biased decision-making processes and a lack of culturally competent care, which can exacerbate ethnic inequalities in child's care systems. It suggests that professionals within the sector must develop a deeper understanding of ethnic diversity to create more equitable care environments for children from minority backgrounds.

4.5.1.1 Establishing Objectivity and Subjectivity in Research

Within the theory of Ontology lay other perspectives such as Objectivism, Subjectivism and Constructivism (Gray, 2014). Objectivism is an aspect of ontology which focuses on the assumption that knowledge is objective and tangible (Al-Saadi, 2014). It suggests that a concrete reality exists outside of our individual perceptions and opinions (Wright, 2019). This reality has always existed and when knowledge is discovered through conducting research we are simply discovering what is already present (Gross, 2023). Therefore, in order for the research findings to be valid it is crucial for the researcher to remain objective and separate any preconceptions from the data analysis. However, there are some challenges around the concepts of objectivity that the researcher must consider, for example some researchers fail to achieve objectivity because the respondents as human beings have certain human problems such as refusal of respondent, improper understanding and reluctance. All these challenges could cause cases of bias and invalidate the research findings and conclusions (Bakti, 2012).

Subjectivism is an ontological approach which disputes the concepts of an objective reality and instead suggests that reality only exists when we experience it and apply a meaning (Dowling, 2005). An assumption of subjectivism is that certain concepts such as thought, emotions, and social relationships are impossible to measure objectively (Shapin, 2012). Unlike objectivism it accepts the notion that our personal beliefs and experiences influence the way in which we perceive the world and this may provide us with a deeper understanding than objective facts (Heathwood, 2014). Therefore, subjectivists would argue that within

research certain levels of subjectivity are acceptable, providing the researcher understands and identifies any personal beliefs or experiences that may impact their interpretation of the findings.

4.5.1.2 Subjectivity vs Objectivity

Research must provide a balance between subjectivity and objectivity (Surance, 2012). An extreme level of objectivity would produce an uninspired analysis of the research findings, in contrast an extreme level of subjectivity would result in a biased analysis that would not reflect reality (Kumar, 2020). In order to achieve a balance, this study will use a mixed-methods design using a questionnaire containing both quantitative and qualitative questions. Quantitative research has typically been seen as an objective process due to the focus on numerical data and statistical analysis (Goertzen, 2017). Objectivity has numerous benefits as it allows the researcher to remain unbiased and focused on the facts (Levitt et al., 2022). The questionnaire used in Phase 1 of this research contained quantitative questions in the form of either a Likert scale or multiple-choice answers, providing a certain level of objectivity. However, the use of a Likert scale requires the participants to indicate the extent to which they agree with a statement. Although the responses to these questions are easily quantifiable, the concept of agreement can be difficult to define and measure objectively (South et al., 2022). For example, a Likert scale relies on the assumption that the distance between each option is equal which may not be true in reality (Heo et al., 2022). Therefore, despite the questionnaire containing quantitative, closed ended questions, there may still be a level of subjectivity as the questions will be dependent on the participant's individual interpretations (Parker, 2014).

In contrast, an element of subjectivity can be valuable in providing information on a participants' personal beliefs (Jahedi and Mendez, 2014). This is explored further in the research by the qualitative questions within the survey and follow-up interviews and within

the document analysis. Qualitative data is widely considered to be subjective as the analysis process is dependent on the researchers' personal perceptions of the data. As a result, there is a risk of researcher bias and it can be challenging to generalise the findings (Damaskinidis, 2017). However, there are some advantages to using a subjective approach. For instance, by immersing themselves within the process the researcher can gain in-depth understanding of the data. Similarly, the researcher can use their own insights and experiences in order to decipher content that is meaningful (Schutz, 1994). Combining statistical analysis with a thematic approach across the three individual phases can prevent over dependence on either method and allow the researcher to draw upon the strengths of both an objective and subjective process (Ivankova and Wingo, 2018). This method also challenges the binary aspect of ontology, recognising that it is problematic to adopt a purely objective or purely subjective stance. Instead, it encourages the researcher to draw upon the strengths of both positions (Guba and Lincoln, 1994). This combined approach has benefitted the current study by integrating statistical analysis of the quantitative questionnaire data with thematic analysis of the qualitative responses to open-ended questions, interview transcripts, and document analysis. The use of a mixed-methods approach has enabled the quantitative and qualitative strands to complement one another, allowing for the identification of common themes across data sources. This research utilises a balanced approach by considering both the objective systems and policies that shape practice, and the personal, subjective experiences of individuals working within them. This integration helps to balance the strengths and limitations of each method, reducing the risk of excessive objectivity or subjectivity and enhancing the overall depth and credibility of the findings.

4.5.1.3 Constructivism

Constructivism is the theory that we construct knowledge through our own lived experience. This implies that reality is a construct of the human mind and therefore subjective (Drew,

2023). This approach focuses on the importance of cultural context throughout the process of acquiring and constructing knowledge, as a result constructivism contradicts the idea that there is one single method of obtaining knowledge (Cobern, 1993). In the context of this research constructivists would argue that race is a social construct as the assertion that people are different according to the colour of their skin is a concept created by society rather than based on fact. In contrast, this ideology undermines the struggles and intergenerational trauma of survivors of racism. Findings from the current literature suggests that racial inequalities do exist within the children's care system, particularly surrounding the numbers of children entering care from each ethnicity.

Similarly, it could be argued that the children's care system is a social construct. For instance, in a review of the global definition of social work, Ornellas et al. (2016) highlight how the children's social work profession is increasingly underlined by a constructivist ontology, which recognises that knowledge and practice are socially constructed. The new definition emphasises diversity, the inclusion of indigenous knowledge, and the importance of cultural and political context in shaping social work, reflecting the constructivist view that there is no single, universal reality but multiple realities developed by lived experience. This shift indicates that social work is a profession that should consider different perspectives and adjust its practices, while still following common global standards.

These findings highlight how certain concepts can be understood as social constructs, created and maintained through social interactions and shared beliefs rather than existing as fixed, objective realities. Constructivism recognises that knowledge is shaped by individual's experiences and perspectives, and therefore values subjective understanding. At the same time, it acknowledges that there are patterns and structures in the world that can be studied and understood in more objective ways. This means constructivist research aims to balance personal insights with structured analysis to provide a meaningful, knowledge base

(Schwandt, 2014; Lincoln, Lynham, and Guba, 2018). As a result, the current study will be conducted using a constructivist approach as it uses a sequential mixed-methods design. The use of both quantitative and qualitative methods reflects an epistemological stance consistent with constructivism, which recognises that objectivity and subjectivity are both valuable and can be most effectively applied in combination (Guba and Lincoln, 1994).

4.5.2 Epistemology

One of the primary aims of Philosophy is to understand the nature of the world, therefore the theory of knowledge is essential in order to determine how this understanding can be achieved and whether our knowledge is accurate (Crystal, 2022). The theory of knowledge is known as Epistemology and forms one of the four main branches of philosophy (Gendler et al 2022). Epistemology has an extensive history within Western philosophy, originating with the ancient Greeks and still holds the same value in the present day (Valatka, 2019). Researchers must show vigilance around the assumptions they may make about the fundamentals of knowledge, it's characteristics, methods of acquisitions and how it is conveyed to others (Manion and Morisson, 2007).

Epistemology is acknowledged to be a useful conceptual aid in investigating the production of knowledge in research and its connections to global politics and historical influences (Nguyen and Chia, 2023). Epistemology is primarily concerned with how knowledge can be defined, how it is obtained and how we can be sure that this knowledge is accurate (Al-Saadi, 2014). Epistemological considerations are essential in research as they determine the research design in relation to how knowledge is viewed by the researcher (Aflisia et al., 2021). Additionally, by looking at the relationship between a subject and an object we can explore the idea of epistemology and how it influences research design (Blackman, 2017). In the context of this research epistemology creates a space for the researcher to think on a wider

scale about the child protection professionals perspective on ethnic inequalities. One of the key themes explored within this research is the evidence suggesting that inequalities do exist within the care system, however it is essential to take an epistemological consideration as to whether this is truth or if this evidence is influenced by the preconceptions of the researcher and/or the perceptions of the participants.

As this study utilises a mixed-methods design, incorporating both quantitative and qualitative approaches, a critical realist epistemology was selected as the most appropriate framework. Critical realism recognises that an objective reality exists outside of human perception, which aligns with the quantitative aspect of the research that aims to identify patterns and trends (Bhaskar, 1978). At the same time, it acknowledges that knowledge of this reality is always impacted by subjective interpretation, shaped by individual experiences and beliefs (Danermark et al., 2002). This recognition of the relationship between objectivity and subjectivity supports the qualitative aspects of the study, which explores how participants understand and view the challenges being studied. By integrating these two approaches, critical realism provides a foundation for mixed-methods research, allowing both the discovery of hidden patterns and the exploration of participants' experiences that shape their meaning. The following section will examine different epistemological approaches, evaluating their suitability and limitations in relation to this study, before discussing why critical realism offers the most suitable foundation for the research.

4.5.2.1 Positivism vs Interpretivism

One of the key epistemological approaches is Positivism, which proposes that factual information derived through observation is of the most value to research. The research findings should be measurable and quantifiable in order to be used in statistical analysis (Lorette, 2023). As a result, Positivism is a common approach in quantitative research as this focuses on using the scientific method to produce empirical data which can subsequently be

used to establish cause and effect (Saliya, 2023). Therefore, this implies that reality can be accurately discovered. However, it could be argued that it is impossible to be completely objective when conducting research (Khatwani and Panhwar, 2019). For instance, researchers who have worked in a particular field for a long period of time and gained a large amount of practical experience may have existing preconceptions about the topic they are researching (Park, 2020).

In contrast to positivism, interpretivism refers to an approach to research which focuses on the subjective emotions, opinions and values of the participants studied (Greeff, 2015). As opposed to positivism which seeks to identify general rules that can be applied to all human behaviour, interpretivism is concerned with understanding the individual lives and experiences of participants in order to explore reasons behind the behaviour (Pius, 2020). An Interpretivist approach could be considered within this study as the key areas being explored are the beliefs and lived experiences of the social workers and child protection professionals. However, a key limitation of interpretivism in mixed-methods research is that its emphasis on a subjective approach can make it difficult to compare qualitative findings effectively with quantitative data, potentially complicating the integration of results across different methodological approaches (Baynes, 2016). In contrast, this study has also considered positivism and the value this concept brings, however using scientific methods to establish cause and effect is not the primary aim of this particular research. Additionally, it may not be possible to fully establish definitive cause-and-effect relationships, even when employing the scientific method (Kuhn, 1962).

4.5.2.2 Beyond Positivism and Interpretivism

Both positivism and interpretivism have been criticised for adopting overly extreme positions in their approaches to knowledge and research (Bevir and Rhodes, 2012). For instance, positivism has been increasingly disregarded in social research due to its rigid emphasis on

objectivity, empirical observation, and the assumption that reality can be measured and understood through universal laws (Jaja et al., 2022). While positivism contributed significantly to the development of the scientific method, it has limitations when applied to complex social issues, where human behaviour, cultural influences, and subjective experiences cannot always be reduced to quantifiable data (Junjie and Yingxin, 2022). Similarly, interpretivism's strong emphasis on subjectivity can make it challenging to generalise findings, thereby limiting the broader applicability of the research (Baynes, 2016). As a result, post-positivism has gained prominence as a more flexible alternative. Post-positivism still values evidence-based research but recognises that knowledge is fallible, influenced by the researcher's perspective, and shaped by social and cultural contexts (Jackson and Dolan, 2021). It allows for a more critical and reflective approach, often incorporating both quantitative and qualitative methods to develop a more comprehensive understanding of reality. This paradigm shift supports research that is both methodologically rigorous but considers the complexity of social issues. (Maksimovic and Evtimov, 2023).

4.5.2.3 Critical Realism

Critical realism was originally developed by Bhaskar in 1970 and is an important area to explore within research. It refers to the difference between the actual world and the version of the world that we are able to observe. According to critical realism the actual world is impossible to observe and it exists outside of our individual perceptions and opinions. In contrast, the observable world is formed through our perspectives and experiences (Fryer, 2022). This theory therefore accepts the notion that humans will never be able to study true reality, however we can come reasonably close (Sturgiss and Clark, 2020). One of the primary aspects of critical realism is retrodictive reasoning. Retrodictive reasoning involves forming a theory on the most probable explanation of an event which can then be tested. This approach is useful in research as it can enable us to measure reality to a certain extent (Buch-

Hansen and Nielsen, 2020). Critical realism supports the researcher to select an appropriate method for the research objective and allows further understanding of patterns and dynamics (Baker, 2020).

Following the discussion of ontological and epistemological considerations, a critical realist approach was selected as the most appropriate epistemology for this research. Unlike post-positivism, which focuses on visible patterns or events and aims to minimise bias, and pragmatism, which prioritises practical outcomes over in-depth understanding, critical realism helps identify the root causes behind visible social trends (Bhaskar, 2008). This approach is particularly valuable for a study exploring the presence of ethnic inequalities within the care system and in particular the potential factors contributing to these inequalities. A retrodictive approach was used to go beyond surface details and understand the deeper reasons for these inequalities (Danermark et al., 2002). For example, one key finding from the literature reviews in Chapters 2 and 3 was the influence of socioeconomic factors, including low educational attainment, ethnic inequalities within different neighbourhoods, and broader environmental influences (Bennett et al, 2022; Turner, 2022). Critical realism enabled the researcher to acknowledge the reality of these trends while simultaneously exploring potential causes, such as the relationship between ethnic inequalities and low-income communities (Cruickshank, 2011). Similarly, the study explored current cultural diversity training for child protection professionals, using retrodictive reasoning to consider whether insufficient training could contribute to ethnic inequalities in practice. Overall, critical realism provides a robust framework for mixed-methods research by integrating quantitative identification of patterns with qualitative exploration of underlying contexts, providing a clearer understanding of causes than pragmatism or post-positivism (Maxwell, 2012).

4.6 Data Collection and Data Generation Method

Data collection is a fundamental component of research, and selecting the most appropriate method depends largely on the overall objectives of the study (Mazhar et al., 2021). In this research, a mixed-methods approach was employed to ensure a comprehensive understanding of the topic. The first phase involved a self-complete questionnaire where data was collected through both quantitative and qualitative questions. This was followed by in-depth, semi-structured interviews designed to explore emerging themes from the questionnaire in greater detail. Qualitative data was generated through the semi-structured interviews, where insights were co-constructed through dialogue between the researcher and participants (Kvale and Brinkmann, 2009). The final phase consisted of a document analysis of existing training materials provided to child protection professionals, with a particular emphasis on content related to cultural diversity.

Collecting data from social care professionals presents specific challenges, including time constraints, high workloads, and varying levels of digital literacy, which can affect participation and data quality (Moriarty et al., 2015). Additionally, the relational nature of social care work may influence how openly professionals respond to questions, particularly in sensitive areas such as cultural competence and diversity. Smith and Wiles (2013) conducted focus groups to examine the challenges of collecting data from social care professionals. The findings revealed that the relational and emotionally demanding aspects of social care work can influence how openly professionals respond to questions, particularly on sensitive topics such as cultural competence and diversity. The group dynamic can also affect the willingness of participants to express contrasting opinions or personal experiences. Therefore, researchers must carefully consider the ethical implications of using focus groups, ensuring that confidentiality is maintained and that participants feel comfortable sharing their views.

Strategies such as establishing ground rules, ensuring anonymity, and providing support during and after discussions are essential to mitigate potential ethical challenges and enhance the quality of the data collected.

These findings are supported by Newman (2019) who conducted semi-structured interviews to gather in-depth insights into the child protection professionals' experiences and perspectives. The study highlighted the importance of addressing power imbalances and ensuring confidentiality to create an environment where participants felt comfortable sharing honest and open responses. By carefully considering these ethical considerations, the researchers aimed to improve the quality and reliability of the data collected, ultimately contributing to more effective and ethical research practices in the field of social care.

To address these challenges, particular attention was given to the selection and design of data collection methods. This included flexible participation options, clear communication of the study's aims, and ethical safeguards to encourage honest and thoughtful engagement. These strategies helped to ensure the methods were both appropriate for the participants and effective in meeting the research aims

4.7 Analysis

The quantitative data in Phase 1 of the research were analysed using descriptive statistics, including frequencies and percentages, to provide an overview of the prevalence of responses and to identify patterns within the dataset. Additionally, Chi-squared tests were conducted to examine the relationships between categorical variables and to determine whether observed differences were statistically significant (McBride, 2018). The qualitative data collected from the survey open-ended responses, interviews, and document analysis were all analysed using thematic analysis, as this method allows for the identification, organisation, and interpretation of key themes and patterns across the data. Thematic analysis was particularly appropriate for

this research because it enables a flexible yet rigorous approach to exploring participants' perspectives and experiences in depth, while also facilitating the integration of findings across multiple qualitative sources (Braun and Clarke, 2013).

The final stage of the analysis involved a triangulation process, which examined the findings across all three methods of data collection to identify areas of commonality. The triangulation process was essential in integrating quantitative and qualitative findings through identifying consistencies and patterns across different methods (Howe, 2012). This helped to reduce the risk of bias that might arise from relying on a single data source. This sequential mixed-methods approach strengthens the overall validity of the research and helps provide more robust conclusions. The analysis procedures for each individual method will be presented in detail within the corresponding chapters.

The following chapters will address each phase of the research in turn; Chapter 5 will focus on the questionnaire, Chapter 6 on the interviews, and Chapter 7 on the document analysis. Each chapter will include a dedicated smaller methods section for the corresponding phase, a detailed discussion of the findings, and an exploration of the implications for policy and practice. At the conclusion of Chapter 7, the findings from all three phases will be integrated to identify overarching patterns, similarities, and differences, and to discuss their overall significance for the children's care system. Chapter 8 will then provide a comprehensive discussion of the integrated findings and present recommendations for policy and practice based on the study's results.

4.8 Reflexivity and Researcher Role

As a researcher with lived experience in child protection, including professional work in children's residential care, I recognised that my identity and background could shape both the development of the survey and the interview process (Latchem-Hastings, 2018). From a

critical realist perspective, I acknowledged that while there is an objective reality to participants' experiences, my interpretations were inevitably influenced by my own knowledge and experiences, and that some degree of subjectivity is both expected and acceptable. Reflexivity was therefore central to my role, guiding the design of the questionnaire and the facilitation of interviews to ensure that participants' voices were prioritised and accurately represented. My familiarity with the sector supported the development of relevant survey questions, helped build rapport with participants, and aided in interpreting nuanced responses. Throughout data collection and thematic analysis, I actively reflected on how my perspectives could influence interpretation, systematically coded data, and regularly discussed emerging themes with supervisors to maintain focus on participants' accounts rather than personal assumptions. This reflexive approach strengthened the credibility and depth of the findings, while recognising that complete objectivity is not possible in research grounded in human experience.

Chapter 5 – Phase 1: Questionnaire

5.1 Introduction

The literature review in Chapters 2 and 3 informed the key research questions, which guided Chapter 4 in outlining the study's objectives and methodology to explore child protection professionals' perspectives on ethnic inequalities.

The research questions are as follows:

1. What perspectives exist among children's social care practitioners and managers regarding the ethnic inequalities in the children's care system?
2. What training, practise, and knowledge barriers currently exist in relation to ethnic inequalities in children's social care that prevent it from adequately supporting families and children?
3. What are the current training, practice, and knowledge needs on ethnic inequalities in children's social care?

The aim of Chapter 5 is to outline the methodology for Phase 1 which is conducting an online survey, alongside illustrating the analysis conducted and the respective findings.

5.2 Questionnaire Methodology

5.2.1 Questionnaire Process

Phase 1 of the research consisted of a self-complete, online questionnaire (see Appendix 2) with the aim of obtaining initial insights into child protection professionals' perspectives on ethnic inequalities. This method was selected as it is cost effective and would allow data to be collected and compared from a large number of participants (Lee, 1997). The questionnaire was administered online to enable participants to complete the questionnaire at their own

convenience, which is more ethical and can increase response rates. Perhaps more importantly, it allows the participants to respond anonymously meaning they may answer with higher levels of honesty (Mazikana, 2023). Additionally, a survey was selected as the research method in Phase 1 in order to capture a broad overview of participants' attitudes and experiences, providing insights into patterns across a larger population. This approach not only allows the prevalence of opinions and views to be measured but also facilitates the exploration of relationships through statistical analysis. By identifying correlations or associations, a survey can help identify underlying reasons behind the results, therefore providing a foundation for further in-depth investigation (Creswell and Creswell, 2018).

The questionnaire was designed using the online survey software JISC (Online Surveys, 2023) which allowed for high data protection measures in line with the ethical approval, and greater flexibility in designing both open and closed ended questions. The software is useful as it supports different question types, such as open text, ranking, required answers, and multiple-choice options.

At the beginning, the questionnaire included questions regarding participants' demographic information, such as age, gender, ethnicity, job title and duration of experience working in child protection. Including demographic questions at the start of the survey was important in order to better interpret the responses by identifying key characteristics of the participants. This information allows for more meaningful analysis and helps to ensure that findings can be interpreted accurately across different groups (Fowler, 2014). The remainder of the questionnaire contained a total of 26 questions asking about the participant's personal experiences of working within children's social care. The questions were divided into five categories:

1. Context of children placed into the care system

2. Working with children of a marginalised ethnicity
3. Inequalities in the care system e.g. prejudice, socioeconomic factors
4. Parenting and cultural contexts e.g. parenting styles
5. Training e.g. frequency and quality of training

As part of the sequential mixed-methods approach, the questionnaire comprised 21 closed-ended questions and five open-ended questions, however three of the closed-ended questions included prompts for participants to provide further details. The closed-ended questions consisted of multiple-choice items and Likert scale questions, which required participants to indicate their level of agreement with statements or the frequency of certain behaviours, such as how often they had received training on cultural diversity. The Likert Scale was utilised to measure the intensity of the participants' attitudes and opinions in a more detailed way, as opposed to simply capturing a yes/no response (Jebb et al., 2021). All Likert Scale questions included a 'Don't know' and 'Neutral' response to provide an option for participants who were undecided or had limited knowledge on the topic. The open-ended questions were free-text responses, allowing participants to elaborate freely and provide detailed explanations. These questions provided an opportunity for the participants to offer additional details and elaborate on their quantitative responses. The qualitative questions inquired about a range of aspects of the participant's experiences working in the care system, including the range of ethnicities participants had experience working with, barriers encountered in engaging with different ethnicities and the GRT community, challenges hindering access to child protection services for different ethnic groups, the underlying causes of inequalities within the care system, potential methods to address these inequalities, disparities in intervention levels across different ethnic groups, challenges resulting from insufficient training and suggestions for enhancing the existing training programs. This approach was particularly valuable for adding context to the closed-ended responses and for capturing additional insights beyond the scope

of the structured questions. Upon completion of the questionnaire, participants' responses were downloaded from JISC (Online Surveys, 2023) and prepared for analysis using the statistical software IBM SPSS (IBM Corp, 2022).

5.2.2 Sampling and Participants

The participants were recruited through contacting local authorities and children's homes across the UK via public emails in order to recruit social care professionals across multi-levels. Emails were sent to 105 local authorities in the UK, as well as 34 Children's Services organisations. It was communicated to the participants that they could enter a prize draw to win a £25 Amazon voucher in exchange for taking part. This incentive was used to encourage participation, improve the response rate, and acknowledge the time and effort of the participants. The use of the incentive was especially helpful as child protection professionals are a hard-to-reach population.

Despite frequently contacting professionals and organisations, there was a very low volume of responses. As a result, the survey was subsequently distributed using social media websites, including Facebook, Twitter and LinkedIn and the online research platform Prolific. Social media has become an increasingly valuable tool for recruiting hard-to-reach populations, such as professionals working in child protection. These individuals often face high workloads and time pressures, making traditional recruitment methods less effective. Social media platforms offer a cost-effective and flexible way to reach potential participants where they are already active, helping to improve engagement and response rates (Gelinas et al., 2017). Additionally, targeted advertising and professional networks such as LinkedIn or X allow researchers to network with particular groups and to share connections (Topolovec-Vranic and Natarajan, 2016).

Likewise, Prolific is an online research recruitment platform designed to connect researchers with a large, vetted and diverse pool of participants for academic studies. It contains features that allow researchers to filter participants based on specific demographic or professional characteristics. Prolific is also known for its ethical approach to participant compensation and its emphasis on data quality (Prolific, 2025). Several studies have successfully used Prolific to gather reliable data across different fields. For example, Peer et al. (2022) used Prolific to study digital privacy attitudes, while Buhrmester, Talaifar, and Gosling (2018) examined its data quality compared to other platforms. These studies found that Prolific offers better participant diversity than many other online recruitment tools.

Participants recruited from Prolific were paid £1.50 to complete the survey, as the platform determines the cost per participant and not the researcher. Similarly to the £25 Amazon voucher, the £1.50 incentive offered by Prolific served to encourage participants to complete the questionnaire. Overall, a total of 258 participants took part in the questionnaire, inclusive of child protection professionals from multi-level positions.

5.2.3 Ethics

Ethical approval for Phase 1 (see Appendix 1.1) of the research was obtained on 12th June 2023 (6978), however an amendment was submitted to the original ethics application form on 30th October 2023. This amendment allowed the survey to be distributed via additional channels to increase response rates and was granted on 20th November 2023. The ethics application also addressed the financial incentives to ensure they were ethically appropriate and a £25 Amazon voucher was selected as the value is not large enough to exert undue influence or coerce individuals into participating against their better judgment (Grant and Sugarman, 2004). The £25 Amazon voucher was deemed to be fair, proportionate, and would not compromise the participant's voluntary informed consent. Similarly, care was taken to

ensure that the Prolific incentive remained ethically appropriate. The value was automatically calculated by the Prolific system based on the estimated time commitment required from participants. This automated process minimises subjectivity and researcher bias, ensuring that participants are fairly compensated for their time without receiving an excessively high incentive that could potentially influence their judgment.

5.2.4 Data Management

Prior to analysing the findings, data management procedures were undertaken in SPSS to prepare the dataset. For instance, of the 258 responses received, 14 were declined as the participants did not meet the inclusion criteria as the professional role was not related to the research study. As a result, 244 responses were included with 104 social workers, 92 working in children's residential services and the remaining 48 involved in other related children's services. Table 1 displays the full range of job titles coded as 'Other'.

Table 1: Job Titles Coded as 'Other'

Job Title	Number of Participants
Autism Practitioner	1
Care Leaver's Personal Adviser	3
Children's Assistant Practitioner	1
Children's Counsellors	17
Commissioner Manager Children's Social Care	1
Early Help Coordinator	4
Family Support Workers	5
Foster Carers	4
Health Visitor	1
Independent Reviewing Officers	7
Pastoral Care Workers	4

As part of the initial demographic section of the survey, participants were asked to indicate their ethnicity through an open-ended question, allowing them to self-identify in their own

terms. However, for the purposes of statistical analysis, the responses were later grouped into four broader categories: 'White', 'Black', 'Asian', and 'Mixed Race'. These categories were selected to align with the classifications commonly used by the Office for National Statistics and Census data to ensure consistency with national datasets (Government Statistical Service, 2020). Similarly, the survey contained an open-ended question, presented in Table 5, that allowed participants to list as many ethnicities as necessary to reflect the full range of ethnic backgrounds of the children with whom they had worked. The reported ethnicities were subsequently tallied and categorised into the same four broader ethnic groups to generate data for quantitative analysis.

Additionally, a number of participants responded ‘Don’t Know’ to the Likert Scale questions. For the purpose of conducting a Chi-squared test, these responses were recoded as ‘System Missing’. Also, participant ethnicity was recoded into ‘Majority Ethnicity and ‘Marginalised Ethnicity’ to simplify the analysis and to focus on broad patterns of ethnic diversity within the sample. For instance, comparing two variables that each have five categories would be challenging, as it would create many combinations that would be difficult to interpret. Therefore, this categorisation facilitates meaningful comparisons between groups that experience different social and structural privileges or disadvantages, enabling clearer identification of systemic inequalities. Additionally, grouping ethnicities in this way helps to ensure sufficient sample sizes within each category for robust statistical analysis (Westland, 2022).

5.2.5 Analytical Strategy

The data from Phase 1 was analysed using both qualitative and quantitative methods. The responses to the quantitative questionnaire were firstly analysed using descriptive statistics to identify patterns and trends within the data. Descriptive statistics, including frequencies and

percentages, were used to present the demographic characteristics of the sample, including participants' ethnicity, age, gender, job title, and level of professional experience. This data was useful in providing context for interpreting the findings and assessing the representativeness of the sample (Alabi and Bukola, 2023). The demographic data will also be helpful when comparing the data with the findings from other studies (Dong, 2023). Additionally, frequencies and percentages were also used to analyse the responses to the Likert Scale questions (George and Mallory, 2016). This was crucial in determining the most prevalent responses and identifying any trends in the data, such as the level of agreement or disagreement among participants (May, 2017). The descriptive statistics provided an overview of the survey responses and enabled initial insights to be drawn into the participants attitudes and perceptions.

Additionally, crosstabulations with Chi-square analysis was conducted on some of the responses to the quantitative survey questions. These analyses examined the association between participants' ethnicity, age, and level of professional experience, and whether they had witnessed ethnic inequalities in their work. The Chi-square test was selected as it would allow for the examination of potential associations between categorical variables (Pandis, 2016). A significance level of $p < 0.05$ was utilised to maintain a balance between being too lenient and too strict, indicating that there is less than a 5% probability that the observed results occurred by chance, therefore providing reasonable confidence in the findings while controlling the risk of a false positive (Field, 2018). This test was useful in identifying whether observed differences in frequencies were statistically significant or likely due to chance (Rana and Singhal, 2015). This helped determine whether certain demographic groups were more likely to report witnessing ethnic inequalities, therefore contributing to a deeper understanding of potential patterns or disparities within the data. By highlighting these significant associations, it is possible to identify specific groups that may be

disproportionately affected by or more aware of ethnic inequalities. This finding will be particularly useful for informing targeted policy or training interventions. All descriptive statistics and Chi-Square analyses were conducted using the statistical analysis software IBM SPSS (IBM Corp, 2022). This software was selected due to its ability to handle large datasets, and robust range of statistical procedures, making it particularly suitable for both descriptive and inferential analysis (Pallant, 2020).

The qualitative data from the questionnaire was analysed using Thematic Analysis. Each response to the open-ended survey questions was thoroughly reviewed by the researcher. Key aspects of each response were systematically coded across the dataset. Once initial coding was completed, the researcher collated the codes and grouped them into broader, recurring themes (Braun and Clarke, 2013). These themes were then analysed in depth, with direct quotations from participants used as supporting evidence. References to relevant literature were also incorporated to strengthen the analysis and review the findings in relation to the broader academic context. This method was selected as it is the most flexible method of analysing qualitative data and particularly useful in exploring the perspectives and experiences of the participants (Braun and Clarke, 2013). Therefore, this was the most appropriate method for analysing the qualitative data describing the child protection professionals lived experiences and personal beliefs about the inequalities within the care system.

5.3 Quantitative Findings

This research found 39.8% of participants had witnessed ethnic inequalities. The key findings suggest that the primary contributing factors were cultural and socioeconomic in nature. Additionally, staff training on topics relating to cultural diversity is not sufficient in the field of child protection. Participants argued that in order to address the training needs, more

collaborative working from policy makers, practitioners and training institutions needs to be embedded more within the field.

5.3.1 Descriptive Statistics of the Sample

The sample was comprised of 72 males and 168 females, with an additional 2 self-identifying their gender as 'other'. Of the 244 responses, 2 were coded as 'System Missing' as no response had been provided. The findings in Table 2 revealed a diverse range of ethnicities, with White participants constituting the majority at 66.0%, followed by Black individuals at 8.2%, Asian participants at 6.1%, and Mixed Race individuals at 3.3%. A total of 40 responses were coded as 'System Missing' as they reflected religions or nationalities rather than specific ethnicities. The age distribution among participants displayed a relatively balanced representation, however Table 2 demonstrates that the majority category was 31 – 40 years with 38.5% of participants falling into this group. This was followed by 21 – 30 years with 27.9% participants, 18.9% within the 41-50 age group and 13.9% spanning 51-64 years. The minority category was over 65 years with 0.8% of participants belonging to this group. All 244 responses were included for this question and there were no instances where the data was coded as missing. The findings in Table 2 revealed that most participants had worked in the field for a longer period of time, with the majority categories being 4+ - 8 years and 8+ years. This was followed by 1 – 2 years and 2+ - 4 years, with 18.9% and 18.0% of participants falling into these categories respectively. The minority category was less than a year with only 12.3% associated with this cohort. There were no instances of missing data for this question and all 244 responses were included.

Table 2: Descriptive Statistics of Sample

Descriptive Statistics		Count	Column Total N %
Job Title	Social Workers	104	42.6%
	Children's Residential	92	37.7%
	Other	48	19.7%
	Total	244	100.0%
What is your gender identity?	Female	168	68.9%
	Male	72	29.5%
	Other	2	0.8%
	Total	242	100.0%
How would you identify your ethnicity?	Asian	15	6.1%
	Black	20	8.2%
	Mixed Race	8	3.3%
	White	161	66.0%
	Total	204	100.0%
What is your age?	21 – 30	68	27.9%

	31 – 40	94	38.5%
	41 – 50	46	18.9%
	51 – 64	34	13.9%
	65+	2	0.8%
	Total	244	100.0%
How long have you worked in Child Protection Services?	Less than a year	30	12.3%
	1 - 2 years	46	18.9%
	2+ - 4 years	44	18.0%
	4+ - 8 years	62	25.4%
	8+ years	62	25.4%
	Total	244	100.0%

The survey did not ask participants to specify which of the four nations of the UK they worked in. This was because the study aimed to capture the overall experiences and perspectives of professionals working in children's services across the UK, rather than to examine cross-national differences in policy or practice. While the literature review highlights variations between nations, the study's focus was on broader trends and issues common to UK child protection practice. The following sections will review and analyse participants' responses to the remaining quantitative survey questions, with a focus on identifying key trends and patterns and their implications for the children's care system.

5.3.2 Recent and COVID-19 Impacts

Table 3 demonstrates that a substantial proportion of participants (42.6%) acknowledged an increase in referrals over the past year, with an additional 25.8% expressing strong agreement. However, 3.3% participants disagreed that there were in increase in the number of children entering care. These findings are consistent with the current statistics showing an increase in the number of children entering the care system in the UK (Become Charity, 2023; Local Government Association, 2020). However, 29.9% agreed that referrals had further increased during the COVID–19 pandemic, while 20.5% strongly agreed. A notable 32.4% agreed that the ethnic inequalities within the care system had increased specifically during the pandemic, with 9.0% strongly agreeing. These findings highlight the need for further research into the systemic issues contributing to these perceptions. Additionally, the findings in Table 3 reveal that 32.4% participants agreed that the pandemic had contributed to the increase in the ethnic inequalities, however 13.9% participants disagreed.

Table 3: Recent and COVID-19 Impacts

		Count	Percentage
During my experience as a child protection professional, I have noticed the number of referrals increasing within the past year.	Strongly Disagree	2	0.8%
	Disagree	8	3.3%
	Neutral	23	9.4%
	Agree	104	42.6%
	Strongly Agree	63	25.8%
	Don't Know	44	18.1%

I have noticed the number of referrals increasing throughout COVID-19 compared to the usual expectation or previous trends.	Strongly Disagree	5	2.0%
	Disagree	25	10.2%
	Neutral	44	18.0%
	Agree	73	29.9%
	Strongly Agree	50	20.5%
	Don't Know	47	19.4%
Ethnic inequalities within the children's care system have increased due to the impacts of COVID-19.	Strongly Disagree	4	1.6%
	Disagree	34	13.9%
	Neutral	49	20.1%
	Agree	79	32.4%
	Strongly Agree	22	9.0%
	Don't Know	56	23.0%

5.3.3 Perceived Inequalities

Inequalities within the children's care system were evident, as Table 4 reveals that 39.8% agreed and 13.5% strongly agreed that they had witnessed significant ethnic inequalities. These percentages were much higher than the 18.5% of participants who had not witnessed any ethnic inequalities. Additionally, 42.2% agreed, and 11.1% strongly agreed that they had observed prejudice within the system. However, 4.5% of participants responded with 'Don't

Know' when asked whether ethnic inequalities exist, and 3.7% gave the same response when asked if they had witnessed prejudice. This suggests that the concepts of prejudice and discrimination may not always be clearly understood or recognised, as these experiences can be subjective and shaped by individual perceptions (Jones, 1997).

Table 4: Perceived Inequalities

		Count	Percentage
I have witnessed significant ethnic inequalities within the care system.	Strongly Disagree	12	4.9%
	Disagree	45	18.4%
	Neutral	46	18.9%
	Agree	97	39.8%
	Strongly Agree	33	13.5%
	Don't Know	11	4.5%
I have witnessed prejudice within the child protection system.	Strongly Disagree	20	8.2%
	Disagree	50	20.5%
	Neutral	35	14.3%
	Agree	103	42.2%
	Strongly Agree	27	11.1%
	Don't Know	9	3.7%

5.3.4 Ethnicity of Children in Care

Table 5 presents a summary of the various ethnicities of children that participants reported working with within the care system. A significant finding from the data was that 40.5% of the professionals had worked with children of a White ethnicity. However, only 24.3% reported working with children of Black ethnicity, 21.2% reported working with children of Asian ethnicity and only 6.1% had worked with Mixed Race children. The minority category was GRT children as only 3.3% of the participants reported working with children from the GRT community. This is an important finding as it suggests a potential underrepresentation of these children, as relatively few participants reported having worked with children from ethnic minority backgrounds, therefore supporting aspects of the existing literature (Owen and Statham, 2009; NSPCC, 2021).

During the process of coding the data, 21 responses were categorised as 'System Missing' in Table 5. These responses reported either nationalities, religions or were generalised responses, such as ‘ethnic minorities’. The findings from this question suggest that working with children of White ethnicity is more common. The existing literature indicates that there is an over representation of White ethnicity children in the care system.

Table 5: Ethnicities of Children Worked with by Participants

	N	**%**
Missing	21	4.6%
Asian	97	21.2%
Black	111	24.3%

Gypsy	15	3.3%
Mixed Race	28	6.1%
White	185	40.5%

Additionally, Table 6 reveals that when asked about experiences working with children of different ethnicities 66.8% of participants had never worked with children from the GRT community. Mixed responses were received on the question asking if the participants believe Gypsy children are more at risk of harm than other children, with 20.9% disagreeing, 19.3% agreeing, 25.4% answering 'Neutral' and 23% responding 'Don't Know'. These findings highlights a significant and important knowledge gap among child protection professionals surrounding the GRT Community.

Table 6: Gypsy Community

		Count	**Percentage**
I have worked with many children from Gypsy Communities within the care system.	Yes	81	33.2%
	No	163	66.8%
National statistics show that children from Gypsy communities are overrepresented within the care system. How	Strongly Disagree	6.6%	16
	Disagree	20.9%	51
	Neutral	25.4%	62

much do you agree with the statement "I believe that Gypsy communities are more at risk of harm than other children."	Agree	19.3%	47
	Strongly Agree	4.9%	12
	Don't Know	23.0%	56

5.3.5 Cultural and Socioeconomic Factors

It is evident from Table 7 that a majority of participants (58.6%) agreed, and 22.1% strongly agreed that cultural factors play a role in the inequalities of children referred to the care system. Regarding parenting styles, 66.8% reported witnessing ethnic minority parents using significantly different approaches compared to White British parents, with 15.6% indicating this occurs 'All the time.' Additionally, a substantial majority (60.7%) agreed that maltreatment can go unreported within certain ethnicities due to differing approaches towards parenting across different cultures, with a further 20.5% strongly agreeing. In terms of socioeconomic factors, 35.7% participants agreed that poverty plays a role in the number of children referred to Child Protection Services, with a majority of 54.9% strongly agreeing.

However, the responses related to opportunities in accessing child protection services were mixed, with 35.2% disagreeing, 26.2% agreeing, 13.5% answering 'Neutral' and 4.5% responding with 'Don't Know'. This finding suggests that opinions on whether individuals from different ethnic groups have equal opportunities may vary, depending on personal experiences, perceptions, and different levels of exposure to inequality in both professional and social contexts.

Table 7: Cultural and Socioeconomic Factors

		Count	Percentage
I feel that cultural factors play a role within inequalities of children entering the care system.	Strongly Disagree	5	2.0%
	Disagree	8	3.3%
	Neutral	29	11.9%
	Agree	143	58.6%
	Strongly Agree	54	22.1%
	Don't Know	5	2.0%
Research suggests that ethnic minority parents use significantly different parenting styles to White British parents. Have you experienced this while working in Child Protection Services?	All the time	38	15.6%
	Some of the time	163	66.8%
	Not much of the time	25	10.2%
	Hardly ever	15	6.1%
	Never	3	1.2%
	All the time	38	15.6%
How much do you agree or disagree with the statement "Maltreatment can go unreported within certain	Strongly Disagree	8	3.3%
	Disagree	8	3.3%
	Neutral	23	9.4%

ethnicities due to different approaches towards parenting in different cultures."	Agree	148	60.7%
	Strongly Agree	50	20.5%
	Don't Know	7	2.9%
Poverty plays a role in the number of children referred to Child Protection Services.	Strongly Disagree	6	2.5%
	Disagree	5	2.0%
	Neutral	8	3.3%
	Agree	87	35.7%
	Strongly Agree	134	54.9%
	Don't Know	4	1.6%
People from different ethnic groups have the same opportunities in accessing Child Protection services.	Strongly Disagree	17	7.0%
	Disagree	86	35.2%
	Neutral	33	13.5%
	Agree	64	26.2%
	Strongly Agree	33	13.5%
	Don't Know	11	4.5%

5.3.6 The Social Care Profession

Table 8 highlights that participants reported varying levels of intervention from child protection professionals across different ethnic groups, with 40.6% agreeing with the above statement. A significant finding emerged with only 16% of participants receiving a significant amount of training on cultural diversity, only 16.8% receiving training 'Very Often' and 27.5% receiving training 'Often'. However, 31.6% reported receiving training 'Seldom' and 6.1% receiving no training on cultural diversity at all. This finding was consistent with the following question where 39.3% of participants disagreed that sufficient training was provided to child protection staff. However, a majority (50.0%) agreed, and 23.0% strongly agreed that additional staff training on cultural diversity could help reduce ethnic inequalities within the care system. These findings highlight a clear trend in which child protection professionals feel they receive insufficient training on cultural diversity. However, this is also seen as an area with potential for improvement, which could contribute to reducing ethnic inequalities within the children's care system.

Table 8: The Social Care Profession

		Count	**Percentage**
How much do you agree with the statement "The level of intervention from child protection professionals varies significantly across different ethnic groups."	Strongly Disagree	10	4.1%
	Disagree	36	14.8%
	Neutral	50	20.5%
	Agree	99	40.6%
	Strongly Agree	23	9.4%

	Don't Know	26	10.7%
Godfrey et al (2020) defines cultural diversity as the inclusion of a variety of cultural or ethnic groups within society. During your role within Child Protection services have you received any training on cultural diversity?	None	15	6.1%
	Seldom	77	31.6%
	Quite Often	67	27.5%
	Very Often	41	16.8%
	Significant	39	16.0%
	Don't Know	5	2.0%
How much do you agree with the statement "The training provided to child protection staff on cultural diversity is sufficient."	Strongly Disagree	20	8.2%
	Disagree	96	39.3%
	Neutral	40	16.4%
	Agree	63	25.8%
	Strongly Agree	18	7.4%
	Don't Know	7	2.9%
I feel that additional staff training on topics relating to cultural diversity would help to reduce inequalities within the children's care system.	Strongly Disagree	9	3.7%
	Disagree	10	4.1%
	Neutral	36	14.8%
	Agree	122	50.0%

	Strongly Agree	56	23.0%
	Don't Know	11	4.5%

5.4 Exploring Trends Between Children's Social Care Professionals Demographics and Perspectives of Ethnic Inequalities

The ethnicity variable was recoded to categorise 'White' into 'Majority Ethnicity' and the remaining ethnicities re-categorised into 'Marginalised Ethnicity 'for the purposes of completing statistical analysis. The rationale for this recoding was to align with the ethnic composition of the UK population, in which individuals identifying as White constitute the majority, while other ethnic groups represent minority populations (Nandi and Platt, 2015).

5.4.1 Participant Ethnicity and Witnessing Ethnic Inequalities

To explore the relationship between participant's ethnicity and witnessing ethnic inequalities within the care system a cross-tabulation was conducted, with statistical significance testing conducted using a Chi-Square test was conducted, (X^2 = 14.83, df = 2, N = 195, p = <.001). The observed frequencies produced from the Chi-Square Test in Table 9 and Figure 8 revealed that 29.9% of Majority Ethnicity participants had not witnessed any ethnic inequalities, compared to only 7.3% of Marginalised Ethnicity participants. However, 80.5% of Marginalised Ethnicity participants reported witnessing ethnic inequalities as opposed to only 47.4% of Majority Ethnicity participants. This finding is significant as it suggests that, within this sample, individuals from marginalised ethnic backgrounds were more attuned to and more likely to perceive ethnic inequalities than those identifying as White. However, it is

important to acknowledge that the small sample size limits the scope for generalising the findings to the wider UK population.

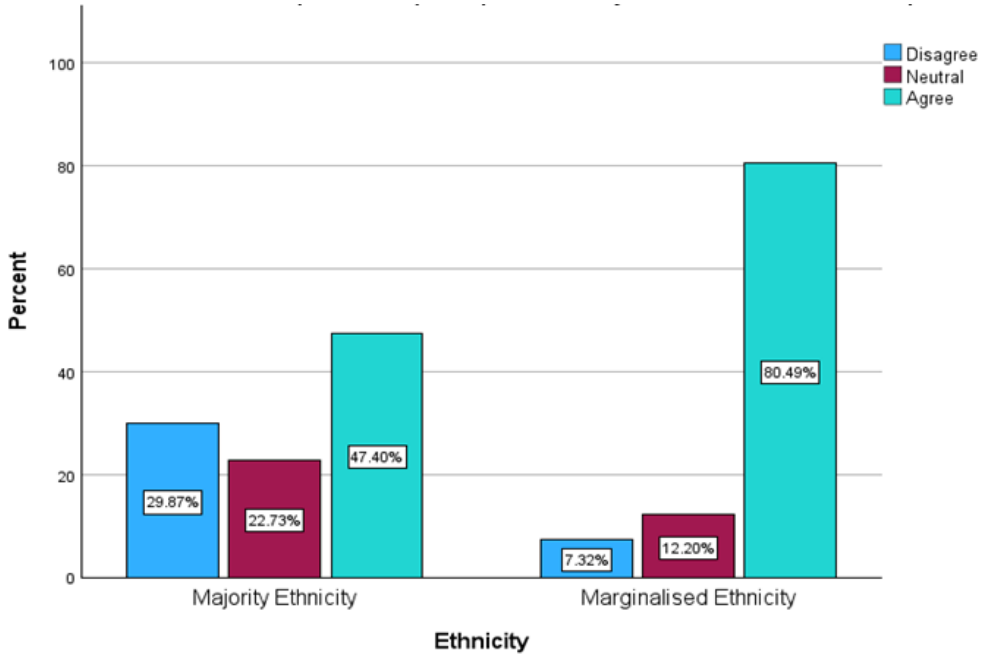
A Chi-square value of 14.83 was produced with 2 degrees of freedom. The Marginalised Ethnicity variable had a small cell count as the count values for 'Disagree' and 'Neutral' were <5, meaning the analysis may be slightly underpowered. However, the p-value was <0.05, outlining that a statistically significant relationship does exist between participant's ethnicity and perceived ethnic inequalities within the care system. This finding implies that participants' own ethnic backgrounds appear to influence how aware they are of ethnic inequalities in the care system. This suggests that lived experience or cultural context may shape professional perceptions and therefore, highlights a need for training or policies aimed at increasing awareness of ethnic inequalities among all professionals, regardless of their background. However, since the analysis may be underpowered due to small cell counts, these findings should be explored further by additional studies using larger samples.

Table 9: Cross-tabulation of Ethnicity of participant and Witnessed Inequalities

						Total
			Disagree	Neutral	Agree	
Ethnicity	Majority Ethnicity	Count	46	35	73	154
		% within Ethnicity	29.9%	22.7%	47.4%	100.0%
	Marginalised Ethnicity	Count	3	5	33	41
		% within Ethnicity	7.3%	12.2%	80.5%	100.0%

Total	Count	49	40	106	195
	% within Ethnicity	25.1%	20.5%	54.4%	100.0%

Figure 8: Relationship Between Participant Ethnicity and Witnessed Ethnic Inequalities



5.4.2 Participant Age and Witnessing Ethnic Inequalities

An additional Chi-Square Test was performed to investigate the impact of age on witnessing ethnic inequalities within the care system, ($X^2 = 7.34$, df = 4, N = 195, p = 0.12). The age variable was collapsed into three categories; 21-30, 31-50 and over 50 in order to group the ages into more meaningful ranges; early-career, mid-career, late-career. Additionally, this grouping ensures that all cell counts were large enough to make the test valid and results reliable and therefore, avoid the challenges of low cell counts. The test produced a Chi-square statistic of 7.34 with 4 degrees of freedom. The associated p-value was 0.12, indicating that the results were not statistically significant. However, the observed frequencies displayed in

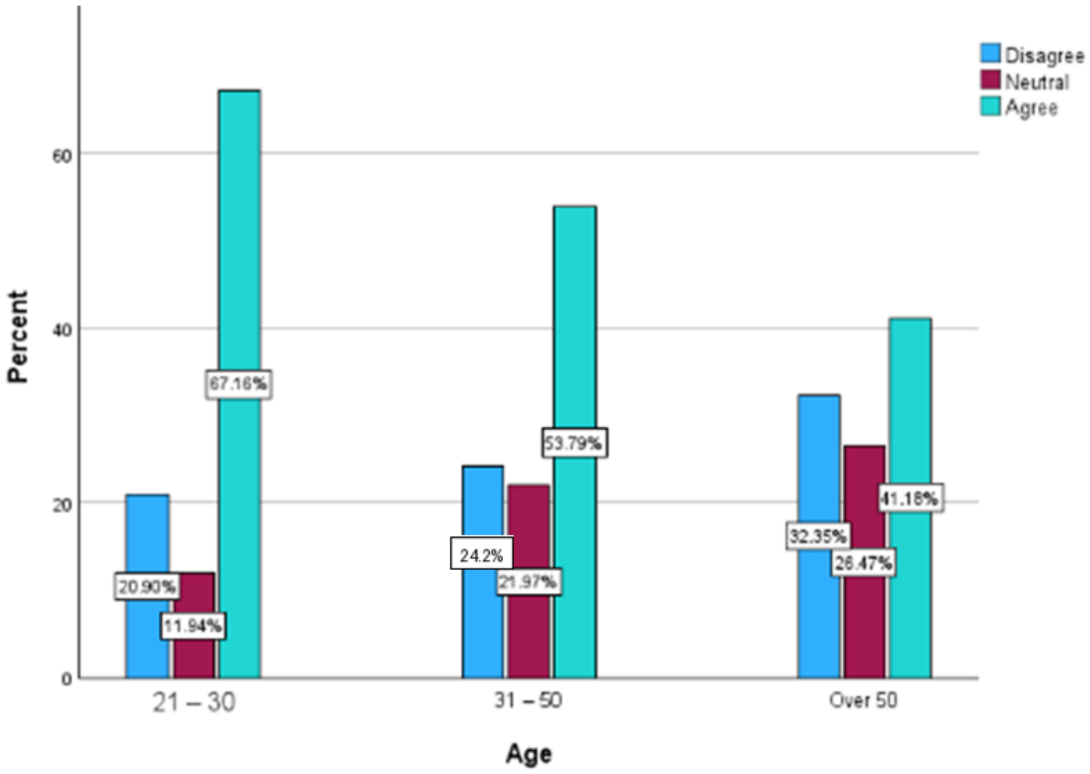
Table 10 found that 67.2% of participants aged 21-30 had witnessed ethnic inequalities compared with only 41.2% of participants aged over 50. Likewise, only 20.9% of participants in the younger category reported not witnessing ethnic inequalities as opposed to 32.4% of participants in the over 50 group. Similarly, Figure 9 displays a trend indicating that the number of participants witnessing ethnic inequalities decreases with age. Therefore, this implies that there is a trend between age and perceived ethnic inequalities within the care system, albeit a moderate relationship where there can be differences within groups. Nevertheless, the trend suggests that younger participants may be more attuned to, or more willing to acknowledge, ethnic inequalities within the care system, which could reflect generational differences in awareness, training, or attitudes toward diversity and inclusion. Furthermore, it is important to acknowledge that the small sample size limits the statistical power of this finding, and replicating this work with a larger size may allow for differences to be better detected.

Table 10: Cross-tabulation of Age of participant and Witnessed Inequalities

			Witnessed Inequalities			**Total**
			Disagree	Neutral	Agree	
Age	21 – 30	Count	14	8	45	67
		% Age	20.9%	11.9%	67.2%	100.0%
	31 – 50	Count	32	29	71	132
		% Age	24.2%	22.0%	53.8%	100.0%

	Over 50	Count	11	9	14	34
		Age	32.4%	26.5%	41.2%	100.0%
Total		Count	57	46	130	233
		% within Age	24.5%	19.7%	55.8%	100.0%

Figure 9: Relationship Between Participant Age and Witnessed Ethnic Inequalities



5.4.3 Participant Experience Level and Witnessing Ethnic Inequalities

To investigate the association between the participant's level of experience and witnessing ethnic inequalities within the care system a final Chi-Square Test was completed, ($X^2 = 8.34$, df = 4, N = 195, p = 0.08). As with the age variable, Experience Level was collapsed into

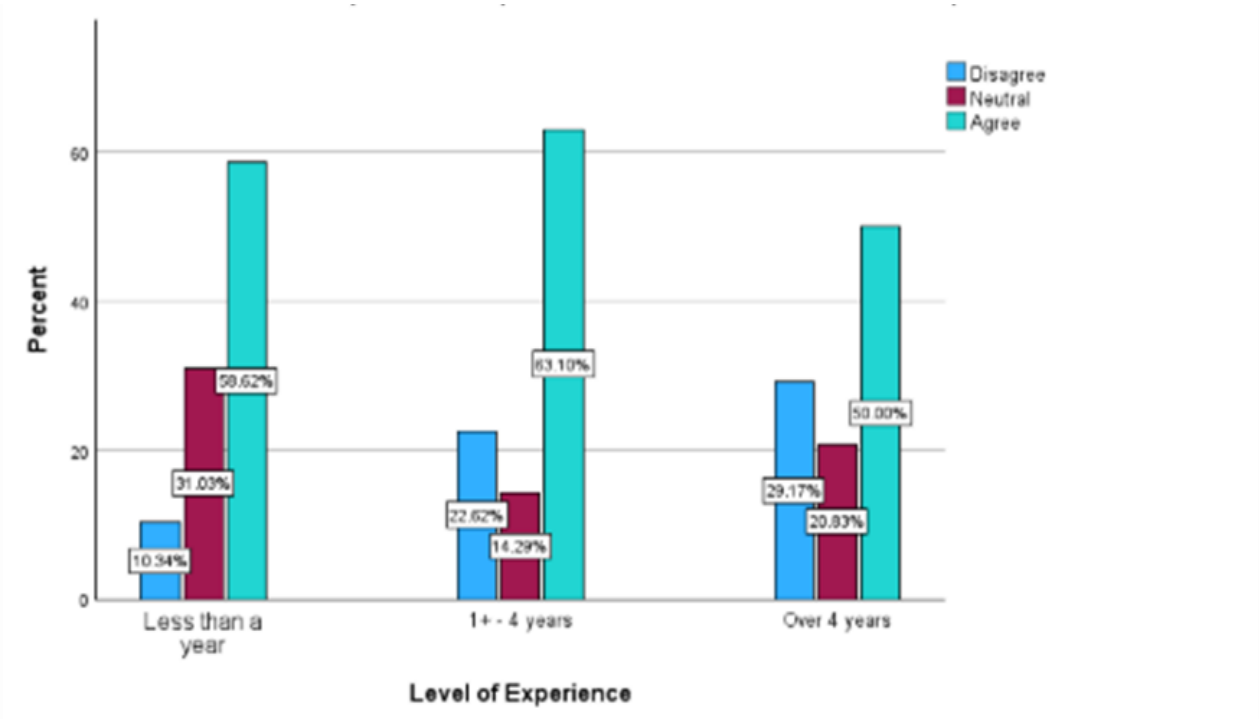
three categories; less than a year, 1+ - 4 years and over 4 years. Table 11 shows a Chi-square value of 8.34 with 4 degrees of freedom. The p-value was 0.08, meaning that the results were not statistically significant. The observed frequencies presented in Table 11 found that 58.6% of participants with less than a year's experience and 63.1% of participants with between 1 and 4 years' experience had witnessed ethnic inequalities within the care system. Conversely, this percentage decreases to 50% for participants with over 4 years professional experience. However, Figure 10 reveals a trend in which the number of participants who reported not witnessing ethnic inequalities increases with greater levels of professional experience. This may imply that more experienced professionals are either less likely to recognise ethnic inequalities, potentially due to desensitisation or embedded professional culture within the care system, or that these inequalities are more visible to those newer to the field due to recent training or shifting cultural awareness, but this cannot be said for all participants within each age group. Therefore, although the results were not statistically significant, there is a trend between level of experience and perceived ethnic inequalities where older groups are less likely to witness inequalities.

Table 11: Cross-Tabulation of Participant Experience Level and Witnessed Inequalities

			Witnessed Inequalities			**Total**
			Disagree	Neutral	Agree	
Experience	Less than a year	Count	3	9	17	29
		% Experience	10.3%	31.0%	58.6%	100.0%
		Count	19	12	53	84

	1+ - 4 years	% Experience	22.6%	14.3%	63.1%	100.0%
	Over 4 years	Count	35	25	60	120
		% Experience	29.2%	20.8%	50.0%	100.0%
Total		Count	57	46	130	233
		% Experience	24.5%	19.7%	55.8%	100.0%

Figure 10: Relationship Between Experience and Witnessed Inequalities



5.5 Summary of Quantitative Findings

It is evident from the survey that the number of referrals into the care system have increased within the past year in child protection professionals perceptions. The primary findings from the quantitative questions imply that there is an underrepresentation of ethnic minority children within the care system and the majority of child protection professionals have witnessed ethnic inequalities and prejudice. The results suggest that this is due to a number of reasons, such as cultural factors, poverty and insufficient levels of training. Additionally, the survey findings have highlighted gaps in the knowledge around different cultures and the need to elevate professionals' understanding around supporting children and families of different ethnicities. Moreover, the findings from the cross-tabulations and Chi-square tests suggest that the ethnicity age and length of service of the child protection professional may influence awareness of ethnic inequalities within the care system, with individuals from marginalised backgrounds, younger participants and those who had worked in the field for a shorter amount of time, more likely to recognise ethnic inequalities. This highlights the role of lived experience, generational shifts in training, and evolving cultural attitudes, emphasising the need for ongoing training and policy development to promote consistent awareness of ethnic inequalities across all levels of experience. Participants' professional roles were not considered in the Chi-Square analysis, as the statistical test aimed to identify overall patterns; the richness of role-specific perspectives is instead captured through the qualitative components of the study. To explore these patterns in greater depth, the following section presents an analysis of participants' responses to the qualitative questions in the survey.

5.6 Qualitative Analysis of the Survey Questions

The open-ended questions within the survey were analysed using Thematic Analysis. One of the most prevalent themes identified from the open-ended survey questions was that the participants had mostly worked with White British children. The research also found that there were low intervention rates with families from the GRT Community. The key finding suggested there was a limited number of child protection professionals who had worked with the GRT Community and lack of engagement has perceived to be the prevalent factor. Many participants associated the prevalence of White British children to the geographic location of their employment. For instance, several of the professionals highlighted that they worked in a 'predominantly White area'. Therefore, the under-representation of ethnic minority children may be dependent on the extent of the region's cultural diversity.

To summarise, the thematic analysis performed on the open-ended questions allowed identification of five key themes. The themes identified were the impact of socioeconomic status, language barriers, cultural factors, disparities in intervention rates and the extent of training required. This next section will explore these themes in-depth and explore the perspectives and experiences of social workers when working with children of different ethnic minorities.

5.6.1 Socioeconomic Status

A key theme identified from the data was the relationship between socioeconomic status and the ethnicity of children entering the care system. This was evident in the responses to questions 5, 6, and 7 where the participants described the ethnicities of the children they had worked with in care.

'*Socioeconomic conditions significantly impact children from all ethnic backgrounds, but [minority ethnicity] children tend to be more concentrated in areas with lower socioeconomic indicators.'(Children's Social Care Professional)*

Many participants reported that the referrals of ethnic minority children came from families of low socioeconomic status and deprived areas.

'I work in a capital city within a very wide and diverse community therefore I have worked with numerous children and young people on our caseloads from areas of deprivation and low on the socioeconomic scale that would identify as being of Black heritage.' (Team Manager – Social Worker)

This quote suggests that a significant proportion of families living in socioeconomically deprived areas belong to marginalised ethnic groups.

This association implies a relationship between socioeconomic disadvantage and ethnic marginalisation, further suggesting that children from ethnic minority groups are disproportionately affected by poverty compared to white children contributing to their overrepresentation in the care system. This highlights the need for policy makers to identify strategies to work with ethnic minority families to improve their quality of living.

Additionally, many participants reported that socioeconomic factors had an impact on the availability of services to ethnic minority families. For instance, asked about the main contributing factors to ethnic inequalities in the children's care system, many participants discussed how certain services may not be available in the more deprived areas.

'Family struggles with poverty and lacks access to proper housing and healthcare' (Child Protection Worker)

In this quote, the participant emphasises the relationship between poverty and limited access to adequate housing and healthcare. This suggests that it is not poverty alone that leads to children entering care, but rather the consequential effects associated with poverty. For instance, the inability to provide a safe home environment and adequate access to healthcare, both essential for healthy child development, may increase the likelihood of social services' involvement in families facing such challenges (Stewart et al., 2016). Paul Bywaters (2020) found that councils in more impoverished areas had less funding available to dedicate to children's services. Additionally, the socioeconomic status of families was the core factor in inequalities related to late intervention. The research concluded that a greater understanding is required into how family socioeconomic status impacts on children's lives. The findings from this study support the responses from the participants and has significant implications for implementing procedures to improve access to services across impoverished areas.

Moreover, several participants specifically linked poverty to digital exclusion, identifying digital poverty as a contributing factor to children entering the care system.

'Digital Poverty – lack of resource and knowledge' (Early Help Coordinator)

Digital poverty refers to a lack of access to digital technologies, such as computers, smartphones, internet connectivity, and the skills needed to use them effectively (Allmann, 2022). In this quote, the participant highlights how digital poverty can hinder families from accessing vital information about child protection and support services. For example, while searching for support services online is often the most efficient method, families affected by digital poverty may be unable to do so. As a result, during times of crisis, they may be forced to rely on slower, less accessible methods, or may not seek help at all. This issue may be particularly pronounced for families without stable housing, as they are less likely to have a reliable internet connection. Such challenges may be especially evident within the Gypsy Community where the absence of a permanent residence often correlates with limited or no

internet access (Townsend et al., 2020). Digital poverty is also prominent for care leavers, as McGhee and Roesch-Marsh (2020) found that many young people leaving care lack access to digital hardware, reliable internet, and digital skills, which in turn limits their access to education, employment, services, and social participation. This quote highlights the need for further research into alternative ways of reaching and supporting digitally excluded families, as well as strategies for reducing digital poverty more broadly.

5.6.2 Cultural Factors

The common themes and statements when discussing cultural factors was the importance of understanding the history, culture, socioeconomic status and family structure of different ethnic groups. Intersectionality elevates professionals' ability to understand how various aspects of a person's identity, such as ethnicity, gender, and socioeconomic status, intersect and influence their experiences. Intersectionality provides a platform for professionals to meet the holistic needs of the family they are supporting.

'Cultural factors and community dynamics may influence the likelihood of reporting child protection issues within specific ethnic groups.' (Team Manager Children's Home)

'People from different ethnic groups may face disparities in access Child Protection services due to factors like cultural bias, language barriers, implicit bias, systemic discrimination and economic disparities. These disparities can result in unequal access to support and protection for children from diverse backgrounds.' (Children's Social Worker)

These quotes demonstrate that children from ethnic minority backgrounds may not receive equitable access to child protection services due to a range of interrelated factors. Together, these challenges can create systemic barriers that prevent families from engaging fully with support services, leading to unequal treatment and outcomes in the child protection system. It

emphasises the importance of addressing both individual and institutional factors to ensure fair and inclusive safeguarding practices.

Cultural differences were frequently discussed in the questions exploring the GRT Community. Key themes identified a lack of trust from parents towards anyone outside of the community. Participants reported having a specialised team to work with the GRT Community due to the challenges experienced.

'We have a specialist liaison team who work with those communities.' (LADO Support Officer)

The specialised teams are operated by the NHS known as the Inclusion Health Group who specialise in supporting individuals who are socially excluded, including those experiencing homelessness, drug and alcohol dependence, vulnerable migrants and Gypsy, Roma and Traveller communities. The key principles of the Inclusion Health Group are:

1. Commit to action on inclusion health
2. Understand the characteristics and needs of people in inclusion health groups
3. Develop the workforce for inclusion health
4. Deliver integrated and accessible services for inclusion health
5. Demonstrate impact and improvement through action on inclusion health

According to a report by The Office for Health Improvement and Disparities (2021) the Inclusion Health Group faces a number of challenges in effectively utilising this model. The primary challenge suggested within the report was limited resources to appropriately support families and staff highlighted discomfort in managing families with socially complex issues. Additionally, the main finding was that external services involved in the care of the child are unable to provide effective support to people from these groups due to their exclusion

policies. These findings reinforce participants' perceptions that families from ethnic minority backgrounds, particularly those within the GRT community, experience unequal access to support from child protection services.

Cultural differences were also prevalent when discussing families of Asian ethnicity, including language barriers, specific gender roles and religious factors. One of the topics discussed by the participants was the parenting styles across different ethnicities. In particular, many participants expressed limited understanding around the methods of discipline used by ethnic minority parents.

'There are also some issues with abusive practices (e.g. physical abuse) being put down to religious or cultural differences "spare the rod, spoil the child"'(Senior Caseworker)

Physical violence against children within ethnic minority families often contributed to the number of children entering care. High levels of domestic violence were reported in the survey, particularly in Asian and GRT Communities. In contrast, according to the Office for National Statistics (2023) a significantly higher proportion of people in the Mixed and White ethnic groups experienced physical abuse in the last year compared with those in the Asian or Asian British groups. However, in the statistics presented by the UK government (2021), data on GRT communities was withheld as the sample size was too small for the information to be reliable. The majority of participants highlighted a lack of understanding within the traveller community of the impact of physical violence on children. These two points align indicating both a lack of reliable data and a broader concern around limited awareness or understanding within the community. This highlights the importance of culturally informed engagement and the need for further research. Similarly, a number of participants reported mental health challenges within the families of the ethnic minority children they had worked with, this was prevalent in families of Black ethnicity, however it was even more evident in families of Asian ethnicity.

'Their families were from low-income areas, with parents with poor mental health.' (Social Worker)

'Risks presented to other young people, mental health needs (undiagnosed/unacknowledged)' (Social Worker)

These quotes support the previous theme by emphasising the influence of socioeconomic factors on children entering the care system. Additionally, they highlight the significant role that parental mental health can play in this process. This is a critical area of concern, as individuals from ethnic minority backgrounds have also been shown to face unequal access to mental health support (Bansal et al., 2022). As a result, these findings highlight the need for further exploration of these inequalities and the development of more equitable approaches to ensure that all families receive appropriate and timely support. These quotes provide an insight into child protection professionals experiences of mental health within parents of ethnic minorities. However, a beneficial area for future research would be to explore the myriad of cultures, nationalities and religions within different ethnicities.

5.6.3 Language Barriers

One of the primary challenges with supporting ethnic minority families was language barriers. Language was reported to be a significant barrier for individuals from ethnic minority groups, especially if services are unable to facilitate an interpreter to communicate in their native language.

'If you do not speak the same language or cannot read or write there are not the same opportunities in accessing Child Protection services.' (Social Work Assistant)

This quote highlights that language barriers can significantly hinder ethnic minority families' ability to access child protection services, particularly when they are unable to communicate effectively with professionals. In addition to language barriers, this quote also highlights

challenges related to limited literacy, such as difficulties with reading and writing. According to the Organisation for Economic Co-operation and Development's (OECD) Programme for the International Assessment of Adult Competencies (PIAAC) survey data (2012), adults in England whose first language was not English, often including individuals from ethnic minority backgrounds, scored significantly lower in literacy assessments, with an average score of 248 compared to 276 for native English speakers.

This finding demonstrates that communication barriers extend beyond spoken language, indicating a need for greater support to assist non-English-speaking families in navigating written information and documentation within the child protection system.

Challenges in verbal communication emerged frequently in participants' responses. Several participants suggested that providing translation and interpretation services can be crucial in ensuring that language barriers do not hinder access to child protection services.

'The opportunity is there for all but the access may be more difficult due to the access to translators' (Referral and Support Planning Manager)

'Ensuring effective verbal communication is key. If a black child or family member is not familiar with English or the local language, seek translation services or use multilingual resources at the time of referral to ensure accurate delivery of information and full understanding by all involved.' (Children's Home Care Worker)

These quotes indicate that, even when adequate services and support networks are available for families in need, they may be of limited benefit to those who do not speak the language and are not provided with translation support, as these families may struggle to understand or access the assistance being offered. This finding may have implications for referral times and a delayed intervention rate, this could result in the child being at risk for a longer period of

time. Additionally, case reviews show that language barriers can sometimes prevent professionals from effectively assessing, supporting and protect families (NSPCC, 2024).

An additional barrier that contributes to challenges in communication is that children often serve as the family's interpreter and parents have limited proficiency in the local language (Kaur and Mills, 2002). Upon reviewing the above quote, it is important to recognise that not all ethnic minority children and families experience language barriers. However, many participants suggested that translation services or multilingual resources should be utilised to ensure the accurate delivery of information and full understanding of both parents and children.

'Using interpreters or translators when needed and being sensitive to non-verbal cures, body language and cultural norms' (Senior Social Worker)

In this quote, the participant emphasises not only the importance of translation services for ethnic minority families, but also the need for practitioners to acquire an understanding of diverse cultural norms. This suggests that communication barriers between professionals and families may stem from more than just language differences. Therefore, in addition to providing translation support, there is a clear need for more holistic training for child protection professionals that encompasses cultural awareness and sensitivity.

Numerous participants stated that families from ethnic backgrounds may have barriers in accessing support, however most participants were uncertain whether this was due to language barriers or a general mistrust of children's services.

'In my role as a dedicated social worker, language barriers impeded effective communication, leading to misunderstandings and delays in receiving crucial services.' (Social Worker)

'Language can be a significant barrier for individuals from ethnic minority groups, especially if services are not available in their native language. Providing translation and interpretation services can be crucial in ensuring that language barriers do not hinder access to child protection services.' (Children's Home Practitioner)

Challenges in communication were also evident with members of the GRT community who may communicate in different languages. Some participants highlighted an integral part of practice is to communicate with the GRT community in a form of communication which promotes understanding. In order to enhance our understanding of the challenges surrounding communication, it is imperative to identify the relationship between language barriers and understanding cultural codes.

Further comments from the participants highlighted that language barriers can make it harder for concerns of abuse to be reported. A key area discussed was the need for proficiency in effective communication and language.

'Offer language and communication training to enable professionals to effectively communicate with children and families who may speak languages other than the predominant language in the area. This can include basic language skills and cultural nuances in communication.' (Social Worker)

'I received a booklet which contained a risk assessment, the UK law and terms and phrases used in other cultures.' (Newly qualified Social Worker)

While these quotes indicate that some language training is offered to child protection professionals, it appears to be relatively limited in scope. In the above quote, the participant references training focused on 'basic language skills', which, although a positive initial step, is unlikely to be sufficient in addressing the complex challenges posed by language barriers. Such basic training may not enable professionals to engage in meaningful, in-depth

conversations with families who do not speak English, or ensure that those families fully understand the processes affecting them and their children. Moreover, a key limitation of this training is that it does not account for the wide range of languages spoken by ethnically diverse families across the UK. Therefore, its effectiveness in supporting these families is restricted.

Utilising a person-centred approach with additional training around phrases from the native language could help to bridge potential language barriers. Basic language skills and knowledge of cultural nuances was highlighted as an area of development needed to provide professionals the skill set to effectively communicate with children and families. For instance, the Office for Health Improvement and Disparities (2021) states that the NHS must offer a professional interpreter to those who speak English as a second language. Therefore, children's services could utilise this as a model to follow.

However, there are some limitations with the language services offered by the NHS. For example, an investigation conducted by The National Register of Public Service Interpreters (2022) found that hospital staff often struggle to contact interpreters during cases of emergency surgery. Additionally, the investigation found that it was not routine to use face-to-face interpreters, instead interpretation services are often provided via telephone. As a result, the quality of the interpretation services was significantly reduced, and miscommunications still occurred frequently. Therefore, if Children's Services start utilising interpreters, it is imperative to overcome these challenges faced by the NHS. This has significant implications for policy makers, in relation to allocating funding for face-to-face interpreters within children's services.

5.6.4 Intervention Rates

A significant theme witnessed was the low intervention rates when working with ethnic minority families. Additionally, participants did highlight the importance of equality and that all children regardless of background, race and ethnicity should receive the same level of support.

'Absolutely, our commitment to equal opportunities in accessing Child Protection services in unwavering. We ensure that regardless of ethnic background, every child receives the same level of attention, care, and support. Our approach is rooted in fairness and a dedication to meeting the specific needs of each child, promoting inclusivity and equality.' (Care Support Worker)

However, having stated the above intervention rates need to improve significantly as inequalities do exist in practice. Many participants stated that ethnic minority families were less likely to seek support and that incidents of child maltreatment were under reported in ethnic minority communities.

'Language barriers can make it harder for these concerns to be reported.' (Trainee Social Worker)

This quote supports the previous theme by highlighting how language barriers can hinder families from reporting child safety concerns. This suggests a risk that such concerns may go unreported, potentially leaving children exposed to harm for extended periods.

Participants raised a number of reasons, including language barriers, limited understanding from parents in how to reach out for support and religious factors such as gender roles. This issue could be addressed by utilising more female professionals when working with ethnic minority families. However, participants stated that female staff were more likely to receive less respect when working with ethnic minority families.

'Lack of respect/value towards female staff' (Social Worker)

According to the Social Worker Headline Report (2024) 83% of the social services department's workforce is female, compared to 17% being male. Similarly, according to Corten et al. (2025), social work programs are receiving a higher proportion of female students. This implies that although gender roles are a contributing factor to the lack of engagement from some ethnic minority parents, it is not the primary factor. For instance, this will not address additional challenges around language barriers or prejudice. Honour based cultural practices provide an additional barrier to any safeguarding concerns being reported as this alone will bring shame to the family unit.

'Differential rates of reporting or identification of child welfare concerns can also contribute to variations in the level of intervention. Cultural factors and community dynamics may influence the likelihood of reporting child protection issues within specific ethnic groups.' – (Children's Social Care Professional)

Inclusivity and ensuring that children's cultural identity is preserved is one of the key components of working within child protection. However, several participants highlighted colossal challenges around fostering children into families of the same ethnicity.

'*Culturally appropriate foster placements are not always available. This could impact a child's religion, their personal care (specifically hair regimes) and access to language at home that differs from English.'(Social Worker)*

The participants highlighted the limited funding and how this has escalated since COVID-19. Funding is very limited depending on the geographic area in which the local authority resides. Due to decreases in funding, participants shared that support in housing, mental health and services that support families have reduced. Lack of funding has also led to

valuable services being closed due to staff shortages and budget cuts. Participants highlighted the importance of all local authorities having sufficient funding to support families in need.

Participants also discussed systemic racism due to a majority White British workforce and unconscious biases that may impact decision-making and interactions with families from different ethnicities.

'Bias from White professionals may hinder the level of assessment and support given.' (Children and Young People Emotional Well-being Practitioner)

Additionally, further statements made by some participants claim that some professionals use poor decision due to limited cultural awareness or a fear of being accused of racism when exploring a family's culture.

'Many White colleagues are either too quick to judge an act or event because they are culturally unaware or too scared to question concerns in case they are accused of racism' (Independent Sexual Violence Advisor)

Limited knowledge and understanding around parental styles may promote a sense of prejudice. Evidence suggests that this is due to families who may not use the traditional parenting methods of the wider British community. This is also consistent with the Senior Casework's quote in relation to abusive practices, such as physical abuse.

'Because parenting styles are different in all ethnic groups' (Child Protective Specialist)

Key actions to address these areas suggested by participants include, exploring issues of racism and discrimination, building a diverse network of cooperation, and providing practical experience and case studies for different ethnic groups.

5.6.5 Training Needs

A final theme to emerge from the qualitative survey questions was the limited understanding of different cultures among child protection staff. While a small number of participants believed the level of training to be sufficient, most participants had received little training around cultural diversity and many went even further to state that they felt they had a lack of understanding different cultures.

'Lack of understanding of cultural norms and values'(Social Worker)

'Definitely not enough training. I have completed one module in 3 years.' (Social Worker)

'There is really a need for better training and a need for multi-ethnic staff. A better understanding is required all around.' (Social Worker, Senior Practitioner)

These quotes emphasise the urgent need to improve cultural awareness among child protection professionals, as well as to increase workforce diversity by recruiting staff from various ethnic backgrounds who can contribute valuable lived experience. Many participants described the training provided as 'basic', with most of the training being self-directed with little variety in training methods.

'There is not enough training for the wide varieties of cultures. It is limited and relies a lot on self-directed learning which is fine to an extent, but does not challenge bias.'(Advanced Social Work Practitioner)

One participant felt that the training was a 'tick-box intervention' and multiple participants felt that the frequency of training was too low, with one participant only having received training once in three years. However, the most prevalent issue was that insufficient time is provided to staff to complete the training due to increased caseloads. This is a significant finding as it highlights that not only do the training materials need to be improved but local authorities also need to allow staff the time to complete the training.

'There is little time for any training in an area where staff turnover and caseloads are chronic.' (Independent Reviewing Officer)

Participants were asked to suggest methods to improve training. Many participants suggested more interactive learning, including lectures, case studies and group discussions.

' Cultural diversity training should use a variety of teaching methods, such as lectures, case studies, group discussions and interactive learning, to help staff better understand and apply the knowledge.' (Children's Home Worker)

Participants felt additional training would be beneficial on topics such as religion, parenting styles and identity. Training on the inequalities faced by different ethnic groups directly from individuals with lived experience would provide a richer understanding on how to connect with families of different ethnicities.

'Training on cultural backgrounds, traditions, parenting styles' (Social Worker)

'Background and Culture and training with lived experience' (Social Worker)

Language barriers were frequently discussed and several participants recommended language training on basic phrases from different cultures. Numerous participants suggested that the training should be more specialised and use a more targeted approach to the local area and ethnic groups within community.

'Regular diversity training, considering parenting in different cultures, including focus on communities local to the workplace, and less common ones.' (Advanced Social Work Practitioner)

Therefore, more joint working and collaborative training would support to share experiences and improve relationships between ethnic minority groups and professionals within the community. Additionally, it would be beneficial to explore the level of funding provided to different local authorities and how this impacts the level of training provided. This finding

significant as improving the level of training provided to staff could help to reduce the ethnic inequalities within the children's care system.

5.7 Summary of Qualitative Findings from the Survey

The qualitative findings highlight the significant impact of socioeconomic status on children from ethnic minority backgrounds. Many participants reported higher levels of poverty among ethnic minority families, exacerbated by their residence in economically deprived areas with limited access to services due to insufficient funding from local authorities. This finding highlights the critical role of policymakers in allocating resources to councils in more economically deprived areas. Additionally, language barriers were identified as being one of the primary challenges in providing timely interventions with ethnic minority families, resulting in prolonged risks to the children. Therefore, addressing these language barriers must be a key area of focus for policy makers and future research, such as through implementing interpreters or providing basic language training to staff. Understanding cultural codes is key, for example the families cultural values, traditions and norms is an integral part of providing a more effective way of working with families of different cultures. Cultural factors, including diverse parenting styles and disciplinary methods, can contribute to underreporting of child protection issues.

Many participants discussed a limited understanding around cultural differences and highlighted that this is a crucial topic for training. It was evident from the qualitative responses that participants felt that the existing training on cultural diversity was insufficient and the training could benefit from the insights of individuals with lived experiences to provide a deeper understanding of cultural diversity and its implications for child protection services. Additionally, the training material provided for child protection professionals is very limited and focused on self-directed learning. However, in order to provide more

comprehensive training, participants had highlighted the need for variation in learning such as face to face, lectures, more joint up working with other children's services, group discussions and case studies. This holistic approach is essential for providing equality across child protection strategies for families of all ethnic groups.

5.8 Drawing together Qualitative and Quantitative findings

The integration of the qualitative and quantitative findings suggests similarity in both results. The quantitative findings highlighted that there may be an underrepresentation of ethnic minority children within the care system, with combined responses of agree and strongly agree totalling over 50%. This is consistent with the qualitative data as the participants had mostly worked with White British children. Additionally, the participants reported low intervention rates with families from the GRT Community, with lack of engagement being the most prevalent contributing factor. This correlates with the quantitative findings as 66.8% had never worked with children from the GRT Community. The quantitative analysis also found that the majority of child protection professionals had witnessed ethnic inequalities and prejudice within the care system, with combined responses of agree and strongly agree totalling over 53.3%. This finding was also evident in the qualitative responses as several participants discussed witnessing prejudice and discrimination throughout their roles.

It was evident in both the quantitative and qualitative findings that a relationship exists between socioeconomic status and the ethnicity of children entering the care system. For instance, when asked to provide details about the ethnicities of the children they had worked with, the participants stated that referrals of ethnic minority children came from families of low socioeconomic status and deprived areas. This is supported by the results of the quantitative question surrounding the primary reasons behind the ethnic inequalities, as 61.8% believed that socioeconomic factors were the main contributor to the ethnic

inequalities. The qualitative data proved highly beneficial in providing additional context to the participant's quantitative responses. For instance, a key finding from the quantitative data was that cultural differences were one of the primary contributing factors, with 64.1% responding agree or strongly agree combined. The open-ended survey questions provided an opportunity for participants to elaborate on the specific cultural factors impacting the ethnic inequalities. For example, many participants highlighted that language was a significant barrier for individuals from ethnic minority groups. Many participants suggested that providing translation and interpretation services would be crucial in ensuring that language barriers do not hinder access to child protection services. This highlights the need to identify the relationship between language barriers and understanding cultural codes. Additionally, the influence of cultural factors was extended further in the qualitative responses as participants described how honour based cultural practices provide an additional barrier to any safeguarding concerns being reported as this alone will bring shame to the family unit.

The qualitative questions also allowed the participants to discuss funding, a topic that was not addressed in the quantitative questions. Participants reported that funding is very limited depending on the geographic area in which the local authority resides. Participants highlighted the importance of all local authorities having sufficient funding to support families in need. Additionally, there were notable similarities between the quantitative and qualitative analysis regarding the questions associated with staff training. The quantitative questions found that there are gaps in the knowledge around different cultures and there is a need to elevate professionals understanding around supporting children and families of different ethnicities, with 73% agreeing to this question. This is consistent with the qualitative responses where participants also reported receiving little training around cultural diversity. However, the open-ended questions allowed the participants to extend this further and in particular highlighted that is insufficient time is provided to staff to complete the

training due to increased caseloads. This emphasises the importance of the open-ended questions in gaining an insight into concepts which may not have been raised in the quantitative questions alone.

5.9 Using survey findings as an informant

Following the survey findings, it became apparent that understanding the deeper context to these findings and themes would permit better answering of the research questions. In line with the explanatory sequential mixed-method design, follow-up semi-structured interviews were conducted with 7 child protection professionals from a multi-level perspective. A multi-level perspective entails recruiting a sample of participants representing various job roles and hierarchical levels, including Team Leaders, Deputy Managers, as well as both senior and junior social workers (Nicklas et al., 2017). The aim of using a multi-level approach is to provide a deep, layered understanding to understand how participants understand some of the main findings and tensions raised in the initial survey. For instance, the chi-squared test revealed a significant trend indicating that the proportion of participants reporting no observation of ethnic inequalities increased with higher levels of professional experience. This finding suggests that factors such as experience level or job role may influence individuals' perceptions of ethnic inequalities. Therefore, this highlights the importance of adopting a multi-level research perspective, which should be maintained throughout the interview process. The next chapter will outline the methodology for the interviews, followed by discussing the main findings in relation to contemporary debates and issues in the academic and policy field.

Chapter 6 – Phase 2: Interviews with Social Care Professionals

6.1 Survey to Interview Process

The findings presented in Chapter 5 have established a foundational understanding of the key themes related to child protection professionals' perspectives on ethnic inequalities. The survey conducted has identified significant contributing factors to these disparities. The insights gained have laid the groundwork for further exploration of the identified themes. Interviews were conducted to deepen the understanding of the survey findings. The primary aim was to explore the key themes in greater detail by structuring and framing the interview questions around these themes.

6.2 Interview Methodology

6.2.1 Interview Definition

In the context of research an interview refers to a qualitative research method involving questioning participants to elicit information (Creswell et al 2018). The term "qualitative interview" is commonly used to describe various types of interviews employed in qualitative research (Bryman, 2012). These interviews aim to gather in-depth, rich data by allowing participants to express their thoughts, feelings, and experiences in a more open and flexible format compared to structured methods. What sets qualitative interviews apart is their inherent flexibility, allowing researchers to adapt their questions and approach based on the responses and needs of the participant during the conversation. This adaptability is particularly beneficial in exploring complex or sensitive topics (Lim, 2024).

Semi-structured interviews provide a framework of open-ended questions, allowing for flexibility in the conversation. This structure enables participants to answer more freely, while the researcher can probe deeper into responses to uncover additional insights. In depth interviews, In contrast, are more focused and often concentrate on one or two specific topics in great detail. These interviews aim to explore a participant's perspective and understanding of a particular issue, providing a deeper and more comprehensive understanding of a subject (Britten, 1995). In qualitative research, the interview process is not just a tool for data collection, it plays a significant role in shaping the experiences of the research participants. Researchers, such as Brannen (1988), have emphasised the strong emotional and social meanings that the interview holds for participants, particularly when discussing sensitive topics. The interview setting can provide a space where participants reflect on and articulate their experiences, which may not have been previously expressed. For participants, these interviews can be opportunities for personal reflection and self-expression.

Furthermore, Presser (2004) argues that the research interview is not only a site for gathering data but also for the construction of moral identity. Through the interview, participants may navigate and express their moral values, beliefs, and self-conceptions. This is particularly relevant in interviews that explore difficult or ethically charged topics, where participants may feel the need to align their responses with certain social or cultural norms. The process of answering questions, especially those related to sensitive or personal experiences, allows individuals to present themselves in particular ways, potentially impacting how they perceive themselves and how they wish to be understood by others.

In conclusion, the flexibility and adaptability inherent in qualitative interviews make them powerful tools for exploring complex, sensitive topics and constructing meaningful connections with participants. The different types of qualitative interviews structured, semi-structured, and in-depth interviews provide researchers with varied ways to explore issues in

detail. By recognising the profound impact of the interview process on both the researcher and the participant, qualitative interviews offer valuable insights into the construction of meaning, identity, and personal reflection within the context of research.

6.2.2 Interview Format

Semi-structured interviews were chosen for the qualitative component, which involved open-ended questions directed at child protection professionals working within children's social care. A semi-structured interview refers to an interview where the interviewer follows a set of questions outlined in an interview guide but has the flexibility to adjust the sequence of questions. These questions are often more general in scope compared to those in a structured interview schedule, allowing the interviewer the freedom to explore significant responses further (Bryman, 2012). Semi-structured interviews were selected as the method of data collection as they will generate a rich source of information and allow the researcher to observe non-verbal cues and spontaneous responses from the participants (Burkette, 2022). The interviews were semi-structured to allow the participants the freedom to express their opinions in their own words, identify patterns and elevating understanding of events (Bryman, 2012). A semi-structured interview has been referred to as a ‘conversation with a purpose’ (Burgess, 1984). The researcher prepared fifteen questions prior to the interviews, however it was acknowledged that the conversation may deviate from these questions when appropriate. To explore the qualitative findings from the survey in more detail, the interview questions were organised into five sections, each corresponding to one of the identified themes. Each section included three interview questions designed to explore key aspects of the respective theme in greater depth with the participants.

6.2.2.1 Interview Questions

The intersectionality of socioeconomic status: -

1. Can you tell me about any strategies in place to ensure that services are reviewed regularly and tailored to meet the specific needs children and families from different ethnic backgrounds?
2. What key strategies need to be implemented to improve the quality of children's services within low socioeconomic areas? i.e. funding, improved staffing
3. If additional funding was provided, which key areas would need to be improved to promote more effective services to support ethnic minority families?

Language Barriers: -

4. How do child protection services currently address language barriers when supporting diverse communities? Are there any specific language programs or resources in place?
5. Can you describe any training sessions you have undertaken specifically aimed at promoting the use of inclusive language?
6. Can you describe any resources which would help raise awareness of different cultural codes and assist with mitigating issues surrounding language barriers?

Cultural Factors:

7. What is your experience of working with specialist teams within children's services who exclusively support families from ethnic minority backgrounds?
8. Evidence suggests that in certain cultures it is not appropriate for a woman to engage with a male professional. Why do you think that this is the case and would utilising more female staff to support families with these beliefs help in improving the intervention rates?

9. Intersectionality elevates professionals' ability to understand various aspects of a person's identity. In what ways, if any, might high volumes of caseloads hinder the level of information provided on the intersectionality of the families?

Intervention Rates:

10. How do child protection services promote multi-agency working and collaboration with other community organisations?
11. Can you describe any community engagement programs or initiatives that child protection services are involved in? How do these programs enhance community involvement and inclusion?
12. How can we encourage families to raise concerns regarding safeguarding? i.e. more interventions raising awareness of available services, more clarity on the process of raising a concern, more information on the consequences for the children and family if these concerns are not raised?

Training:

13. How can we ensure that training provided on cultural diversity is sufficient enough to address the diverse needs of different ethnic groups?
14. Can you describe any training you have received on cultural diversity from individuals with lived experience? Can you explain how this training would be useful?
15. How frequently are you asked to participate in group supervisions dedicated to addressing cultural diversity within children's services? Can you explain how group supervisions would be useful?

Unstructured interviews were considered as an alternative method, however the researcher elected to include several prepared questions to enable a deeper and more targeted

exploration of participant perceptions with an emphasis on the themes identified. The flexible nature of a semi-structured interview enabled the researcher to encourage participants to elaborate on responses or ask impromptu follow up questions. Each interview was planned to last approximately 45 minutes, allowing ample time to address each question thoroughly, giving participants the opportunity to elaborate on their responses if needed, while also minimising pressure on busy child protection professionals.

6.2.2.2 Duration and Recording Methods

The research interview questions were conducted between July 2024 – September 2024. The interviews varied in length from 25 minutes to 40 minutes with the average interview lasting 30 minutes. The interview questions explored the participant's views and experiences of ethnic inequalities within children's social care. Four interviews were conducted over Microsoft Teams and three interviews were completed telephonically.

Prior to formally beginning the interviews, the researcher introduced themselves and explained the aims of the interview. The five key themes identified from the survey were also shared with participants to provide context. This introduction was delivered in a warm, conversational tone, and participants were thanked for their time and willingness to contribute. The researcher then outlined the interview format and estimated duration, provided reassurances regarding confidentiality, and reminded participants of their right to withdraw at any point. To help ease participants into the discussion, the interview began with non-sensitive questions, such as their job title and length of service. Throughout the interviews, prompts were provided to gain more clarity of the answer and to simplify the question in order for the participant to respond effectively. Additionally, there was an opportunity for the participants to expand on their thought or if they wish to add more

information to the answers provided and any evidence-based practices that they wish to share in their role working within child protection.

6.2.3 Interview Setting

COVID-19 restrictions have transitioned in-person qualitative research interviews to virtual platforms (Oiffe, 2024). Online research methods, also referred to as virtual methods (Hine, 2005; Joinson, 2005), internet research methods (Van Selm and Jankowski, 2006) or internet methodologies (Mann and Stewart, 2000), have been transforming qualitative research processes from the late 1980s onwards. Now, the COVID -19 pandemic has forced many researchers to confront the issues involved in online interviewing within an unusually short time frame (Khan and MacEachen, 2022; Pocock, et al., 2021). Although this research was conducted post-COVID, the increased normalisation of online interviews made this a valid and appropriate option to offer participants.

Child protection professionals comprise a hard-to-reach population due to high workloads and time constraints, meaning they may have to prioritise professional responsibilities over research participation (Fives, 2011). Social workers also operate in diverse work environments, including, hospitals schools, government agencies, and non-profit organisations which can make it challenging to reach a representative sample (Ellard-Gray et al 2015). Additionally, child protection professionals may have concerns regarding confidentiality and ethical implications related to the children they work with, making them hesitant to participate in research that could involve sharing sensitive information or experiences (Gřundělová et al., 2024). In the context of this research, concerns about sharing sensitive information and personal experiences were particularly relevant, as participants were asked to discuss the topic of ethnic inequalities, including issues related to racism and discrimination. Therefore, ensuring and maintaining confidentiality was of critical

importance throughout the research process. As a result, arranging face-to-face interviews would be challenging. Therefore, participants were offered the option of completing interviews either via telephone or through Microsoft Teams, allowing them to select the format that best suited their preferences and availability. This approach was adopted to ensure the research process remained participant-focused, enabling contributors to engage in a way that was convenient and comfortable for them while recognising and respecting the significant professional commitments associated with their roles.

These methods allow the researcher to maximise the benefits of the interview method, such as observing body language and non-verbal cues while still being able to recruit enough participants to provide a rich data source. The advantages of using online interview include decreased cost (Novick, 2008), increased access to geographically disparate participants (Sturges and Hanrahan, 2004), increased interviewer safety (Carr and Worth, 2001), and the ability to take notes discreetly. Online interviewing allows participants to remain on "their own turf" (McCoyd and Kerson, 2006), permit more anonymity and privacy (Sturges and Hanrahan, 2004) and decreases social pressure. Additionally, to increase privacy and anonymity, the participants will also be provided with the option to participate in the interviews via telephone. A key limitation of conducting telephone interviews is that the researcher will no longer be able to analyse the participants body language. However, an advantage of this is that telephone interviews will simultaneously reduce the non-verbal cues exhibited by the researcher which could influence the participant's responses (Vogl, 2013).

6.2.4 Ethics

A separate application was submitted to the Faculty Research Ethics and Governance Sub Committees Swansea University (see Appendix 1.2). This application specifically focussed on the follow-up interviews with child protection professionals and received approval on 10th

June 2024 (9910). Discussing ethnic inequalities is a particularly sensitive subject for participants working in child protection due to the complex and often deeply personal nature of the issues involved (Dempsey et al., 2016). Therefore, avoiding harm was a key focus of the ethics application, as the participants may have felt concerned about unintentionally offending others, being perceived as biased, or the interviews reflecting negatively on their professional practice or organisation. Additionally, the topic intersects with broader systemic and organisational challenges, which could provoke feelings of discomfort, defensiveness, or vulnerability. These sensitivities required a thoughtful and respectful approach to ensure the participants felt safe and supported in sharing their perspectives (Elam and Fenton, 2010).

Consent and confidentiality were also key considerations within this ethics application. Therefore, prior to taking part all participants were provided with an overview of the research and were required to sign a consent form. Additionally, the interviews were only recorded when the participants gave consent and the recordings were stored on a password protected laptop and only accessible for a minimum of 10 years after completion of the research. This ensured that only the researcher had access to the data. All participants provided consent to be recorded, however, had any declined, detailed field notes would have been taken to document their responses to each interview question. These field notes would also have been securely stored on a password protected laptop and scheduled for deletion no later than ten years after the completion of the research.

6.2.5 Sampling and Participants

Interviews were conducted with a total of seven child protection professionals. Purposive sampling was utilised to ensure that only participants actively working within children's social care were eligible to take part in the study (Campbell et al., 2020). Participants were considered eligible for recruitment if they were over the age of 18 and currently employed in

social care within the UK. There was no minimum requirement for length of service in the sector. This decision was based on the premise that social care is a dynamic and continuously evolving field, and that valuable insights can be gained from practitioners at all stages of their professional journey. Additionally, a sample size of seven participants was considered sufficient, as the primary aim of the qualitative interviews was to obtain depth and richness of data, rather than statistical generalisability. In qualitative research, the concept of data saturation, where no new themes or insights emerge, can often be reached with as few as six to twelve participants (Guest, Bunce and Johnson, 2006). After conducting interviews with seven participants, it became evident that no new themes or perspectives were emerging. Therefore, seven interviews were considered adequate to strengthen the findings from the survey by providing deeper contextual understanding.

Table 12 presents the demographic data of the participants, indicating that there were four males and three females, with four participants of Black ethnicity and three of White ethnicity. Additionally, six participants were based in England and one in Wales. The sample consisted of four social workers, one children's home team leader, one deputy manager within a children's home and one safeguarding officer. Numerous benefits have been found to using a multi-level approach in research. For instance, recruiting participants with different levels of experience can lead to more diverse insights and a more representative sample. This diversity can enrich the findings and enhance the generalisability of the data (National Institute for Health and Care Research, 2021). By including participants from various hierarchical levels or roles, a more holistic understanding can be gained of the challenges faced by child protection professionals in supporting ethnic minority families.

Table 12: Demographics of Interview Participants

Pseudonym	Type of Organisation	Job Title	Location	Ethnicity
1. Peggy	Local Authority	Senior Social Worker	England	Black
2. David	Local Authority	Social Worker Assistant	England	Black
3. Ralph	Local Authority	Social Worker	England	Black
4. Rosalind	Local Authority	Social Worker	England	Black
5. Sophie	Children's Home	Deputy Manager Children's Home	England	White
6. Jon	Children's Home	Team Manager Children's Home	England	White
7. Barry	Local Authority	Safeguarding Officer	Wales	White

As with the survey, the interview participants were recruited using volunteer sampling through contacting local authorities and children's homes. Additionally, the interviews were advertised on various social media platforms, including Facebook, X, LinkedIn and Prolific. Ensuring honesty and trustworthiness in qualitative interviews is essential, as these factors underline the credibility and authenticity of the data collected (McKim, 2023). Therefore, participants were only considered eligible for recruitment if they were over the age of 18 and working in social care within the UK to ensure they were credible and trustworthy. Due to challenges in recruiting a sufficient number of participants, the same incentive was utilised as with the survey, whereby interview participants were offered the opportunity to enter a prize draw to win a £25 Amazon voucher.

6.2.6 Interview Analysis

6.2.6.1 Transcription process

The transcription method utilised was Intelligent Verbatim, with filler words and false starts removed. This approach was particularly useful for analysing participants' responses through Thematic Analysis, where the contextual meaning was more valuable as opposed to the exact form of speech (Halcomb and Davidson, 2006). Additionally, this method enhanced clarity when directly quoting participants in the research findings. The interviews were transcribed directly by the researcher to ensure they were fully immersed in the dataset, as it was necessary to listen to the recording of each interview several times in order to complete the transcription (Braun and Clarke, 2003). Another advantage of the researcher transcribing is that they have participated in both the verbal and nonverbal exchanges with the participants. The main disadvantage of this approach was the time taken to complete this stage of the project. Britten (1995) estimates that a one hour interview can take six to seven hours to transcribe. However, the use of the Intelligent Verbatim approach also contributed to greater efficiency, as it reduced transcription time by eliminating the need to capture finer details such as intonation, pitch, and pauses (Powers, 2005).

6.2.6.2 Analytical approach

The responses to the interview questions offered a diverse perspective on the experiences of child protection professionals, reflecting influences across multiple ecological levels consistent with Bronfenbrenner's theory, from direct practice with families to broader organisational and societal contexts. While the survey consisted of broad, foundational questions, such as whether participants had worked with a significant number of ethnic minority children, the interview questions were more targeted, focusing on particular findings from the survey. These included inquiries about whether participants had received specific

training on cultural diversity or language programs, acting as an extension to the initial survey results.

The qualitative interview data was analysed using Thematic Analysis, as outlined by Braun and Clarke (2013). This method was selected for its flexibility and its suitability for capturing the individual perspectives and lived experiences of the child protection professionals. The researcher engaged in a systematic and detailed process, beginning with an immersive review of the interview transcripts. Through a detailed line-by-line coding process, key features of the data were identified and organised. These initial codes were then reviewed and grouped into broader patterns and themes. Each theme was explored in depth, supported by quotes from participants to ensure transparency and authenticity in the analysis. Additionally, relevant academic literature was integrated throughout to elevate understanding of the findings. Thematic Analysis proved to be a suitable approach for this study, providing a foundation to explore child protection professionals' individual insights, beliefs, and experiences regarding systemic inequalities within the children's care system.

6.2.7 Reflexivity and Researcher Role

As a White, Welsh female researcher with professional experience in children's residential care, I was aware that my identity and background could influence the interview process. Reflexivity was central to my role as a researcher, ensuring that participants' voices were prioritised and not overshadowed by my own perspectives. My familiarity with the sector helped in building rapport and interpreting underlying details in participants' responses (Latchem-Hastings, 2018). In my role as a researcher, I aimed to create a safe and respectful environment, promoting honest and thoughtful engagement while critically reflecting on my influence throughout the interviews. Failure to integrate reflexivity could have led to biased interpretation of data, over-identification with participants, or failing to capture all

perspectives that differed from my own. By actively practicing reflexivity, the quality and reliability of the qualitative data was improved. During the thematic analysis, subjectivity was further managed by systematically coding data and regularly discussing emerging themes with supervisors to ensure that interpretations remained focussed participants' accounts rather than personal assumptions.

6.3 Thematic Analysis

The research used thematic analysis to identify five key themes. Three of the themes were very closely aligned with the findings from the survey; Poverty and Limited Knowledge of Services, Language Barriers and Training Needs. However, two additional themes emerged that extend beyond the survey data, offering a deeper insight into the challenges faced by child protection professionals in supporting ethnic minority families. These themes were limited funding and the impact of high caseloads. These themes highlight the core issues that policymakers must address to reduce ethnic inequalities within the children's care system and to support practitioners in working with ethnic minority families. The themes also emphasise the need for action across multiple levels of the professional hierarchy, from frontline practitioners to senior leaders and strategic decision-makers, to ensure that all staff are equipped and supported in their work with ethnic minority families. This section explores each theme individually and then discusses their interconnections.

6.3.1 Poverty and Limited Knowledge of Services

6.3.1.1 Poverty

Many key themes were identified from the interviews, however all participants shared that challenging financial circumstances contribute significantly to families requiring support from professionals.

'We do have a lot of children that have come from poor social economic backgrounds and you know, it's fairly sad that poverty is still a prevalent factor in society these days' (Deputy Manager Children's Home)

'It needs more funding because working in a place with lots of families from poor backgrounds is very difficult. Sometimes there are financial issues and no financial support to help'. (Social Worker)

These quotes highlight the prevalence of poverty among children who enter the care system, an insight that closely aligns with the survey responses. This finding indicates that an intersection exists between socioeconomic background and the likelihood of children entering care. This is consistent with current literature which has found an association between child poverty and the number of referrals to the children's care system (Bennett et al., 2022; Turner, 2022). However, it is also important to understand the reasons behind the complex relationship between poverty and children entering care in the UK. Participants addressed several of these reasons during the interviews:

'Some families find it difficult to even feed their children on a daily basis. Normally, we know we're supposed to eat three square meals but some people find it very difficult to eat. So they should get help and be supported financially' (Social Worker Assistant)

'At times children know when their parents don't have food' (Social Worker Assistant)

In these quotes, the participants explain how financial struggles can impede parents' ability to provide adequate food for their children. In the second quote, the participant discusses the subsequent effects that poverty can have on children. The quote highlights that children are often aware of their parents' financial struggles, whether or not this is explicitly communicated. This awareness can lead to increased stress and anxiety for the children (Pinter et al., 2016), which may, in turn, contribute to their entry into the care system. This

serves as a key example of the numerous difficulties and challenges families encounter due to low income.

6.3.1.2 Limited knowledge of Services

A further key finding from the interviews is that families may not always be aware of the available support services. Participants repeatedly emphasised the crucial need to raise awareness of the available support within low socioeconomic areas.

'Educating all of what services are available in regards to low socioeconomic areas and how to implement strategies and where to go to in regards to phone numbers emails or other professionals talk to at the same time in regards to additional information' (Safeguarding Officer)

'Better guidance on all the services available in poorer areas is very important, this includes who to contact and how to access support.' (Social Work Assistant)

Both of these quotes highlight that there are notable gaps in service awareness in low socioeconomic areas, highlighting a pressing need to develop strategies for help. The Safeguarding Officer's statement suggests that a starting point could involve straightforward measures, such as providing struggling families with contact information for available support services. This is reflected in current research, such as an annual review conducted by the charity Action for Children (2014), which included online surveys and discussion groups with 1,970 adults. The results revealed that 53% of participants indicated they would be more likely to report a case of child maltreatment to a family member, partner, friend, or neighbour rather than a child protection professional, with only 22% turning to social services. The review found that participants who were unaware of whom to contact were significantly less likely to report child maltreatment to social services. These findings have critical implications, suggesting that limited knowledge about whom to contact may deter individuals

from reporting instances of child maltreatment. This highlights the importance of the Safeguarding Officer's suggestion to provide struggling families with relevant contact information.

Additionally to the above quotes, several participants discussed the variety of methods utilised to raise awareness of available support services. The social worker describes cross-service working through collaborating with community centres, schools and religious institutions.

'We've held information sessions and workshops at community centres, schools, and religious institutions to spread the word about child protection services and how we can help families. We also hand out brochures and flyers to local organisations so families know about the services we offer.' (Social Worker)

Cross-service working offers numerous benefits, including enhanced communication among different services, which reduces misunderstandings between social services and community organisations, resulting in faster responses.

This collaborative approach allows various groups to pool their resources, knowledge, and expertise, therefore maximising their capabilities (Quinney et al 2018). Additionally, it helps build stronger community connections (Dougall et al., 2023), improving relationships between children's services, religious groups, and community centres. Cross-service working also enhances advocacy and influence for marginalised families, as different agencies and community groups can collectively amplify their voices on critical issues, advocating more effectively for policy changes and resource allocation that benefit the communities they serve (Morland et al., 2005). Additionally, this collaborative framework provides child protection staff with opportunities to learn from diverse groups within the community, raising awareness

and understanding of cultural diversity and the unique needs of various populations (Walsh, 2020).

The social worker highlights the value of community engagement through collaboration with religious institutions and local organisations. Religious institutions, often trusted within diverse communities, can serve as effective bridges between families and child protection services, particularly for those hesitant to engage with formal systems (Local Government Association, 2017; Baker, 2020). They offer opportunities for engagement through events and provide cultural insights that can help tailor services more effectively (Dombo, 2023; Mayer and John, 2017). Alongside this, the social worker discusses the delivery of workshops and information sessions in collaboration with community groups. These sessions promote awareness of available services and foster two-way dialogue, allowing families to ask questions, provide feedback, and build trust with practitioners (Pullan, 2021; Alminde and Warming, 2020). They also serve as platforms for sharing practical information about support, funding, and local initiatives (Simons et al., 2015). The use of physical materials, such as brochures and flyers, is noted as an inclusive strategy to ensure accessibility, particularly for individuals with limited digital literacy. These materials support engagement during sessions and can increase visibility when distributed in public spaces (Rawashdeh et al., 2021; Costa and Azevedo, 2024). However, it is also important to acknowledge the limitations with physical materials, such as the risk of materials becoming outdated or lost, and the financial burden of printing, especially for budget-constrained authorities (Hou et al., 2017).

6.3.1.3 Raising Awareness in Marginalised Communities

Participants also highlighted the challenges with promoting a level of engagement and support with the GRT community.

'I haven't worked with the Gypsy community, but I can imagine it can be really tricky to get information out to some communities, like the Gypsy community, because not everyone has a permanent address. You can't just rely on sending letters and expect them to reach everyone.' (Social Worker)

Those who maintain a traditional, nomadic lifestyle may reside temporarily on authorised or unauthorised sites (Salemink, 2016). As highlighted by the Social Worker, this can complicate efforts by children's services to distribute flyers, brochures, or other materials through the post or door-to-door engagement (Townsend and Salemink, 2020). Additionally, while many in the GRT community do have internet access, it can be intermittent. Families who travel frequently or live on temporary sites may rely on mobile data through personal hotspots, which, while offering flexibility, can be costly and subject to inconsistent coverage depending on the region (Townsend et al., 2020). This is supported by a study from the charity Friends, Families and Travellers interviewed 50 people from GRT communities across the UK back in 2018. The aim of the research was to explore the extent of digital inclusion and identify barriers for GRT communities in digital participation. The study found that only 38% of Gypsies and had a household internet connection, compared to 86% of the general population. These findings highlight significant challenges for raising awareness of child protection services, as families in the Gypsy community may also be overlooked when information is shared primarily online.

This was evident in the interviews, as none of the participants had worked with the GRT community. Some participants even stated that they had not worked with many children from diverse ethnic backgrounds.

'*I have not come across children with ethnic backgrounds within my area of expertise and so I am unaware of any services that are available in regards to differentiating ethnic*

backgrounds compared to within our community backgrounds of a White ethnic background' (Safeguarding Officer)

'There's hardly any ethnic minorities that have been through here' (Team Leader Children's Home)

This quote is consistent with the concepts identified in Chapter 2, highlighting that children from the GRT community are marginalised in the children's care system. For instance, the low intervention rates among GRT community families may not reflect a lesser need for child protection but rather limited awareness within the community of available support and services. In contrast, much of the existing literature identifies an overrepresentation of children from the GRT community within the children's care system. This suggests that, despite their overrepresentation, these children may not frequently appear on the caseloads of many social workers. Further research is therefore needed to explore the factors contributing to this disparity, including the potential influence of geographical distribution and variations in intervention rates.

This is consistent with current research, for instance a study by Allen and Hamnett (2022) explored the limited intervention of child protection services with GRT communities. The analysis identified a sense of fear, uncertainty and hesitation within child protection services which contributed to strained relationships with families and therefore, hindering engagement from the GRT community. This apprehension among practitioners has a ripple effect, fostering a sense of fear and mistrust within GRT community families toward child protection services (Allen and Hamnett, 2022). These findings highlight the need to explore methods of raising awareness that effectively reach marginalised communities, like the GRT community.

6.3.2 Implications of Limited Funds

6.3.2.1 Limited Funding

During the interviews the participants shared that funding was a prevalent challenge within the construct of the children's care system.

'Funding is a challenge, we do everything we can to support families. However, due to the area we have limited resources and there is a need for more funding to provide more resources.' (Social Worker)

'Funding is a massive thing that needs to be implemented because it is important that each child is treated in the same way and given the same opportunities' (Deputy Manager Children's Home)

The quotes clearly indicate that participants believe they are doing everything within their power to support struggling families. This suggests a robust work ethic within the social care sector, as well as a high level of commitment among workers to assist the families and children they serve. However, this dedication is hindered by insufficient funding within the sector, which restricts practitioners from delivering the level of service they aspire to provide. Consequently, these quotes imply that the primary issue requiring attention lies not with the practitioners themselves, but rather with policymakers and the government, who determine funding allocations to local authorities and children's services.

6.3.2.2 Impacts of Limited Funding

The participants proceeded to describe the impacts of limited funding, particularly regarding the restrictions on services available to support ethnic minority families.

'It's crucial to have proper funding in place so that each child can be supported equally and no one misses out on opportunities because of financial strain.' (Social Worker Assistant)

'As a children's home we make sure that all the children have the best possible care within our home but additionally funding for things like youth clubs and mentoring opportunities, is also really important so we can role model young people regardless of their social economic status on how to have a good quality of life' (Deputy Manager Children's Home)

These quote highlight the critical role of community services for young people, including youth clubs and mentoring. Engaging with a mentor can offer significant benefits for young people, particularly in promoting personal development and providing emotional support. This support can include building self-confidence, improving self-awareness and offering guidance to navigate challenges, alongside encouragement, validation, and a safe space for self-expression (Austin et al., 2020). Mentoring can be especially beneficial for children from marginalised ethnic backgrounds. For example, Hurd (2024) conducted a comprehensive review exploring the influence of non-parental adults on the development of marginalised youth. The findings revealed that mentoring by supportive adults can empower young people to embrace their cultural heritage and cultivate a positive sense of identity. Furthermore, mentors from the young person's community, particularly those with lived experience, can provide critical support in addressing challenges related to prejudice and discrimination (Hurd, 2024). Additionally, mentors can serve as advocates for young people, promoting their views within the community and in interactions with children's services, particularly in cases where children's voices might otherwise go unheard (Prieto-Flores and Feu, 2020).

The participants also emphasised the importance of allowing the young people they work with to engage in youth groups, particularly highlighting the value of interactions with others who have lived experience.

'Funding is key, if there was more funding in terms of, you know, working with individuals in poor social economic backgrounds. I think the key thing here, especially with working with ethnic minority families is more services and that can have that sort of lived experience and

more networking, more youth clubs like I said and to make sure that, you know, we promote things like, you know, inclusivity'(Deputy Manager Children's Home)

This perspective is consistent with existing research indicating that youth clubs offer numerous benefits for young people. For instance, youth clubs create a safe environment for young people to socialise, make friends, and cultivate relationships, enhancing their social skills and emotional intelligence. Participation in youth clubs has been shown to positively influence mental well-being by alleviating feelings of isolation, increasing self-esteem, and providing opportunities for positive engagement (Eriksen and Seland, 2021). Additionally, youth clubs promote a supportive atmosphere where young people can express themselves, share their experiences, and seek guidance from peers and trusted adults. They also offer a safe space from negative influences, such as peer pressure or unsafe home environments (Tickle, 2016).

Moreover, in addition to youth clubs and mentors, the participants emphasised the need for more community centres to support families of different ethnicities, such as centres that promote social networking and opportunities for young people to contribute positively to the community.

'Provide more family centres to provide the support that's needed and to ensure that they have a safe place to go to' (Safeguarding Officer)

Research highlights numerous benefits of community centres in improving the well-being of families. For instance, a review by the What Works Wellbeing organisation (2018) found that community centres foster social unity by bringing together diverse communities through events and celebrations that honour different cultures and traditions. Such activities can promote mutual understanding among families from varied ethnic backgrounds. Community centres also provide significant economic advantages. Many offer low-cost or free activities,

ensuring accessibility for families with limited income. Additionally, some centres provide employment resources, such as CV workshops and job fairs, which can assist parents facing financial difficulties in securing employment. Furthermore, affordable or free childcare services offered by some community centres enable parents to pursue work or education, thereby improving their socioeconomic standing (Welsh Government, 2023). Additionally, community centres provide marginalised families with access to critical support services, including counselling and wellness programs such as family therapy, mental health support, and parenting workshops (Katz and Bruce, 2009). They also provide essential referrals to housing, healthcare, legal, or financial support services. Additionally, some community centres offer free access to internet and technology resources, which can be particularly beneficial for marginalised groups, such as the GRT community, who may otherwise face barriers to accessing the internet (Townsend et al., 2020).

However, funding restrictions may hinder the availability of these essential services, as highlighted by the Team Leader.

'Without, it directly affects the opportunities children have, meaning some miss out on activities or support services that could make a real difference to their safety.' (Team Leader Children's Home)

As a result, young people from low socioeconomic families, who may not be able to afford such services without government support, risk losing access to these vital safe spaces. This situation is reflected in current research. For instance, the report titled 'Improving the way family support services work for minority ethnic families' published by the Early Intervention Service (2022) highlights a significant lack of services available to families within certain ethnic minority communities. Participants who contributed to the report shared that the absence of support has led many to reach a breaking point, citing instances of young people being arrested or experiencing suicidal ideation. The findings emphasise the critical

need for additional funding which would facilitate the provision of better resources and increased services to support ethnic minority families, as well as enhance education and training for professionals who are encountering challenges in working with specific family members (Kinship, 2025).

It is evident from the interview responses that funding is a critical issue to address, as it will enable the improvement of services and community initiatives for struggling families. Adequate funding is particularly important for early intervention, as providing support to families before children are at risk may reduce the likelihood of them entering the care system.

'Funding is crucial not just for equal access to services, but also to make sure we can provide early intervention, so children get the help they need before challenges become bigger.' (Senior Social Worker)

This quote is supported by a longitudinal study by Bennett et al. (2021) found that spending reductions of £10 per child aged 12 and over were associated with an increase of approximately 1.9 per 100,000 children aged 16–17 entering care the following year. These results emphasise the importance of increased funding and highlight the need for policies that prioritise reinvestment in youth services to better interpret the needs of vulnerable populations.

6.3.2.3 Benefits of Increased Funding

The quotes in the previous sub-theme from the Children's Home Deputy Manager and the Safeguarding Officer highlight the impacts of budget constraints on communities, however, the participants also discussed positive initiatives that could be implemented with the availability of additional funding. Notably, the Team Leader at the children's home explained

that increased funding would facilitate the development of collaborative relationships with other services.

'Increased funding would help a lot, it would make it much easier to work with other services and build strong partnerships that really support families.' (Senior Social Worker)

'More funding would help us build working relationships with other professionals and services using the ITAC approach.' (Team Leader Children's Home)

The ITAC approach described by the participant involves using an 'Integrated Team Around the Child'. This approach guarantees that young people have access to comprehensive services, with all relevant practitioners involved in an individual case meeting regularly. This coordination ensures that services are integrated, prioritised, and cohesive, leading to the achievement of the intended outcomes (Children and Young People's Health Policy Influencing Group, 2024). Enabling individuals with lived experience to support and share their journey of being part of the child protection system, especially those from ethnic minority backgrounds, would also enhance learning for the professionals as well as supporting the families in an effective way. However, it was evident from the participants' responses that substantial funding is necessary to ensure that these needs are adequately met.

These quotes implies that with additional funding the participants feel they could do more cross-service working which would foster collaboration between agencies, enabling a more holistic and coordinated approach to addressing the complex needs of each child (Andrews, 2023). Additionally, as addressed in the previous theme, cross-service working may in fact help to tackle the issue of funding as resource sharing can help minimise the duplication of work across different services and as a result lead to cost savings and more effective use of available funds (Winters et al., 2016).

6.3.2.4 Specialist Teams

Another initiative that could be implemented with additional funding is the establishment of specialist teams dedicated to working with marginalised communities. While none of the participants interviewed had direct experience collaborating with specialist teams, many recognised the potential benefits such teams could provide.

'I actually don't know any specialist teams but I will say when a family has a problem it would be good for someone to sit together with them and talk to them.' (Social Worker)

'I haven't had any experience with working with specialist teams within children's services who exclusively support families from ethnic minority groups however I do see the need for more specialized teams to work with the most vulnerable families in our society' (Deputy Manager Children's Home)

Specialist teams in children's services designed to work with families from marginalised ethnicities could provide significant benefits and promote greater equality in service delivery. For example, these teams could be trained to understand and respect cultural traditions, practices, and values, therefore ensuring interventions are tailored to align with families' cultural needs. Similarly, professionals who are trained to be culturally aware would be better equipped to build trust with families, reducing reluctance or fear of engagement (MacAlister, 2022). Specialist teams could play a key role in training other practitioners, raising the overall cultural awareness within children's services. Additionally, their direct engagement with marginalised groups could inform the development of more inclusive policies and practices (Department for Education, 2023).

6.3.3 Language Barriers

As with the survey, language continued to be a key theme throughout the interviews as participants highlighted that providing adequate support for ethnic minority families requires addressing language barriers to ensure effective communication and understanding.

'Language barriers are another challenge because at times you'll be speaking English and somebody you're working with does not understand what you're saying. So you have to look for someone else who can interpret. Language is very important otherwise you can't communicate as well or help the families.' (Social Worker)

'If families can't speak the language, it's much harder for them to access services or really feel part of society. Language support would make a huge difference.' (Senior Social Worker)

Language barriers may occur within ethnic minority communities due to an inability to speak English fluently and this can cause a barrier to child protection processes (Chand, 2005). The Senior Social Worker describes how language plays an essential role in promoting integration. However, official debates in the UK have often placed English as the only language required for migrants, overlooking the diverse multilingual communities (Cooke and Simpson, 2008). This view treats language only as a way for migrants to integrate, placing all the responsibility on them to adapt, instead of recognising the wider benefits of multilingualism and the need for more inclusive approaches (Blackledge, 2005).

Despite the prevalence of language barriers as an issue, none of the participants reported being aware of any specific language programs available. However, two participants noted that they resided in less multi-cultural areas, making training on language barriers less essential.

'I have not come across any specialised language services around the Wiltshire area however you know we haven't really come across any language barriers when we're working with our children' (Deputy Manager Children's Home)

'To be honest, we haven't had many ethnic minority children so training from someone with lived experience would be really helpful.' (Team Leader Children's Home)

These quotes suggest that child protection services have varying needs across different regions of the UK, reflecting the diverse demographics and cultural contexts of each area. For example, the Deputy Manager noted that they had not encountered significant language barriers when working in Wiltshire. This observation aligns with the Office for National Statistics (ONS) 2021 Census, which reported that 94.3% of Wiltshire's population identified as White British, reflecting a relatively less diverse demographic. In contrast, the census indicated that in the City of London, only 69.4% of respondents identified as White British, with a much broader range of ethnicities represented. As a result, children's services in culturally diverse areas like London may require language training programs encompassing multiple languages. However, as highlighted in the previous theme, funding constraints may limit local authorities' capacity to hire interpreters or provide extensive language training. Investigating the prevalence and impact of language barriers in more diverse regions would be a valuable area for future research, offering critical insights for policymakers to enhance language training and support in children's services.

6.3.3.1 Interpreter Services

While many participants had not undergone formal training on addressing language barriers, they did offer several suggestions for mitigating the issue. A frequent suggestion was for an interpreter to be provided.

'For me, I think communication is the most important thing because you can't help someone if you don't understand what they're saying. So, I think the government should arrange funding for interpreters.' (Social Worker Assistant)

'I would say a translator, an AI translator would be a good help.' (Social Worker)

However, interpreters are often only used at formal meetings, and unavailable for spontaneous contact or phone calls, which can make it more difficult for professionals to form a relationship with the family (Kriz and Skivenes, 2010). The limited use of interpreters is often a result of insufficient funding which restricts the number of interpreters that can be employed, creating gaps in services for families who require language support (Jaeger et al., 2019). Additionally, complex cases may require interpreters with experience in specific cultural or legal contexts, which may incur a higher cost. Budget constraints can make it difficult for local authorities to afford these specialised services. As a result, existing staff may be required to bridge communication gaps, resulting in increased workloads and potential miscommunication (Blanchfield et al., 2011). Limited funding may also prevent the development and implementation of training programs for staff to improve their own language skills, further exacerbating the challenges (Crezee, 2013).

Consequently, the participants' recommendation to utilise Artificial Intelligence (AI) or virtual translators may offer a more cost-effective solution. This presents a valuable area for future research. However, potential limitations exist in substituting human interpreters with AI, as AI may prove to be less reliable at capturing context, idiomatic expressions, and cultural nuances (Abdelali and Bennoudi, 2023). Another important consideration when using AI translation tools is the issue of data protection. Child protection professionals often engage in sensitive discussions involving specific details of the families they support. In such cases, it would be inappropriate to input confidential information into an AI translator due to concerns about data security and confidentiality (Meurisch and Mühlhäuser, 2021).

Therefore, the use of AI translation tools may be limited to surface-level conversations, restricting their effectiveness in addressing language barriers during more in-depth or complex discussions. As a result, for critical or sensitive materials, human interpreters may still be required. As AI continues to advance, achieving an optimal balance between technological innovation and human expertise will be crucial.

6.3.3.2 Educating Practitioners

Participants also highlighted that there are challenges when it comes to accessing language services, this is due to limited knowledge and understanding of the language services available within the area or limited access to these services.

'There are definitely challenges in accessing language services, mostly because we don't always know what's available or how to use it effectively.' (Social Worker)

'The thing here is educating practitioners and educating social workers, everybody within the field of child protection essentially of the importance of cultural codes, understanding that there are challenges around language barriers and that we need to be implementing more services and more training around this particular area' (Deputy Manager Children's Home)

These quotes implies that practitioners may not always fully recognise the importance of addressing challenges that may arise from language barriers, highlighting the need to improve training on language for staff across all levels. However, this finding is not limited to language itself, but also the need to raise awareness across the sector on understanding different cultural codes and traditions. Increased training may help reduce instances of miscommunication and enable practitioners to better meet the individual needs of each family (Squires, 2018). This finding also applies to the families, who may be unaware of the language services available. As identified in the first theme, participants described the importance of informing families about available support services.

'Part of our job is helping families understand what language support is out there. If they're not informed, they can't access the services that would really help them.' (Safeguarding Officer)

Families who are not aware of the option of using an interpreter may be reluctant to engage with child protection services, fearing that language barriers could prevent effective communication (NSPCC, 2024). Therefore, this quote highlights the importance of raising awareness across all communities on the language services available when working with child protection services.

6.3.3.3 Reducing Language Barriers

Language barriers may arise when distributing information on child protection services to communities where English is not the first language. For example, as identified in the first theme, the participants discussed their approach to distributing paper copies of information:

'We also hand out brochures and flyers to local organisations so families know about the services we offer.' (Social Worker)'

While this method offers several advantages (Costa and Azevedo, 2024; Rawashdeh et al., 2021), it may present challenges if the materials are produces solely in English. For instance, it can be more difficult and time consuming to translate paper materials as this has to be done manually. Therefore, it may be better to reduce language barriers to provide information virtually through emails or videos which can be interpreted using an online translator (Hou et al., 2017). An additional finding from the interviews was that specialist teams could be utilised to address challenges surrounding language barriers.

'We don't have any specialist teams but it would be good to have teams specialising in language skills and engaging with the community and families.' (Social Worker)

The social worker emphasises the benefits of forming a specialist team with a specific focus on developing language skills and improving communication with families of different ethnicities. For instance, these teams could include bilingual or multilingual staff, therefore enabling more effective communication with non-English-speaking families. Additionally, these teams could act as mediators, closing the cultural divide between families and child protection services (Squires, 2018).

It is evident from the participants' responses that language barriers pose significant challenges in effectively supporting ethnic minority families, highlighting the urgent need for enhanced training and language services. However, the availability of these essential resources is often constrained by limited funding. Therefore, the issue of funding must also be prioritised to improve support for ethnic minority families.

6.3.4 Impact of High Caseloads

6.3.4.1 Establishing Positive Relationships

A prominent theme that emerged from the interviews, beyond the survey, was the significant impact of high caseloads. The participants highlighted within the interviews that creating relationships with families and children within their organisation plays an integral part in working effectively with families and children.

'Essentially even though we're a children's home, we still have a duty to establish positive relationships with families so maybe that may be through family contact' (*Deputy Manager Children's Home)*

Establishing a positive relationship is fundamental as this enables practitioners to build a better support package for the family and to elevate understanding about the needs of the families being supported. Forming strong relationships helps build trust, which is crucial for families to feel comfortable sharing sensitive information. When families trust social

workers, they are more likely to engage with services (Moore et al., 2018). In the case of the children's home, the same ethos must be applied in ensuring that professionals working with children understand their needs but also work effectively with families during family contact to ensure the needs of the family are met holistically and to ensure that the child is returned to the family dynamic (Collings et al., 2022). Establishing relationships with families allows social workers to better understand and respect cultural backgrounds, beliefs, and practices, ensuring that interventions are culturally appropriate and do not unintentionally alienate the family (Banks, 2020).

However, the participants also emphasised how this can be incredibly difficult to facilitate if caseloads are too high.

'It's important to build that relationship with people to understand what they need. And to make sure that we meet the needs of the family, which is really, really important. So if we're very, very busy we're not going to be able to do that.' (Social Worker)

'With high caseloads, we have less time to spend with each family, so we only get a basic understanding of their needs. Plus, the heavy workload can lead to burnout and make it harder to build trusting relationships.' (Social Worker)

It is evident from these quotes that large caseloads can lead to poor interactions with families and hinder understanding of the needs of the family members. Moreover, large caseloads can impact on social workers' mental health. For instance, practitioners may feel overwhelmed, leaving them less emotionally available to engage with children. This can hinder their ability to be present, and responsive to children's emotional needs, which is crucial for building trusting relationships (Ravalier et al., 2021). Additionally, when feeling overwhelmed, social workers may become stressed, anxious, or impatient. This can negatively impact their interactions with the children, potentially making them appear less approachable, rather than

building a collaborative and supportive relationship. Prolonged stress and overwhelm can lead to burnout, which can further affect a social worker's ability to maintain positive, healthy relationships with children. Burnout can lead to disengagement, emotional numbness, or detachment, which negatively affects the quality of interaction and care the children receive (Tang and Li, 2021).

6.3.4.2 High Case Loads in Children's Homes

The challenges associated to high caseloads are also prevalent among staff working in children's homes. This is particularly evident when there is a large number of children residing within the home as this can hinder the development of relationships.

'We're very lucky at the moment, we have low numbers in terms of the children's home and there could be, you know, some children's homes that have a large amount of children in the care sector and that can hinder, you know, working relationships with the children that we are supporting because there's so many children.' (*Deputy Manager Children's Home)*

Being responsible for multiple children can result in limited time for each child. Child protection professionals may feel rushed, which can prevent them from engaging in meaningful conversations with children, understanding their needs, or providing the focused attention required to form strong, positive relationship (Sinai-Glazer and Krane, 2021). Having a significant number of children in one home can create difficulties in providing consistent support. Consistency is key in building trust, and a lack of it can undermine the child's sense of security (Packman, 2021).

Additionally, participants working in children's homes described difficulties in establishing positive relationships with the children when they are faced with competing priorities.

'Building strong relationships with families is important to understand and meet their needs, but when workloads are high, it becomes much harder to give them the attention they deserve.' (Team Leader Children's Home)

'We've got to make sure that the needs of the children come first, however when they our training days we make sure that we create time for these however it can be difficult especially when we're preparing for Ofsted or we're preparing for you know maybe family contact' (*Deputy Manager Children's Home)*

In these quotes the participants highlight the challenges of ensuring the needs of each child are met whilst simultaneously focusing on other demands, such as regulatory inspections, family contacts or if a child exhibiting high-risk or disruptive behaviour is present in the home (Miller and Barrie, 2022).

A further finding from this quote highlights the differing challenges experienced by participants based on their roles within the organisational hierarchy. Participants in frontline or junior positions discussed the impact of high caseloads on their day-to-day practice, particularly how this affects their ability to build meaningful relationships with children and families. In contrast, the Deputy Manager focused on broader, strategic concerns, such as how high caseloads affect the service's capacity to prepare for external inspections, including those conducted by Ofsted. Ofsted inspections can have a significant impact on the workload of children's home staff, often resulting in increased pressure and additional responsibilities. According to a survey by the British Association of Social Workers (2022), preparing for inspections often requires substantial time and effort and the inspection process may disrupt the daily routines of both staff and children. The increased focus on regulatory inspections may reduce the time staff can dedicate to building and maintaining strong relationships with the children in their care.

The quotes demonstrate that high caseloads have a far-reaching impact across the organisational hierarchy, affecting not only frontline practitioners and the children and families they support, but also the wider functioning of the organisation, including its preparedness for regulatory inspections. This finding highlights the importance of adopting a multi-level perspective when addressing these challenges. While many interventions are developed at senior levels, through policy, leadership, or government and local authority decisions, it is essential to incorporate the perspectives of frontline practitioners. These professionals encounter the challenges firsthand and work directly with vulnerable children and families, making their insights vital to developing effective, grounded solutions.

It is evident from the interviews that high caseloads are a significant challenge for child protection professionals. Addressing this issue would require providing sufficient staffing levels to distribute workloads more fairly. However, this effort may be restricted by the funding limitations identified in the second theme, as local authorities may not have the resources available to hire additional staff. Therefore, it is essential to address the funding constraints as a priority before policymakers can effectively resolve the challenge of excessive workloads.

6.3.5 Training Needs and Areas of Development

6.3.5.1 Insufficient Training

One of the prominent findings from the interviews was the need for increased training when working with families from marginalised ethnicities. This finding extends the survey responses, where insufficient training was also reported as a significant challenge in child protection practice. The participants' primary concerns were the limited training on cultural diversity, addressing language barriers and effectively supporting marginalised families. The participants expressed that the current training provided is not only insufficient in quantity

but also inadequate in quality, emphasising the crucial need for more comprehensive and specialised training programs in this area.

'I think there isn't enough training on cultural diversity. It's such an important subject, and we need to ensure we're always promoting awareness of different cultures.' (Team Leader Children's Home)

'Training, I could argue that there is not enough of it, I think there could be more training provided around cultural diversity because it's such an important subject and we need to be making sure that we are always aware of the importance of promoting different cultures' (*Deputy Manager Children's Home)*

In these quotes, the participants express concern around the insufficient training provided on promoting cultural diversity. The participant further highlights the importance of such training, communicating a belief in the necessity of additional opportunities to increase awareness among all staff regarding cultural differences. This is consistent with a large amount of research on this topic. For instance, training can help child protection professionals develop an understanding of cultural traditions, values, and norms, enabling them to tailor interventions that respect and align with families' cultural needs (Devine and Ash, 2022). Additionally, by learning about cultural codes and potential language barriers, practitioners can engage more effectively with diverse families, reducing miscommunication and building stronger relationships (Dang, 2024). Cultural diversity training also raises awareness of unconscious biases and stereotypes, promoting fair treatment of all families and reducing the risk of systemic discrimination within child protection services (Carter et al., 2020).

6.3.5.2 Challenges in Implementing Training

Local authorities and children's homes face significant challenges in developing training programs on cultural diversity.

'I think it's hard because cultural diversity is such a broad topic, and it's difficult for one training programme to cover all the different cultures and perspectives we might come across in practice.' (Senior Social Worker)

In the above quotes the participant discussed the difficulty arising from the broad scope of cultural diversity itself, which makes it challenging to incorporate all relevant aspects within a single training program. For instance, in more multicultural areas, such as central London, it is estimated that there are over 270 nationalities and approximately 300 languages are spoken (ONS, 2021). As a result, it is very difficult to fully incorporate the full range of cultures that practitioners may encounter. Additionally, the concept of culture is inherently complex, with significant overlap between culture, religion, race, and nationality (Song, 2020). Each of these aspects plays a crucial role in raising staff awareness, however, addressing all of them equally would require a considerable amount of training. This creates a challenge for local authorities and practitioners, who are often constrained by both time and financial limitations. Despite these limitations, it was evident from the participants that promoting awareness of cultural diversity is valued by child protection professionals.

'More training on cultural diversity is needed because it's crucial to continually recognise and respect the importance of different cultures in our work.' (Safeguarding Officer)

This quote highlights a strong motivation and enthusiasm, which can serve as a foundation for driving further training initiatives. Utilising this commitment could help to overcome the barriers to implementing comprehensive training programs, ultimately improving staff awareness in addressing the diverse needs of the families they support.

6.3.5.3 Lived Experience and Group Supervisions

Regarding the question of training from individuals with lived experience, none of the participants reported having participated in such programs. However, all participants described the potential benefits that training from someone with lived experience could offer.

'We haven't had anyone with lived experience come in yet, but it would be really helpful to hear practical examples and personal stories. It'd give us a deeper understanding that goes beyond what's in textbooks.' (Social Worker)

'*This would be very helpful in the future if we did have somebody that came in from that experience because I think they can provide, like, a richer form of learning because I think, you know, if they've experienced it they know what's needed. You know, what we need to do as practitioners to make sure that we work effectively with families and children of all cultures and ethnicities and I think that would be really important. I think there needs to be more lived experience trainers and to be honest, I think it just gives us a bit more of an insight on how to work effectively*.' (*Deputy Manager Children's Home)*

Both quotes clearly highlight the participants belief in the benefits of training provided by individuals with lived experience. In particular, both participants state that this training would provide a richer and deeper understanding. This perception is reflected in existing literature which indicates that trainers with lived experience can offer personal insights that help practitioners understand the challenges faced by families from marginalised backgrounds. This can improve the way practitioners approach families, ensuring they are more sensitive to their unique needs (Bell, 2017). Additionally, unlike traditional training, which may focus on theoretical models, training from someone with lived experience offers real-world examples and practical solutions. This can help practitioners relate to situations they may encounter and feel more confident when dealing with complex cases (Tatum, 2019). Lived experience

training can also serve as a powerful tool for confronting and addressing unconscious biases. By hearing firsthand accounts, professionals can challenge stereotypes and misconceptions, leading to a more inclusive and culturally competent approach to their work (Bhopal, 2021).

Similarly, many participants also highlighted the benefits of using group supervisions as a form of training.

'I think that groups supervision would be beneficial as we would be able to share experiences in regards to different cultures and how that has helped them within their area of expertise and what services and what procedures that they had to go through that we could share and share our practices together um to help each other out' (Safeguarding Officer)

'I'm not always included in group supervisions focused on cultural diversity, but when I am, it's a great chance to learn from each other's experiences and hear different viewpoints.' (Social Worker)

Group supervisions are a professional development process which involves a group of practitioners coming together to discuss their work under the guidance of a supervisor (Borders and Brown, 2022). In these quotes, the participants describe the value of group supervisions, highlighting the benefits of creating an environment where they can share experiences and learn from one another by listening to a range of diverse perspectives. Research has identified many benefits of implementing group supervisions in social work. For instance, group supervisions allow child protection professionals to share insights, strategies, and experiences, promoting collective learning and improving problem-solving (Westergaard, 2013). Group supervisions offer a supportive space where practitioners can express challenges and receive encouragement from colleagues, which is crucial in emotionally demanding fields (Beddoe, 2017). Additionally, discussing challenges with a

group introduces varied viewpoints, enriching decision-making and can help practitioners to identify alternative approaches to complex cases (Kadushin and Harkness, 2014).

These findings indicate that both group supervisions and training from individuals with lived experience could be effective methods for enhancing practitioners' understanding of cultural diversity and their work with ethnic minority families. However, implementing these forms of training can also present several financial challenges. For example, recruiting individuals with lived experience to deliver training can require a significant level of resources. In particular, limited budgets within underfunded social work departments, may restrict the availability this training (Richards et al., 2020). Lived experience training and group supervisions may also require additional logistical costs such as venue hire, travel, accommodations for trainers, and administrative support. These costs can be significant, especially for in-person sessions (Thompson, 2024). Therefore, to deliver additional and higher-quality training, policymakers must first address the challenges associated with limited funding. Adequate financial resources are crucial for supporting the recruitment of trainers, developing comprehensive training programs and providing support for both trainers and participants.

6.3.5.4 Capacity for Training

A further challenged discussed by several participants was the difficulty in finding the time to complete or engage in training.

'*Timing issue really as well in terms of facilitating those sort of trainings because of we're a children's home we're very busy, finding the time to have these training experiences can be difficult because we've got to make sure that the needs of the children come first.'* (*Deputy Manager Children's Home)*

In children's homes, in particular, scheduled training may often be postponed or rescheduled due to competing demands and the immediate needs of the home requiring greater attention. For example, an incident may occur, there may be an urgent need to facilitate a family contact or a referral may come to the home requiring imminent action (Thompson, 2024). This was evident in the participants' responses:

'When we get the referral you know we don't know until maybe the day before that we may have a child from different ethnicity coming through the door so in terms of training etcetera it tends to happen after the child has come through the door which is not really that helpful because we want to make sure that we are prepared when the children come into the children's home (*Deputy Manager Children's Home)'*

From this quote it is evident that last-minute changes to staff schedules in children's homes can create significant challenges for child protection professionals in managing their time, particularly when it comes to finding time for training. This issue is reflected in the previous theme which emphasises the significant demand on social workers' time due to high caseloads and staffing shortages. Research by the Department for Education (2021) indicates that flexible scheduling and sudden changes to work plans can leave little room for professional development. Additionally, social workers in children's services often experience unpredictability in their daily tasks, which further complicates the process of planning and attending training sessions (BASW, 2020). Therefore, while enhancing training materials, such as increasing group supervisions and incorporating training from individuals with lived experience, is important, it would be ineffective to implement these improved sessions if staff do not have the time to participate. Consequently, the initial step should be to ensure adequate staffing levels to reduce workloads, thereby allowing staff more time to engage in training.

6.4 Summary of Interview Findings

The qualitative findings highlight the significant impact of socioeconomic status on children from ethnic minority backgrounds. Many participants reported higher levels of poverty among ethnic minority families, exacerbated by their residence in economically deprived areas with limited access to services due to insufficient funding from local authorities. This finding highlights the critical role of policymakers in allocating resources to councils in more economically deprived areas. Additionally, language barriers were identified as being one of the primary challenges in providing timely interventions with ethnic minority families, resulting in prolonged risks to the children. Therefore, addressing these language barriers must be a key area of focus for policy makers and future research, such as through implementing interpreters or providing basic language raining to staff. However, a challenge of implementing language training for child protection professionals is the diversity of languages spoken by children and families, which means broad training may not be feasible (Edwards, 2001). It may therefore be more effective to identify the key international or community languages spoken within a particular region and target basic training in those languages to ensure the approach is impactful.

Understanding cultural codes is key, for example the families cultural values, traditions and norms is an integral part of providing a more effective way of working with families of different cultures. Cultural factors and disciplinary methods can contribute to underreporting of child protection issues. Many participants discussed a limited understanding around cultural differences and highlighted that this is a crucial topic for training. It was evident from the qualitative responses that participants felt that the existing training on cultural diversity was insufficient and the training could benefit from the insights of individuals with lived experiences to provide a deeper understanding of cultural diversity and its implications for

child protection services. Additionally, the training material provided for child protection professionals is very limited and focused around self-directed learning. However, in order to provide more comprehensive training, participants had highlighted the need for variation in learning such as face to face, lectures, more joint up working with other children's services, group discussions and case studies. This holistic approach is essential for providing equality across child protection strategies for families of all ethnic groups.

6.5 Drawing Together Qualitative and Quantitative Findings

The integration of the survey and interviews findings suggests similarity in both results. The quantitative findings highlighted that there may be an underrepresentation of ethnic minority children within the care system, with combined responses of agree and strongly agree totalling over 50%. This is consistent with the qualitative data as the participants had mostly worked with White British children. Additionally, the participants reported low intervention rates with families from the GRT Community, with lack of engagement being the most prevalent contributing factor. This relates with the quantitative findings as 66.8% had never worked with children from the GRT Community. The quantitative analysis also found that the majority of child protection professionals had witnessed ethnic inequalities and prejudice within the care system, with combined responses of agree and strongly agree totalling over 53.3%. This finding was also evident in the qualitative responses as several participants discussed witnessing prejudice and discrimination throughout their roles.

It was evident in both the quantitative and qualitative findings that a relationship exists between socioeconomic status and the ethnicity of children entering the care system. For instance, when asked to provide details about the ethnicities of the children they had worked with, the participants stated that referrals of ethnic minority children came from families of low socioeconomic status and deprived areas. This is supported by the results of the

quantitative question surrounding the primary reasons behind the ethnic inequalities, as 61.8% believed that socioeconomic factors were the main contributor to the ethnic inequalities.

The qualitative data proved highly beneficial in providing additional context to the participant's quantitative responses. For instance, a key finding from the quantitative data was that cultural differences were one of the primary contributing factors, with 64.1% responding agree or strongly agree combined. The open-ended survey questions provided an opportunity for participants to elaborate on the specific cultural factors impacting the ethnic inequalities. For example, many participants highlighted that language was a significant barrier for individuals from ethnic minority groups. Many participants suggested that providing translation and interpretation services would be crucial in ensuring that language barriers do not hinder access to child protection services. This highlights the need to identify the relationship between language barriers and understanding cultural codes. Additionally, the influence of cultural factors was extended further in the qualitative responses as participants described how honour based cultural practices provide an additional barrier to any safeguarding concerns being reported as this alone will bring shame to the family unit.

Table 13: Integration of Quantitative and Qualitative

Theme	Quantitative Finding	Qualitative Quote
Poverty	35.7% participants agreed that poverty plays a role in the number of children referred to Child Protection	*'Some families find it difficult to even feed their children on a daily basis. Normally, we know we're supposed to eat three square*

	Services, with a majority of 54.9% strongly agreeing.	*meals but some people find it very difficult to eat. So they should get help and be supported financially' (Social Worker Assistant)*
Cultural Factors	A majority of participants (58.6%) agreed, and 22.1% strongly agreed that cultural factors play a role in the inequalities of children referred to the care system.	*'Cultural factors and community dynamics may influence the likelihood of reporting child protection issues within specific ethnic groups.' (Team Manager)*
Intervention Rates	Participants reported varying levels of intervention from child protection professionals across different ethnic groups, with 40.6% agreeing	*'Differential rates of reporting or identification of child welfare concerns can also contribute to variations in the level of intervention. Cultural factors and community dynamics may influence the likelihood of reporting child protection issues within specific ethnic groups.' (Children's Social Care Professional)*

Training Needs	A significant finding emerged with 31.6% receiving training 'Seldom' and 6.1% receiving 'None' on cultural diversity. Additionally, 39.3% disagreed that sufficient training was provided to child protection staff.	*'Training, I could argue that there is not enough of it, I think there could be more training provided around cultural diversity because it's such an important subject and we need to be making sure that we are always aware of the importance of promoting different cultures'* (*Deputy Manager Children's Home)*

The qualitative questions also allowed the participants to discuss funding, a topic that was not addressed in the quantitative questions. Participants reported that funding is very limited depending on the geographic area in which the local authority resides. Participants highlighted the importance of all local authorities having sufficient funding to support families in need. Additionally, there were notable similarities between the quantitative and qualitative analysis regarding the questions associated with staff training. The quantitative questions found that there are gaps in the knowledge around different cultures and there is a need to elevate professionals understanding around supporting children and families of different ethnicities, with 73% agreeing to this question. This is consistent with the qualitative responses where participants also reported receiving little training around cultural diversity. However, while there was strong alignment between the quantitative and

qualitative findings regarding gaps in cultural training, it is possible that those who volunteered for the interviews were particularly reflective or concerned about this issue. This may indicate a degree of self-selection bias, where participants with a heightened awareness of their own training needs were more motivated to share their experiences, potentially amplifying the strength of this theme in the qualitative data (Elston, 2021).

Moreover, the open-ended questions allowed the participants to extend this further and in particular highlighted that is insufficient time is provided to staff to complete the training due to increased caseloads. This emphasises the importance of the open-ended questions in gaining an insight into concepts which may not have been raised in the quantitative questions alone.

6.6 Connecting the Themes

The interview responses highlight a number of challenges with supporting ethnic minority families within the care system. The analysis reveals that the identified themes are interconnected, suggesting that addressing one issue may be impossible without also resolving others. The model in Figure 11 below was developed by the researcher following the analysis of the survey and interview responses.

Figure 11: Holistic Approach to Improving Children's Social Care for Ethnic Minority Families

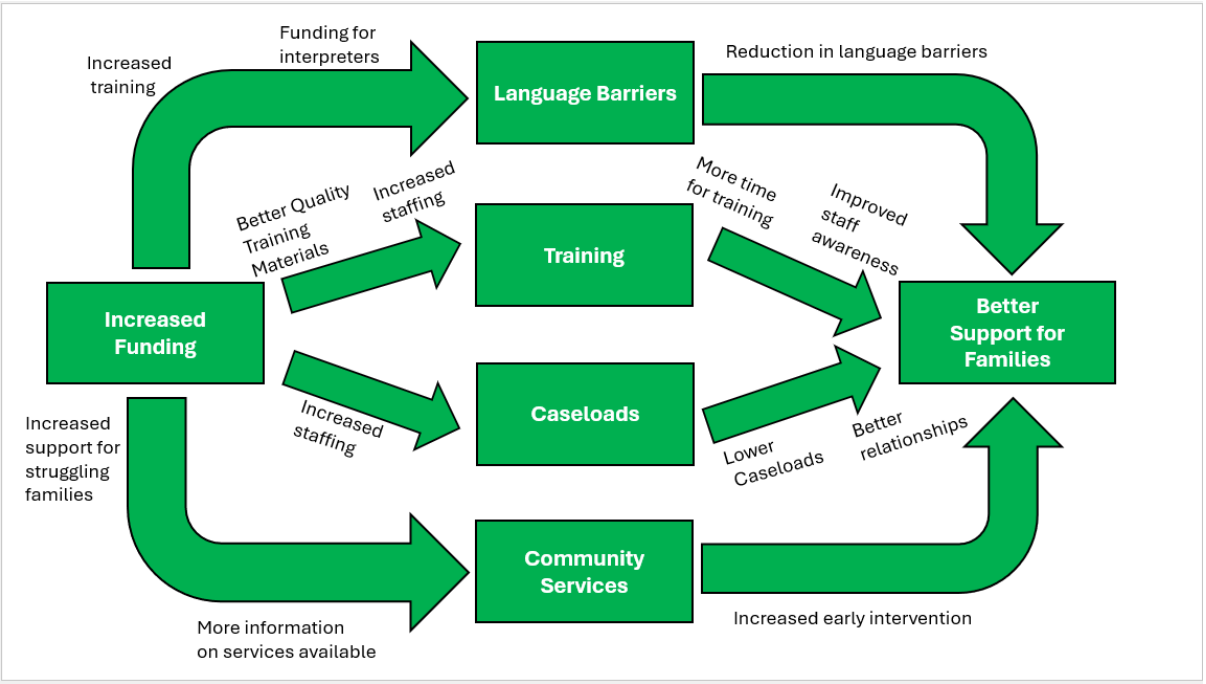
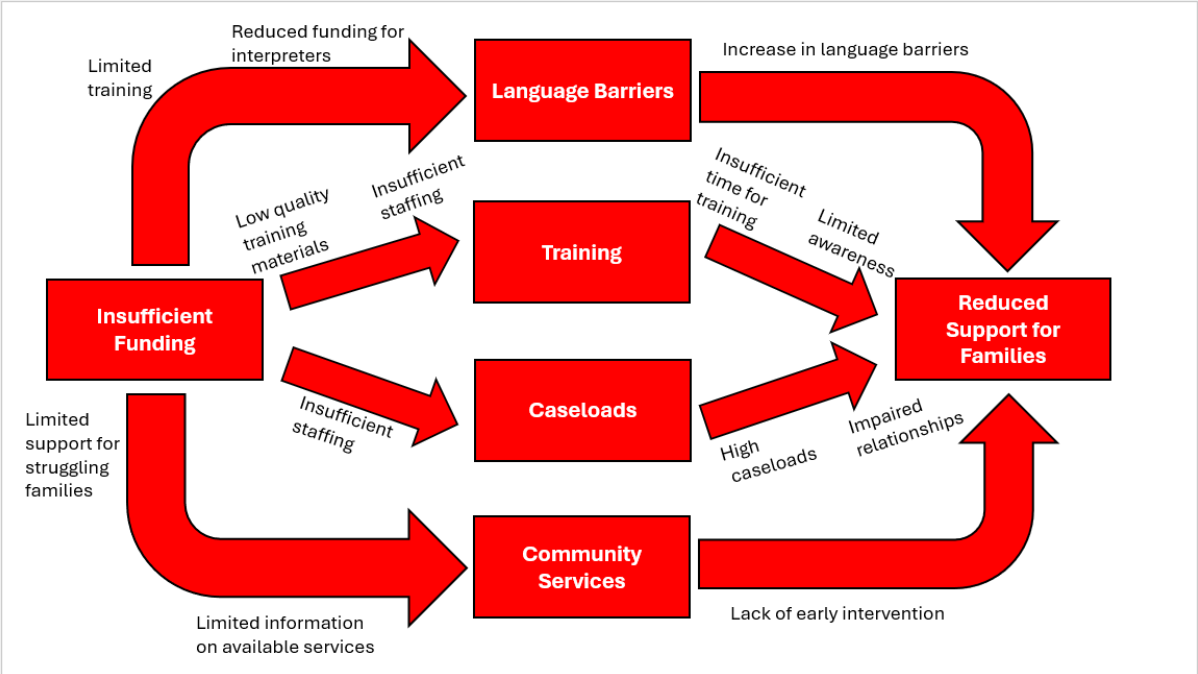


Figure 11 illustrates the interconnections between the key themes and demonstrates how the challenges identified can be addressed more effectively through an integrated approach. While focusing on a single issue may yield some benefits, a holistic response is required to meet the complex and multifaceted needs of the children's social care system. For instance, increased funding directed solely towards translation services, without parallel investment in staff training, may only partially address the barriers faced. This shows how these themes work together and help create a more stable and effective support system

A key finding from the analysis is the urgent need for increased funding to address the challenges within the care system. As depicted in the above model, additional funding could resolve many of the existing issues. For example, funding could be allocated to provide practitioners with training on language barriers and cultural codes, as well as interpreters to assist when working with families of different nationalities. This would help reduce communication barriers, enabling practitioners to better understand the needs of ethnic minority families and provide more effective support.

Increased funding could also enhance staff training programs, raising awareness of cultural diversity and equipping practitioners to work more effectively with families from various cultural backgrounds. Additionally, funding could be directed toward recruiting more social workers and increasing staffing in children's homes. This would alleviate staff workloads, allowing for more evenly distributed caseloads, and giving staff the time to complete training and build stronger relationships with families. However, funding could be invested in community support, particularly for low-income families, and in raising awareness of available services for ethnic minority families. These efforts could facilitate early intervention in struggling families, potentially reducing the need for children to enter the care system. In a similar vein, insufficient funding could further exacerbate the issues identified within the analysis, as illustrated by the model below.

Figure 12: Issues Identified by British Child Protection Professionals Working in the United Kingdom



This model also illustrates the potential consequences of failing to address the key themes identified in the research. For instance, without sufficient funding, interpreters may not be available to facilitate communication between staff and families, and limited resources for

training will further reduce staff understanding of both language barriers and cultural differences. Poor training materials and inadequate staff knowledge on working with diverse families are direct consequences of restricted funding. Additionally, insufficient funding for staffing increases workloads, leading to burnout and limiting the time staff can devote to building meaningful relationships with families. High caseloads also prevent staff from participating in essential training programs.

Moreover, a lack of community investment means that low-income families will continue to struggle, hindering the ability of services to provide early interventions in child protection cases, leaving children at risk. This model suggests that investing in high-quality training programs is futile if staff do not have the time to participate. The core finding from the interview responses is that funding is the most urgent need, and it must be invested in the care system holistically to ensure meaningful improvements. Over time, neglecting these interconnected areas may result in a system that is unable to provide adequate support to families in need, ultimately undermining the effectiveness and equity of children's social care services.

6.7 Findings from Interviews and Survey

This research aimed to further explore child protection perspectives of ethnic inequalities within the children's social care system. Data from both the survey and interviews suggest that these inequalities are prevalent, with socioeconomic factors, such as poverty, underfunding, and limited access to services, creating significant barriers for ethnic minority families. Participants reported that language barriers and a limited understanding of cultural practices among practitioners present ongoing challenges to effective intervention. Notably, 73% of survey respondents agreed there were significant knowledge gaps in understanding different cultures, indicating a clear need for enhanced cultural competence training

(Marsiglia et al., 2021). Many participants had received little or no formal training in this area, and what was available was often described as overly simplistic, with a 'tick-box' approach lacking depth and practical application.

Participants suggested improvements to training, including incorporating lived experience, case studies, and more face-to-face sessions like lectures and group discussions to encourage reflection and deeper understanding. This is especially relevant in light of the increasing diversity of ethnic minority children in the UK and the rising number of abuse cases linked to religious or cultural beliefs (Department for Education, 2020). Despite recognising the importance of training, participants highlighted that opportunities for professional development were often undermined by high workloads and unpredictable schedules. Several reported postponing training due to immediate demands from children and families, with inadequate staffing levels compounding the issue. As a result, many professionals felt they lacked the time to engage meaningfully in learning and development. This aligns with wider findings as a YouGov (2021) survey found that while 83% of social workers saw Continuing Professional Development as valuable, 41% reported lacking time to participate. These systemic pressures not only hinder access to training but also affect practitioners' capacity to build strong relationships with children and families.

The analysis also revealed variations in participants' responses when viewed through a multi-level perspective. Frontline professionals highlighted the pressing challenges they face in their day-to-day roles, particularly in delivering direct support to vulnerable children and families. In contrast, senior managers focused on broader, systemic issues, emphasising the need for change at an organisational level, including policy decisions made by government bodies and local authorities regarding funding allocation and strategic priorities. These findings highlighting the importance of incorporating the perspectives of frontline practitioners into high-level decision-making processes, ensuring that policies reflect the

realities of practice. Therefore, the research highlights the value of adopting a multi-level approach and highlights the need for further studies that examine children's social care from this comprehensive perspective.

To build on these findings, a document analysis was carried out to examine the quality, content, and delivery methods of the training currently available to child protection professionals. The following chapter outlines the rationale for conducting a document analysis, beginning with a definition of its purpose and an evaluation of its suitability for this research. It will then detail the methodology used, including the process for obtaining ethical approval, identifying and selecting appropriate documents, and systematically analysing their content. This includes examining the documents for similarities and differences, identifying key themes, and comparing the findings to those emerging from the survey and interview data. Through this approach, the chapter aims to assess how the documents reflect or diverge from the perspectives shared by participants, and what this reveals about current practice and policy in children's social care.

Chapter 7 – Phase 3: Document Analysis

7.1 Introduction

The document analysis constitutes the final phase of the sequential mixed-methods research process. The survey conducted in Phase 1 provided an overview of child protection professionals' perspectives on ethnic inequalities within the children's care system, establishing a broader context for the study. The interviews in Phase 2 explored the survey findings in greater depth, offering more detailed insights and contextual understanding. The aim of the document analysis in Phase 3 is to examine existing training materials on cultural diversity and compare them with the perspectives and beliefs expressed by professionals in the survey and interviews. This process provides a measure of "reality" to the earlier findings by assessing the alignment between what professionals report experiencing and the content of the training provided. The analysis will review the training content, identify specific areas for improvement, and explore whether insufficient training could contribute to the persistence of ethnic inequalities in the care system. Finally, the findings from the document analysis will be integrated with the survey and interview results to identify points of convergence and divergence across the three phases of the study. This will be crucial in identifying areas for further investigation, such as exploring the reasons behind any differences between the three phases and understanding why a discrepancy exists between participants' perceptions of the training and the materials actually provided.

The key findings from the survey and interviews identified the below four themes on training:

- *Inadequate Cultural Diversity Training* - The current training offered to practitioners on cultural diversity is insufficient.

- *Infrequent Cultural Diversity Training* - Training on cultural diversity is offered to practitioners with little frequency.
- *Limited Diversity in Training Materials* - There is limited variation in the training materials provided.
- *Competing Priorities* - Insufficient time is provided to practitioners for participating in training.

In the context of this research, the document analysis will allow existing training programs to be explored enabling the researcher to identify if these findings are reflected in the training programs analysed. Additionally, the document analysis plays an integral role in identifying if the common themes align with the participant's responses.

Children's social care encompasses a broad scope and therefore, document analysis will enable the research to analyse the data more effectively. Document analysis will provide a pillar to uncover meaning, gain understanding and come to a conclusion (Morgan, 2022). Document analysis enables researchers to identify recurring themes, patterns and trends (Ozkan, 2023). In this research, through systematically examining training materials, the researcher can extract valuable insights, facilitating the identification and analysis of common themes across different child protection organisations and amplifying any limitations or strengths in the training. Integrating document analysis can enhance understanding of the content, context and purpose of the training fields of social care (Kayesa and Shung-King, 2021). Additionally, the document analysis will explore whether the documents support the participants' experiences and opinions within the survey and interviews. This chapter will provide a detailed overview of the methodology and research process employed in the document analysis and present the findings in depth, with a discussion of each identified theme. The final section of the chapter will examine the integration of the document analysis

findings with those from the survey and interviews, highlighting the implications for policy and practice within the children's care system.

7.2 Document Analysis Methodology

7.2.1 Document Analysis Process

7.2.1.1 Defining Document Analysis

Document analysis is a key method used in qualitative research and additionally document analysis provides a systematic procedure for reviewing or evaluating documents both printed and electronic (computer-based and Internet-transmitted) material (Bowen 2009). This method involves examining and interpreting documents to gain insights and understanding about a particular topic or research question (Prir, 2003). The process of document analysis plays a crucial role in understanding cultural, social and historical context (Williams, 2021). Document Analysis is often used in combination with other qualitative methods as a means of triangulation, which is the combination of methodologies in the study of the same phenomenon (Denzin, 2017). In the context of this research the document analysis is used in conjunction with the open-ended survey questions and the qualitative interviews to provide additional context to the themes associated to the limited training on cultural diversity. The primary data sources used in the analysis are training materials currently provided to child protection professionals across a variety of organisations.

During the process of analysing the documents the content is categorised into distinct themes, similar to the way transcripts from interviews or focus groups are analysed (Davie and Wyatt 2024). Additionally, the process of document analysis gives key insights on the researchers' ability to uncover meaning, gain understanding (Morgan, 2022). According to Morgan (2022) the key concepts to elevate comprehensive understanding used in Document Analysis are:

1. Contextualisation - examining the social, historical and cultural background of the document which can influence interpretation.

2. Content Analysis which involves focusing on the text, identifying themes, key terms, the writer's intent and elevating understanding of the document.

3. Critical Evaluation – assessing the credibility and the reliability of the document and considering potential biases and the methodology used in its creation.

The concepts developed by Morgan (2022) were applied to the document analysis in the current study. For instance, when analysing the training materials the social, historical, and cultural backgrounds and context of the children's care system were taken into consideration to understand how these factors might shape the content and interpretation of the training materials. Secondly, all text was reviewed thoroughly within each training document to identify recurring themes, key terms, and the intended purpose of the material, which provided a deeper understanding of the messages conveyed to child protection professionals. Finally, critical evaluation assessed the credibility and reliability of the documents, considering potential biases, the aims of the creators, and the methodology used in the development of the training. This step by step approach ensured a comprehensive analysis of the materials, allowing for comparisons with the perspectives and experiences reported by participants in the survey and interviews, and highlighting areas where training may be aligned with or diverge from practice needs.

7.2.1.2 Evaluation of Document Analysis

It is key with any method utilised in research to analyse the strengths and limitations to evaluate the suitability of the method for the research aims (Morgan, 2022). There are many advantages in conducting Document analysis as it enables researchers to access a wealth of information from primary sources, which can provide unique insights into historical and social context. Additionally, document analysis provides an avenue for researchers to identify

patterns, themes and trends that may not be immediately apparent (Asdal and Reinertsen, 2021). This method also provides a further advantage of having additional insights and detailed examination of the content structure, and presentation of documents which can reveal biases or perspectives that influence the information. This critical approach enhances the reliability and validity of research findings (Davie and Wyatt, 2021). Document Analysis can be cost effective, due to many documents being readily available online or in archives, reducing the need for extensive field work. To conclude, this method enriches research by providing depth and context to the study of various subjects.

7.2.2 Document Analysis Materials

The key aim of this document analysis was to understand the current training provided and how training can be evolved to support practitioners working within child protection. A key requirement of document analysis is to ensure that all included documents are authentic and from credible sources (Grant, 2018). Therefore, to obtain credible and reliable documents, emails were sent to a wide range of local authorities and registered children's homes across the UK. However, several challenges were encountered in utilising this data collection method, as local authorities and children's homes were hesitant to share their training materials. Consequently, all documents included in the analysis were those that were publicly available on the internet. Despite this limitation, care was taken to ensure that the documents were sourced from reputable and legitimate organisations. Steps were taken to make sure the documents came from trustworthy and recognised organisations. Each one was checked to confirm it came from an official website, such as those of local authorities, professional bodies, Ofsted, or registered care providers. Details like the publication date and where the document was hosted were reviewed to make sure the content was genuine, up to date, and not altered. Documents were only included if they had clear organisational logos or names,

and when possible, were backed up by other sources like reports or press releases from the same organisation.

The use of Freedom of Information (FOI) requests were considered in order to obtain materials for the analysis. FOIs can offer significant advantages, particularly in obtaining information about whether children's social care providers offer specific training programs (Savage and Hyde, 2014). FOIs provide a formal method to access data that may not be publicly available, which could help verify or expand upon findings from surveys and other sources (Stein and Camaj, 2018). In the context of this study, however, the survey had already captured the broader picture of child protection professionals' perspectives on training provision and experiences, meaning the primary focus of the document analysis was to critically examine the content of the training materials themselves. Nevertheless, FOIs could be highly valuable in future research, as the findings from the document analysis could inform targeted FOI questions (Walby and Luscombe, 2018). For example, researchers could ask whether social care providers offer training on ethnic diversity that incorporates lived experiences, allowing for a more precise understanding of training availability and content. This approach would complement the qualitative insights gained from the document analysis and could help identify gaps between policy intentions, training provision, and practice.

Throughout the data and material collection process for the study, several factors were crucial to ensuring the reliability, credibility, and validity of the information gathered. As a result, all organisations were thoroughly reviewed to verify their legitimacy, and only documents from recognised and authoritative sources were utilised. These included official local authority websites, materials from registered children's home websites, and documents from established organisations such as the British Association of Social Workers and government websites. However, it was integral to ensure that the resources selected were appropriate for

gaining an understanding of the training schemes provided within children's social care (Laird, et al 2023). As part of the research process, the websites of the organisations were systematically searched for publicly available training materials. This included reviewing sections such as careers pages and dedicated training or continuous professional development sections. All accessible training resources and modules were examined, with particular attention given to identifying whether any content was specifically focused on cultural diversity. This step was essential to assess the extent to which cultural awareness is formally embedded within professional development frameworks.

The document analysis focused on the training aspect of the qualitative findings and a total of eight documents detailing training materials provided to child protection professionals were analysed in this chapter. The documents included detailed descriptions of the training materials provided to child protection professionals, including the frequency of the training, the specific methods employed, and information on any assessment procedures conducted upon completion of the training. Documents were selected from organisations from each of the four nations within the UK. These were sourced from Social Care Wales, Social Work England, the Scottish Social Services Council and the Northern Ireland Social Care Council. Materials were selected from different areas of the UK to identify any common themes or differences across the different locations.

The analysis also utilised training courses provided to newly qualified and practicing social workers from the British Association of Social Workers. Similarly, the document analysis also included training plans provided to children's residential professionals. This approach was designed to facilitate an analysis from a multi-level perspective, enabling the exploration of themes or variations in the training provided to practitioners across different levels. Each of the documents was freely available from the internet and in each instance the most recent version was selected.

Table 14: Individual Document Details

Reference	Type of Organisation	Title	Date Sourced	Description
1	Social Work Association – Northern Ireland	Digital Learning Resources	19th Jan 2025	Details of digital learning resources provided to child protection professionals across different local authorities in Northern Ireland.
2	Social Work Association – UK	Becoming Allies in Social Work	19th Jan 2025	Information a training program specifically aimed at promoting social justice within children's social work.
3	Social Work Association – UK	Return to Social Work: Learning Materials	19th Jan 2025	An Activity Pack provided to child protection professionals returning to work.
4	Social Work Association – England	CPD: what you need to know	19th Jan 2025	Information on CPD requirements for professionals aiming to

				become registered social workers.
5	Social Work Association – Scotland	Mandatory Training	19th Jan 2025	Details of core learning resources provided to child protection professionals across different local authorities in Scotland.
6	Social Work Association – Wales	Continuing Professional Education and Learning: A Framework for social workers in Wales	19th Jan 2025	Comprehensive training program for newly qualified social workers in Wales to ensure continuing professional education and learning.
7	Registered Children's Home Provider	Training for sector professionals	05th Jan 2025	Information on training materials and events offered to staff working within the organisations children's homes.
8	Social Work Association – Wales	Training modules and	05th Jan 2025	Information on the training courses provided to child

	courses for care workers	protection professionals across different local authorities in Wales.

7.2.3 Ethics

The documents selected for analysis focused on training materials related to cultural diversity, which may include sensitive topics such as racism and discrimination. Additionally, these materials are typically the copyright-protected property of the organisations that developed materials (Love, 2013). To obtain official training documents from credible sources, the data collection process involved contacting local authorities and registered children's homes across the United Kingdom to request access to their internal training resources. As this required access to confidential and proprietary information, a separate ethics application was submitted to ensure that appropriate permissions and ethical considerations were in place (Davie and Wyatt, 2021). Ethical approval was granted by the Faculty Research Ethics and Governance Sub-Committees at Swansea University on 16th January 2025 (12594) for requesting access to these materials (see Appendix 1.3). Despite receiving ethical approval, local authorities and children's homes were reluctant to share their internal training materials, likely due to concerns around confidentiality and intellectual property (Bellamy, 2008). As a result, the document analysis utilised training materials that were publicly available online. This shift introduced additional ethical considerations, particularly regarding consent, as the materials were not obtained directly from the organisations but accessed through open sources.

The additional ethical considerations required when utilising publicly available materials in research are evident in research by Gliniecka (2023) who examined the ethical challenges of

using publicly available online data in research, focusing specifically on Reddit discussions among young people. The study highlighted that while such data is often considered exempt from formal ethical review processes, simply categorising it as "public" does not automatically remove the need for ethical consideration. The study found that a rigid, one-size-fits-all approach to ethics often overlooks the individual risks of using online material, such as issues of consent, privacy, and potential harm. Instead, adopting a more flexible ethics approach on a case-by-case basis, enables researchers to more responsibly navigate the complexities of working with publicly available materials.

To address these additional ethical considerations care was taken to ensure that all materials used were publicly accessible and properly attributed. However, even though the documents used in this study were publicly available, it was still important to store them securely to comply with the key ethical principles and prevent any risk of misuse (British Sociological Association, 2017). The documents were stored securely on a password-protected laptop and accessed via a VPN to ensure data protection. Access was strictly limited to the researcher, with supervisors only being granted access if support was required. In line with institutional ethical guidelines, the documents will be retained for five years after the completion of the study, after which they will be permanently deleted to ensure confidentiality and prevent unauthorised use (UK Research and Innovation, 2021). This approach balances the need for transparency and accountability in research with the obligation to protect sensitive information.

Similarly, it was also important to ensure that any discussion of the findings maintained anonymity and avoided inadvertently identifying individuals (British Sociological Association, 2017). In reporting the results, no personal names, authors, or contributors were included, and only organisational information already in the public domain was referenced (Gliniecka, 2023). Care was taken to present the findings in a way that focused on the themes

and content rather than on identifiable sources, therefore preventing misrepresentation or unintended disclosure (UK Research and Innovation, 2021). This ensured that the analysis complied with ethical standards by respecting confidentiality and preserving the identity of those indirectly connected to the materials.

In document analysis, it is also important to ensure that documents are interpreted fairly, avoiding an inaccurate portrayal of the content (Rapley, 2007). In the current study this was achieved by considering the context in which documents were produced and acknowledging the potential biases embedded within them (Bowen, 2009). Additionally, the analysis findings were triangulated with the findings from the interviews and surveys, which helped to support a balanced interpretation, ensuring that the conclusions were not based on biased representations of the material (Flick, 2018). Combining these strategies allowed the researcher to provide a fair account of the training materials analysed.

7.2.4 Analytical Strategy

The documents were analysed using thematic analysis. Each document was systematically reviewed to identify patterns and similarities across content, structure, and delivery format (Grant, 2022). This included assessing whether the training was delivered online or in person, and whether it was primarily text-based or interactive, such as including videos, activities, or quizzes. Attention was also given to whether participant engagement was assessed through scored responses, and if results were potentially reviewed by senior management. The analysis considered the wording, tone, and use of visual elements such as images or diagrams (Grant, 2018). Particular focus was placed on the scope and depth of cultural diversity content, including references to language barriers, different cultural practices, and intersectional considerations. Codes were then generated based on the key features identified. These codes were then reviewed to identify common features across the materials, leading to

the development of overarching themes (Grant, 2022). The identified themes were explored in greater depth, with supporting evidence drawn from direct quotations and screenshots of the training materials (Braun and Clarke, 2013). Finally, the themes identified in the document analysis were triangulated with the findings from the survey and interviews to examine potential consistencies, patterns, or contradictions across the three research methods. This integration elevated the depth of the overall findings and helped identify whether participants' perceptions of the training aligned with the content and quality of the actual materials provided. (Howe, 2012).

7.3 Findings

The following section will provide a detailed exploration of the four themes identified, evaluating the various training methods offered to child protection professionals and relating these findings to the existing literature. The analysis will also address any limitations in the training provided, identify broader issues, and highlight areas for further research. Additionally, it will examine whether the findings from the document analysis align with or expand those from the survey and interviews through examining the types of training available, considering the implications and exploring the reasons behind any discrepancies.

The findings included four themes identified by the researcher:

- Online Training Materials
- Self-Directed Learning
- Gaps in the Current Training Provision
- Limited Training on Cultural Diversity

Each section of this analysis will now examine the identified themes in turn, providing a detailed exploration of the training provided to child protection professionals. This includes expanding on the type of training offered, the quantity and frequency of training, the format

in which it is delivered, and the specific topics covered. By integrating insights from the survey and interviews with the document analysis, the analysis highlights how the training aligns with the participant's experiences. This approach elevates understanding of the strengths and limitations of the current training provided, identifies areas for improvement, and places the findings within the wider professional and policy environment.

7.3.1 Online Training Modules

One of the key themes identified when reviewing the training available for practicing social workers was the majority of the training consisted of online courses. It is key to highlight that when searching for training materials, the search was conducted primarily online. This could be the reason for the larger proportion of online resources being identified in contrast to face-to-face training which is often less readily available. However, there is little information on in-person training offered by the organisations. The absence of this information may therefore suggest that limited in-person training is being provided. This aligns with findings from previous studies (Howe, 2012), which have highlighted the challenges of accessing information about face-to-face training sessions, particularly when these sessions are not regularly updated or published online (Smith and Wiles, 2013). The lack of readily available information suggests that in-person training may either not be offered consistently or is not effectively communicated to the public within the six organisations sampled.

As highlighted in Figure 13, the online courses offer detailed, interactive, multi-media materials, including text, images and videos. The use of multimedia, such as videos and interactive digital resources, within professional training materials offers significant benefits. Multimedia tools can present complex information in a more engaging way, enabling learners to visualise real-life scenarios and connect theory to practice more effectively (Mayer, 2009). Videos, in particular, support learning by allowing professionals to reflect on examples of

practice in context, which can elevate understanding and help professionals put their learning into practice (Rich, 2012). Empirical evidence highlights that multimedia resources increase motivation and knowledge retention by catering to diverse learning styles and promoting active engagement (Clark and Mayer, 2016). For child protection professionals, the use of video-based case studies or role-play simulations can be particularly valuable, as these methods encourage reflective practice and the application of cultural competence in realistic situations.

Figure 13 – Extract form Video in Document 1

As illustrated in Figure 14 below, the online modules do cover a wide range of topics. Figure 14 displays examples of the variety of training topics offered by the Social Work Association – Northern Ireland, from practical training on safeguarding and health and safety policies to more theoretical topics such as child development and therapeutic practice.

Figure 14 - Extract from Document 1

Digital Learning Resources

- ACES and Trauma Information Practice (TIP)
- Delirium
- Eating, Drinking and Swallowing Difficulties – Dysphagia Awareness Training and Resources
- Grief and Bereavement
- Homelessness
- Human Rights for Social Workers
- Induction Programme for Social Care Workers
- Loneliness and Staying Connected
- Making the Right Decision
- Medication Management
- Mental Health Awareness in the Workplace for Managers
- Promoting Good Nutrition
- Providing Fire Safety Awareness – Safer Together Project
- Reflective Practice for Social Care Practitioners
- Resilience and Wellbeing for Social Care Practitioners and Social Workers
- Responding to living and dying during COVID-19
- Standards for Conduct and Practice for SCW
- Safeguarding
- Support Good Infection Prevention and Control

Numerous benefits have been found to using eLearning materials. For instance, the online modules can help to engage the viewers senses which has been found to enhance recall (Mayer et al., 2021). For instance, Figure 15 presents an extract from one of the child development modules included in Document 1. As illustrated, the module incorporates the use of brightly coloured diagrams to increase engagement and elevate understanding. Visual aids, particularly when presented in bright colours, can improve learners' ability to organise and remember information by drawing attention to key concepts (Mayer, 2009). These design features are especially valuable in professional training materials, as they promote both initial understanding and long-term knowledge retention.

Figure 15 – Extract from Document 1

Online training modules can also provide a safe environment for newly qualified practitioners to experience training before applying their new skills in a real life situation. Certain courses require an assessment to be successfully passed before the practitioner can complete the training, which can provide a method of monitoring an employee's progress (Zhang et al., 2022). However, one of the main benefits to local authorities of providing online training materials is that they are often a lower cost alternative to traditional in-person training (Means et al., 2014). Likewise, online training is also often easier to organise than face-to-face training, which could be particularly appealing to local authorities who are already constrained by limited time. In a similar vein, a key finding from the survey and interviews was that child protection professionals often face time constraints due to competing priorities and high caseloads. As a result, offering training online may be an effective solution, allowing practitioners to save time and better manage their schedules. Online training could be more accessible, as it enables professionals to complete the training at their convenience, compared to attending in-person workshops or full-day training sessions, which may require

taking a full day off from their duties, an option that is often not feasible within the child protection field.

In contrast, there can be challenges with an over reliance on online training materials. For instance, while the materials provided by the social work regulators in the UK have been created by qualified professionals and do include some modules relating to cultural diversity, the topics covered are relatively limited. As highlighted in Figure 16, the anti-racism and allyship courses presented in Document 2 combine the experiences of discrimination across all marginalised groups, including ethnic minorities, the LGBTQ + community, immigrants, individuals with disabilities and mental health challenges, people from diverse family structures, and those of varying ages and genders.

Figure 16 - Extract from Document 2

What discrimination means

Discrimination means treating someone 'less favourably' than someone else, because of:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

These are called 'protected characteristics'.

While this inclusive strategy promotes a general understanding of discrimination, it may unintentionally overlook the unique cultural practices and lived experiences of specific ethnic communities. This generalised approach can hinder child protection professionals from fully understanding the different needs and perspectives of the families they serve, particularly those from culturally diverse backgrounds (Osbourne, 2023). Research indicates that diversity training programs often lack depth in addressing the specific experiences of marginalised groups. For instance, Wang et al. (2024) conducted a systematic review of diversity, equity, and inclusion (DEI) and anti-racism training found that many programs are limited in scope and fail to explore the complexities of cultural identities and inequalities. These limitations can lead to a surface level understanding that does not lead to meaningful changes in practice or policy. These findings imply that implementing more targeted training modules would not only addresses general issues of discrimination but also provide child protection professionals with a better understanding of the specific cultural practices of the families they support. Therefore, while the current training displayed in Figure 16 provides valuable information on anti-racism and allyship, the generalised approach may limit child protection professionals' ability to engage effectively with culturally diverse families. To improve the effectiveness of the training, it is crucial to incorporate more targeted culturally relevant modules that acknowledges and addresses the unique cultural identities and experiences of the communities served.

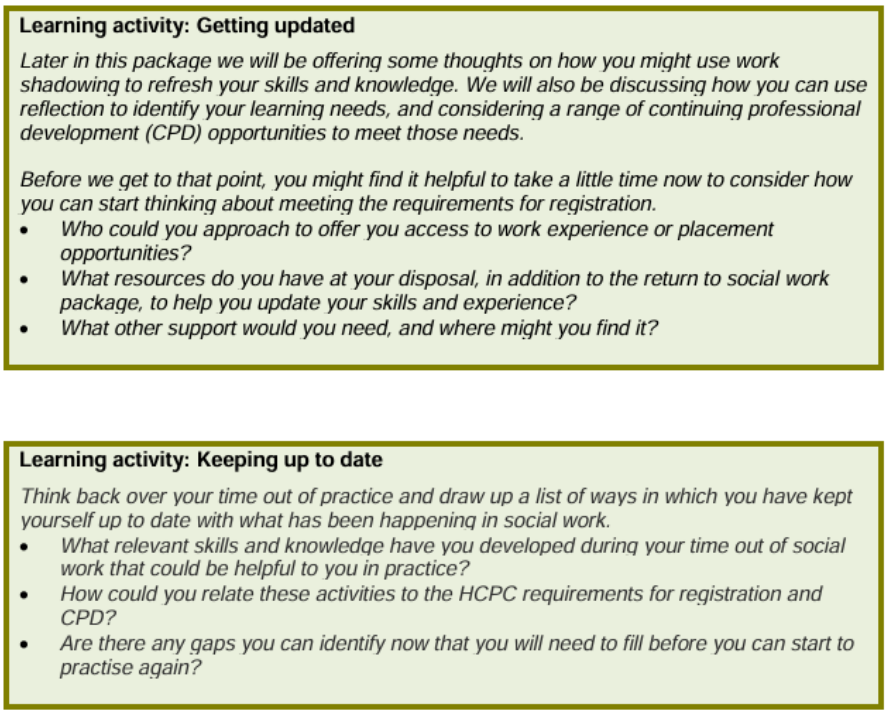
While eLearning modules may be useful in raising awareness of cultural diversity, they may fall short when it comes to challenging bias and stereotypes (Smyrnova-Trybulska and Morze, 2019). This highlights the need for more diverse training methods to effectively address biases and promote equality. These finding highlights that while online training modules offer numerous benefits, they are insufficient on their own. To effectively address a broad topic like cultural diversity, a variety of training materials and topics must be

incorporated. However, it is evident that before addressing this issue, the challenges surrounding funding for local authorities and children's homes must be resolved to provide them with the necessary resources to offer more diverse, face-to-face training.

7.3.2 Self-Directed Learning

A further key theme from the document analysis was that the majority of the training on cultural diversity was self-directed with the responsibility placed on the practitioners themselves. For instance, Document 3 contains an activity pack designed for the practitioners to work through in their own time and refresh their learning as required. The activity pack includes a range of exercises and activities, such as thought exercises:

Figure 17 - Extract from Document 3



Learning activity: Getting updated

Later in this package we will be offering some thoughts on how you might use work shadowing to refresh your skills and knowledge. We will also be discussing how you can use reflection to identify your learning needs, and considering a range of continuing professional development (CPD) opportunities to meet those needs.

Before we get to that point, you might find it helpful to take a little time now to consider how you can start thinking about meeting the requirements for registration.

- *Who could you approach to offer you access to work experience or placement opportunities?*
- *What resources do you have at your disposal, in addition to the return to social work package, to help you update your skills and experience?*
- *What other support would you need, and where might you find it?*

Learning activity: Keeping up to date

Think back over your time out of practice and draw up a list of ways in which you have kept yourself up to date with what has been happening in social work.

- *What relevant skills and knowledge have you developed during your time out of social work that could be helpful to you in practice?*
- *How could you relate these activities to the HCPC requirements for registration and CPD?*
- *Are there any gaps you can identify now that you will need to fill before you can start to practise again?*

As well as career development activities, for example encouraging the practitioners to create a CV:

Figure 18 - Extract from Document 3

Learning activity: Creating a CV

We have provided a sample template for a CV.

- *Fill it in with your own details.*
- *Use your critical reflection skills to work through each section and write your personal statement.*

There are numerous benefits to self-directed learning as it provides practitioners with the autonomy to decide when and how they complete the training which can lead to increased motivation and engagement. Similarly, self-directed learning allows practitioners to plan their training around their schedules to balance learning with other personal or professional responsibilities (Knowles et al., 2020). This flexibility is particularly beneficial for child protection professionals with high caseloads and time constraints. Additionally, self-directed training can be a more affordable option for learning compared to traditional methods that may involve tuition fees or formal training programs. This method would be useful for local authorities with limited funding and monetary restrictions (Roberson et al., 2021).

However, several limitations exist with implementing self-directed learning. For example, in Figure 19 Document 4 clearly mandates that practitioners must complete at least two pieces of Continuing Professional Development (CPD) per year.

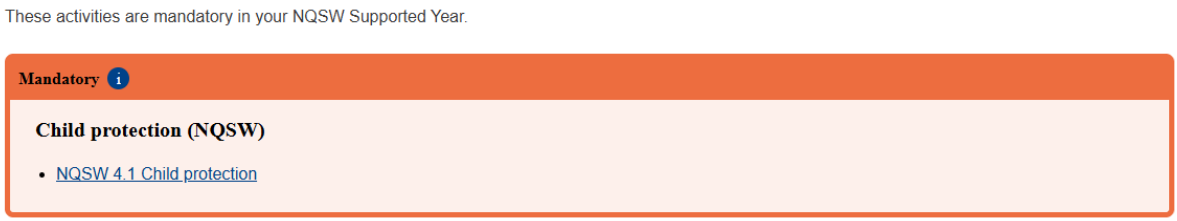
Figure 19 – Extract from Document 4

How much CPD you should do

You must record **a minimum of 2 different pieces of CPD** per registration year.

Similarly, within Document 5 several training courses were classified as mandatory. However, these mandatory courses were predominantly focused on high-priority subjects such as safeguarding or child protection, while cultural diversity was notably absent from the list of required training topics.

Figure 20 - Extract from Document 5



While the flexibility provided by offering non-mandatory training is beneficial, it presents the risk that this training will not be completed. Additionally, the activity pack in Document 3 lacks a specified deadline or schedule to guide practitioners in measuring their progress. There is also no requirement for sign-off from a manager or senior staff member. Figure 21 highlights that while the activity pack includes assessments in the form of exam-style questions, these are self-assessments, and there is no obligation to report the results to a senior staff member. Instead, practitioners are encouraged to check their own answers to determine how many they answered correctly:

Figure 21: Extract from Document 3

1. What is the PCF?
2. What was the Munro Review?
3. What is the remit of The College of Social Work?
4. Name one of the HCPC CPD standards?
5. Name two types of learning activity that can be used to demonstrate ongoing CPD?
6. What is a critical incident?
7. What might a reflective log be used for?
8. How might a SWOT analysis be used?

When you are happy with your answers refer to the accompanying resource pack to check how many you got right.

The document does recommend, 'You may find it helpful to discuss your answers with a colleague or supervisor if available.' However, the use of the word 'may' indicates that this is not a mandatory requirement, and practitioners are not obliged to share their answers with anyone. This implies that there is no obligation for practitioners to report or be transparent about their progress in the training. The lack of management oversight results in the absence of a formal structure regarding when the training should be completed or how frequently it should be revisited. As the responsibility is left to the practitioner, who may already have a heavy workload, there is a risk that the training will be completed infrequently or not at all (Kirkwood et al., 2022).

This is consistent with the findings from the qualitative analysis of the survey as the participants felt that the frequency of training on cultural diversity was insufficient.

'Definitely not enough training. I have completed one module in 3 years.' (Social Worker)

This finding was also reflected in the quantitative outcomes of the survey as only 25.8% of practitioners agreed that the training provided to child protection staff on cultural diversity is sufficient. This suggests that senior managers and policymakers must take further action to

establish a clear framework for cultural diversity training, ensuring that it is completed by practitioners and that sufficient training is provided at an appropriate frequency.

A report by Beasley et al (2023) concluded that a clear anti-racist focus is essential in social work education and therefore, this highlights the need for this to be a mandatory piece of training for practicing social workers and children's residential professionals. The participants in the study identified education as key to building practitioner confidence to address and challenge racism. Currently, research suggests that social work education programmes are not including enough anti-racist teaching in their programmes (Tedam and Cane, 2022) and there is limited evidence of this in continuing professional development (CPD) from local authorities (Pollock, 2023).

Social Work England requirements expect qualified practitioners to evidence at least two pieces of CPD each year to remain registered (Social Work England, 2023). There is opportunity here, to build in a requirement for some of this learning to encompass anti-racism. Utilising CPD recording to capture this learning would mean that all practitioners have an up-to-date understanding of the impact of discrimination, and how to be an anti-racist social worker. This would also address the notable gap in workforce knowledge due to the absence of anti-racism in social work education. Therefore, it is essential that a portion of the mandatory training required for practitioners is dedicated specifically to cultural diversity, emphasising the importance of this topic and highlighting its priority.

Self-directed learning was also reflected in the training methods outlined in Document 6, with Figure 22 illustrating one of the modules offered, critical reflection. Critical reflection in training enables professionals to examine their assumptions, values, and practices, which supports deeper learning and improved decision-making. By engaging in reflective processes, practitioners are better able to adapt to complex situations, enhance self-awareness, and apply theory to practice more effectively (Fook and Gardner, 2007).

Figure 22 – Extract from Document 6

1.5 Be able to use critical reflection to evaluate own analysis in social work assessments	1.5.1. Use critical reflection to evaluate personal practice of analysis in social work assessments to include: • making the voice of the individual central to assessment; • value based practice; • a focus on impact and outcomes for the individual; • ethical practice including the management of ethical dilemmas;

Similarly, Figure 23 illustrates that the primary theme of the self-directed activity pack in Document 3 is self-reflection, with a particular focus on utilising Gibbs' (1998) reflective cycle.

Figure 23 - Extract from Document 3

Reflective logs

Critical reflection is a theme that runs all the way through the return to social work materials, and it is suggested that learners maintain a reflective log as they work through the exercises and activities. The following templates are intended to be used as part of the learning package, but may also be suitable for other learning activities or within a supervisory relationship. Gibbs' (1998) reflective cycle is shown below for reference. Other reflective models are provided in Module 1.

The Reflective Cycle is a tool that professionals can utilise to identify areas of learning. The aim of this model is to provide a framework that professionals to reflect on their own practice and how they can develop their abilities. The Reflective Cycle is particularly beneficial for child protection professionals as their work often involves complex and high-stakes decisions. By using Gibbs' cycle, professionals can evaluate past decisions, understand their

impact, and refine their decision-making processes for future cases (Woodward et al., 2023). Similarly, reflection can help child protection professionals recognise what worked well in a particular case and what could have been handled differently, promoting continuous learning and professional development (Sherwood et al., 2024).

In contrast, a significant limitation of relying solely on reflective practice as a form of training is that it is only truly effective when practitioners have relevant lived experience to draw upon. For example, without mandatory training on cultural diversity and issues such as racism and discrimination, practitioners may not fully understand the importance of promoting cultural diversity and equality. This lack of awareness can hinder their ability to reflect on their practice and identify areas for improvement, as they may not be aware of the underlying issues. Therefore, it may be necessary for practitioners to first receive training on the challenges faced by ethnic minority families before engaging in reflective practice. This foundational training would enable them to better reflect on their experiences working with ethnic minority families and improve their practice to offer more effective support. This finding highlight that while self-directed learning offers numerous benefits, it also presents several risks, particularly the risk of being treated as a low priority and potentially not being completed due to competing priorities and heavy workloads. Therefore, it is essential to implement more mandatory training on cultural diversity to promote its value and effectiveness.

7.3.3 Gaps in the current training provision

The document analysis revealed significant gaps in the current training provision for child protection professionals. In particular, as highlighted in the previous theme, there is a reliance on online modules, with limited opportunities for face-to-face training. Face-to-face training offers a number of advantages for professional learning, particularly in fields such as

children's social care where communication skills and reflective practice are key. In-person training allows for interaction between trainers and practitioners to engage in conversation, clear understanding, and immediate feedback (Salas et al., 2012). These environments also encourage collaborative learning, as participants can engage in group discussions, role-plays, and problem-solving activities that mirror the complexity of real-world practice (Knowles et al., 2015). Additionally, face-to-face settings provide opportunities to build professional relationships, which has been shown to increase motivation and promote learning beyond the training itself (Eraut, 2004). While digital training can increase accessibility, face-to-face learning is particularly valuable for developing the social and reflective skills required in children's social care practice.

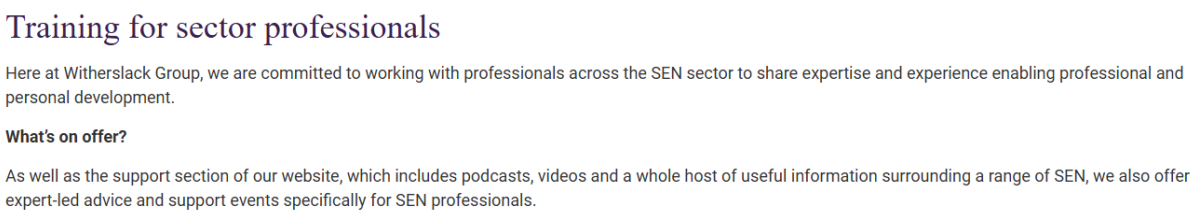
The available training considered in this study also shows little variation in both style and format, which may restrict engagement and learning outcomes (Oncu and Bichelmeyer, 2021). The limited variation in training style and format may hinder professionals' engagement and reduce learning effectiveness. Research indicates that incorporating diverse teaching methods, such as interactive workshops, case studies and group discussions, can elevate understanding and retention (Salas et al., 2012). In professional settings like children's social care, varied approaches allow participants to engage with material in multiple ways, catering to different learning styles and promoting active learning. For example, combining visual materials, face-to-face discussions, and practical exercises can help practitioners better reflect on their own practice and apply their learning into real-world scenarios (Mayer, 2009). Without this variation, training may become less impactful, limiting its ability to address key skills and knowledge gaps.

A recurring theme identified across the survey and interview responses is the lack of lived experience training, which can make it harder for practitioners to apply what they learn

effectively in real situations. (Alnasser et al., 2017). Lived experience training has been found to be an effective source of learning as it provides expertise and knowledge through sharing open and meaningful experiences (Cullen et al., 2023). For example, Matu and Johnston (2023) highlight the value of incorporating diverse lived experiences in education. The study found that integrating students' identities and experiences improve cultural competence, critical thinking, and engagement, creating a more inclusive and effective learning environment. These findings emphasise the importance of embedding lived experience into training and professional development to ensure relevance and impact. Lived-experience training has also increasingly been recognised in children's social care for its ability to bring authentic perspectives into professional development, enhancing empathy, communication, and cultural sensitivity especially when engaging with care-experienced children (Cullen et al., 2023). Educators and trainers with lived experience help learners challenge stereotypes, reflect on personal and professional values, and connect academic concepts to real-life practice (Social Work England, 2023).

Despite growing evidence of its value, training delivered by individuals with lived experience was notably absent from the materials analysed. For instance, Document 7 references the importance of "working with other professionals to share experiences" but does not explicitly include the structured participation of care-experienced individuals in training. This absence represents a missed opportunity to deepen professional development particularly in safeguarding, relational engagement, and culturally responsive intervention by grounding learning in lived realities that theory alone cannot convey.

Figure 24 - Extract from Document 7



Training for sector professionals

Here at Witherslack Group, we are committed to working with professionals across the SEN sector to share expertise and experience enabling professional and personal development.

What's on offer?

As well as the support section of our website, which includes podcasts, videos and a whole host of useful information surrounding a range of SEN, we also offer expert-led advice and support events specifically for SEN professionals.

In contrast to the organisations mentioned in many of the other documents, it is evident from Figure 24 that the children's home provides a range of face-to-face training, including workshops and podcasts and lectures. Several benefits exist in relation to in person training, such as, interaction between trainers and practitioners, which promotes active engagement, immediate feedback, and the opportunity for questions and clarification (CPD Certification Service, 2024). The ability to engage in discussions and activities helps solidify knowledge more effectively than passive learning methods (Atwa et al., 2022). However, while the private training and ongoing CPD offered may include it, there is no reference to lived experience within any of the in-person training courses. This finding is consistent across all of the documents analysed, supporting the participant's responses in the survey and questionnaire.

Several UK initiatives already showcase the impact of lived experience integration. For instance, Walsall Children's Services co-produced a series of CPD modules on care-experienced, GRT, and domestic abuse topics with experts by lived experience, resulting in a transformative 'Golden Thread' within practice (Walsall ASYE Participation Project, 2022) Similarly, Social Work England's Education and Training Advisory Forum (ETAF) has embedded lived experience involvement across the social work education continuum from admissions and curriculum development to assessment and professional readiness (Social Work England ETAF, 2023). However, several barriers limit the integration of lived-experience training in children's social care. Institutional resistance and unclear roles can hinder collaboration (Imroc, 2022). Additionally, the emotional labour involved, including

risks of vicarious trauma and burnout, requires strong support systems that are often lacking (Figley, 1995). Finally, resource constraints such as limited time, funding, and organisational capacity challenge the development of sustainable co-produced training programs (Social Care Institute for Excellence, 2025). These factors collectively contribute to the limited presence of well-supported lived-experience training in the sector.

A comprehensive review conducted by the National Institute of Health (2022) synthesised findings from 36 studies evaluating training programs delivered by individuals with lived experience. This review highlighted several positive outcomes associated with such training initiatives. Participants consistently demonstrated increased professional knowledge and practical skills directly relevant to their roles. Trainees reported high levels of satisfaction with the training content and delivery, often citing the relatability and authenticity brought by trainers who shared similar lived experiences. However, the review found that trainees were more likely to apply the acquired skills effectively in their professional practice, suggesting enhanced real-world impact and confidence. Importantly, participation in these programs was also linked to improved employment and educational opportunities, indicating that lived experience training can facilitate greater workforce integration and career progression. The review emphasised that incorporating lived experience as a core component of training not only enriches the learning environment but also fosters more empathetic, informed, and effective professionals. Consequently, it concluded that well-designed lived experience training should be regarded as an essential element for successful employment outcomes and long-term retention within various sectors, particularly those involving social care, health, and community services. Therefore, this research supports the participant's view that the implementation of more lived experience training should be prioritised. The research clearly demonstrates the numerous benefits of lived experience training, indicating that its implementation should be prioritised by policymakers when determining the types of training

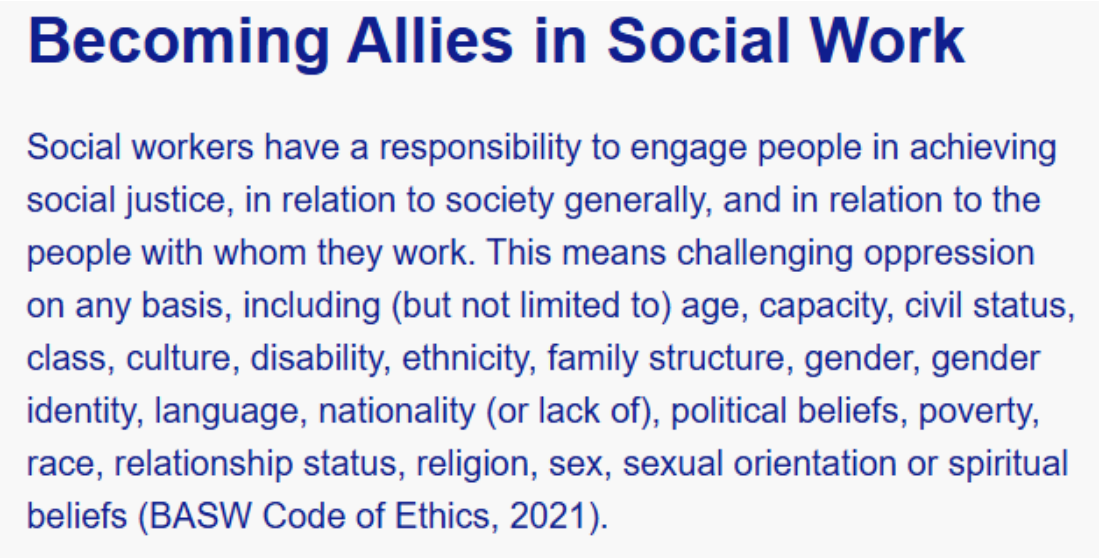
for child protection professionals. This training could play a crucial role in raising awareness of cultural diversity and better equipping practitioners to meet the needs of ethnic minority families.

7.3.4 Limited Training on Cultural Diversity

A prominent finding of the document analysis was the limited availability of training programs specifically addressing cultural diversity. The majority of the training provided focused on high-priority subjects, such as safeguarding, which is warranted given the nature of the role and the significant risks involved. However, this emphasis often results in other topics, such as cultural diversity, receiving less attention. This is evident in Figure 13 which displays the training modules offered by Social Work Association – Northern Ireland. While the organisation offers practitioners training on a wide range of topics, cultural diversity is notably absent.

The limited training on cultural diversity provided the other organisations primarily covers foundational concepts, rather than exploring the topic in depth. For example, Document 2 outlines a training course specifically focused on promoting 'Allyship' within practice. Allyship is defined as the active support and advocacy for individuals or groups who are marginalised or oppressed (BASW Code of Ethics, 2021). This training course conveys a clear, positive message, encouraging practitioners to promote social justice and challenge oppression in their daily practice. By offering a training course dedicated to allyship, the organisation demonstrates a commitment to promoting equality, diversity, and eradicating discrimination. However, as shown in Figure 25, one key aim of the module is to address allyship across all categories of marginalisation.

Figure 25 - Extract from Document 2



Becoming Allies in Social Work

Social workers have a responsibility to engage people in achieving social justice, in relation to society generally, and in relation to the people with whom they work. This means challenging oppression on any basis, including (but not limited to) age, capacity, civil status, class, culture, disability, ethnicity, family structure, gender, gender identity, language, nationality (or lack of), political beliefs, poverty, race, relationship status, religion, sex, sexual orientation or spiritual beliefs (BASW Code of Ethics, 2021).

While this is commendable, as it acknowledges the wide range of individuals and communities that experience discrimination, it is inherently limited. As highlighted in the previous theme, it is simply not feasible to cover every marginalised group in a single training module and risks failing to do justice to the unique experiences of each group. Consequently, the training may only provide a superficial understanding of the challenges faced by various marginalised groups, with some potentially being overlooked. Therefore, while Document 2 represents a positive step forward, it highlights the need for more comprehensive training that adequately addresses the full scope of cultural diversity.

This limitation is also evident in the online training courses outlined in Documents 8 and 5. While modules addressing equality and anti-discrimination are included, the content is overly generalised and fails to delve into the cultural traditions and practices of specific groups. Instead, the training consolidates all cultures into a single category, thereby overlooking the unique nuances and practices of individual cultures. Moreover, as highlighted in the previous theme, the anti-discrimination modules do not focus specifically on cultural diversity. Rather, they combine topics such as discrimination against the LGBTQ + community, individuals with disabilities, age discrimination, and gender bias into one brief module. This approach

presents significant challenges when addressing the broad and complex topic of cultural diversity and is insufficient for child protection professionals to develop a comprehensive understanding of different cultural practices.

Notably, the majority of training methods outlined within Documents 3, 5 and 6 primarily consisted of case studies and reflective exercises, these methods offer several benefits. For example, case studies provide realistic scenarios that enable practitioners to apply theoretical concepts to practical situations (Blanchard and Thacker, 2023). Additionally, research suggests that learning through narratives and scenarios, as presented in case studies, enhances memory retention more effectively than lectures or reading alone. (Rowley, 2002). Similarly, reflective practice offers significant benefits. In the context of cultural diversity training, reflection activities play a crucial role in fostering self-awareness by prompting individuals to critically examine their biases, assumptions, and cultural perspectives. Additionally, these exercises can help practitioners identify and address unconscious biases that may influence their interactions with diverse groups (McGlynn, 2012).

In contrast, relying exclusively on these training methods poses the risk of oversimplification. Solely reading or discussing can lead to passive learning rather than promoting the active engagement essential for a deeper understanding of cultural diversity. Typically, case studies concentrate on specific scenarios and do not facilitate the dynamic interaction provided by alternative training approaches such as role-playing or group discussions. This limitation restricts opportunities for applying knowledge to real-world situations. As cultural issues are complex and multifaceted, case studies can sometimes oversimplify these challenges and fail to capture the nuances of diverse perspectives. By focusing on pre-determined scenarios, case studies might not cover the full range of cultural diversity challenges (Sedgwick, 2014).

Additionally, it is often difficult to summarise and develop general propositions and theories on the basis of specific case studies (Starman, 2013). Similarly, case studies lack the personal

connection that can be achieved through other training methods, particularly those led by individuals with lived experience. While case studies can present theoretical situations, they may not create the same level of personal reflection or emotional engagement as more interactive training sessions. In contrast, hearing firsthand accounts can help practitioners make a stronger connection to the issues at hand, whereas case studies can sometimes appear abstract or disconnected from reality (Nelson, 2024).

In contrast, the reflective exercises encourage active learning by prompting practitioners to engage deeply with their experiences and think critically. However, the reflection exercises within the documents require the practitioners to reflect on hypothetical situations which may lack realism. Hypothetical scenarios often fail to capture the full complexity of real-life situations, resulting in reflections that do not fully prepare individuals for actual challenges (Jones, 2025). Similarly, insights gained from these exercises may not always translate effectively into practical situations or behaviours in unpredictable real-world contexts (Vlaev, 2012).

Similarly, as highlighted in Figure 26, the training materials presented in Document 8 consist exclusively of videos. Videos can be an effective training method as they can simplify and deconstruct complex topics, such as cultural diversity, by incorporating real-life examples to enhance understanding (Brame, 2017).

Figure 26 - Extract from Document 8

> Social Care Wales, in partnership with Rhoda Emlyn-Jones from Achieving Sustainable Change, has developed video resources to help you have good 'what matters' conversations with people who may need care and support. The videos are aimed at social care workers, volunteers, or people who have been redeployed.

Additionally, videos can facilitate step-by-step demonstrations of processes or procedures, which can be especially beneficial in fields like child protection (Westwood, 2025). In

contrast, watching videos is a passive learning activity and therefore may not promote adequate information retention for effective training (Roberts, 2019). Research has shown that teaching methods that require active engagement from the learner tend to be more effective in promoting learning outcomes (Buehl, 2023). The videos in Document 8 lacked any interactive components, such as questions or quizzes. Instead, they consisted solely of a speaker delivering information. Consequently, it would be easy for practitioners to lose focus and disengage with the content. Therefore, relying exclusively on videos for training, as seen in Document 8, is unlikely to provide child protection professionals with a comprehensive understanding of cultural diversity.

However, one of the key challenges faced by the organisations and local authorities in providing comprehensive cultural diversity training is the significant time and cost required. Budget constraints, limited staffing, and high workloads often impede the implementation of specialised programs. Both the survey and interviews identified that funding is a major issue in children's social care, highlighting the difficulty local authorities face in securing adequate resources for trainers and program development. Similarly, when supporting ethnic minority families, child protection professionals encounter a broad spectrum of cultural experiences. Therefore, adequate training should address the full diversity of these issues; however, achieving this breadth is difficult given the limitations in time and funding.

This finding is supported by a five-year longitudinal study on child and family social work conducted by Pollock et al. (2024). The study explored issues relating to race and ethnicity experienced by social workers in England using a mixed-methods design. The study involved large-scale surveys, quantitative telephone interviews and semi-structured interviews to create an annual report for the Department for Education. The sample for the quantitative phase consisted of 1,605 social workers from different ethnic backgrounds and forty of these participants also completed follow up interviews. The qualitative data was analysed using

thematic analysis and five themes were identified. One of the key themes found that where the workforce was less diverse, participants felt tensions in the workplace could arise due to lack of knowledge of the backgrounds of ethnically minoritised practitioners. This implies that there is a real need for formal training on different cultures and ethnicities.

Additionally, the study found that ethnic diversity varied across the different regions of England, with central London being highly diverse and areas in the North-East of the country being overwhelmingly White-British. In the context of this research, the finding is consistent with the interview responses as participants working in less diverse regions had less experience working with ethnic minority children compared to those in more multicultural areas.

'*I have not come across children with ethnic backgrounds within my area of expertise and so I am unaware of any services that are available in regards to differentiating ethnic backgrounds compared to within our community backgrounds of a White ethnic background' (Safeguarding Officer)*

However, in the document analysis, cultural diversity training programs were limited across all regions and all four nations of the United Kingdom. Even in multicultural areas, training materials remained insufficient despite the growing number of ethnic minority families. This highlights the urgent need for improved cultural diversity training across the UK, particularly in highly diverse regions.

A further finding from the Document analysis was that one of the documents, Document 1, did not contain any modules specifically dedicated to cultural diversity. While this does not mean that the organisation does nothing to promote equality and diversity outside of formal training, it does present a major limitation in the organisation's training materials. This reflects the participants' perceptions in the survey and interviews that the level of training on

cultural diversity is not sufficient. This finding indicates a significant gap in the cultural diversity training offered to child protection professionals within the children's care system, a gap that is reflected in the participants' responses to the survey and interviews. Consequently, this deficiency must be addressed, and enhanced training should be provided to raise practitioners' awareness of the challenges faced by ethnic minority families, thereby enabling them to offer more effective support.

7.4 Summary of document analysis findings

The findings of the document analysis support the survey and interview results, highlighting that the current training on cultural diversity for child protection professionals is largely insufficient. It is important to highlight that the analysis was limited to publicly available training materials, and access was not granted to the internal modules offered by all Local Authorities. However, more frequent and comprehensive training is urgently needed, as cultural diversity currently represents only a small fraction of the overall training provided. The document analysis revealed that existing cultural diversity training primarily consists of relatively short, online modules. While these methods offer some benefits, they also come with significant limitations. Much of the training is self-directed, placing the responsibility on practitioners rather than being a structured, mandatory requirement. Due to competing priorities, high workloads, and staffing shortages, cultural diversity training is not treated as a high priority and lacks a fixed deadline or regular renewal requirements. As a result, it is often reduced to a superficial, tick-box exercise, insufficient to cover the full scope of cultural diversity.

Additionally, there is a notable lack of training led by individuals with lived experience, as well as minimal variation in training formats. Even in highly multicultural areas, cultural diversity training remains limited, suggesting that the issue is consistent across the United

Kingdom. These findings are supported by existing research (Pollock et al., 2024; Ferguson, 2017), further emphasising that inadequate training is a critical issue that requires urgent attention. The insufficient focus on cultural diversity in training may also contribute to the over or underrepresentation of ethnic minority children in the care system, raising important considerations for policymakers. Addressing these gaps through structured, mandatory, and in-depth training programs is essential to ensure child protection professionals are adequately equipped to support diverse communities effectively.

The Welsh Government (2023) has taken initial steps to improve cultural diversity awareness in the workplace, recognising its critical importance in children's social care. Strengthening awareness and understanding of cultural diversity is essential for ensuring that child protection professionals are equipped to support diverse communities effectively. An initiative by the Welsh Government known as ‘An introduction to an Anti-racist Wales’ aims to explore the ways in which racism is built into government policies and produce a detailed plan to adopt an ‘anti-racist’ approach. A key aspect of the initiative is anti-racism training, where the government will evaluate the current training provision and develop a new evidence-based Learning and Development strategy for new recruits. Additionally, the Welsh Government aims to provide bespoke training and development for senior leadership teams, policy teams, Expert Advisory Group (EAG), Minority Ethnic Staff Network (MESN) and the Human Resources profession within the Welsh Government Civil Service.

The plan also discusses the limitations of the Equality Act 2010. For instance, this act places a strong focus on providing ethnic minority professionals equal opportunities in pursuing professional development. The benefit of this approach is that it ensures ethnic minority individuals have access to the same training and development programs within the workplace. However, the Equality Act 2010 fails to promote ongoing equality for ethnic minority professionals once the training has been completed. For example, the policies

surrounding progression, mentoring, sponsorship, and the necessity of informal networks that support career advancement were insufficient for ethnic minority individuals, resulting in discriminatory barriers to their progress. The plan criticises the Equality Act 2010 for placing an emphasis on 'fixing' ethnic minority individuals rather than reducing the historical imbalance of power between White and ethnic minority communities (Mirza, 2022). Therefore, any future initiatives aiming to improving equality within the workplace need to address how racism is embedded in organisations polices, processes and ways of working practices. This is integral to ensure that power and influence is distributed equally across all ethnicities.

The findings from the document analysis aligned closely with the survey and interview responses, revealing that while training is available to child protection professionals, cultural diversity is often overlooked in favour of higher-priority topics. When such training is offered, it is typically optional, infrequent, and predominantly delivered online with limited interactivity or involvement from individuals with lived experience. These findings highlight the urgent need to enhance the visibility, quality, and accessibility of cultural diversity training within the sector.

7.5 Mixed-Method Integration

Integration, often referred to as triangulation in mixed-methods research, is the process of connecting data from different sources or phases of a study to build a more a better image of the research topic (Fetters and Freshwater, 2015). Rather than treating each phase of data collection as an isolated step, integration emphasises the value of connecting the findings across different levels of analysis (O'Cathain et al., 2010). Triangulation not only increases validity but also allows for a deeper understanding of the complexity within children's social care (Creswell and Plano Clark, 2018).

This section explores the integration process within the sequential mixed-methods design and how each phase builds on the one before. Specifically, the survey was conducted first to capture the broad patterns and trends, which then shaped the focus of the interviews, providing a richer exploration of individual experiences. The document analysis was subsequently conducted to support, challenge, or extend the findings in the context of policy and practice. A summary table is included which combines each phase of the study, highlighting how the findings intersect, contrast, or build upon one another. The remainder of the chapter discusses these connections in detail, considering what they reveal together about the research questions and their implications for practice.

The findings identified from the sequential mixed-methods survey, the interviews and the document analysis highlight significant disparities in child protection services, particularly concerning ethnic minority families. Quantitative data, qualitative themes, and evidence from the documents analysed reveal how factors such as intervention rates, cultural differences, language barriers, socioeconomic status, and insufficient training contribute to inequalities within the children's care system. Table 15 highlights how these issues intersect, suggesting a need for systemic reforms, including improved training, increased funding, and policy adjustments to ensure equitable service provision.

Table 15: Integration and Triangulation of Survey, Interviews and Document Analysis.

Quantitative Findings	Qualitative Theme	Example Quote	Synthesis of Findings	Analytical Integration
40.6% agreed the level of intervention from child protection professionals varies significantly across different ethnic groups.	Intervention Rates	*'Differential rates of reporting or identification of child welfare concerns can also contribute to variations in the level of intervention. Cultural factors and community dynamics may influence the likelihood of reporting child protection issues within specific ethnic groups.' – (Children's Social Care Professional)* *'Bias from White professionals may hinder the level of assessment and support given.' (Children and Young People Emotional Well-being Practitioner)* *'Many White colleagues are either too quick to judge an act or event because they are culturally unaware or too scared to question concerns in case they are*	Partial	• Survey participants identified low intervention rates when working with ethnic minority families. • Some professionals fear being accused of racism when exploring a family's culture. • Limited knowledge and understanding around parental styles may promote a sense of prejudice.

		accused of racism' (Independent Sexual Violence Advisor)		
58.6% agreed cultural factors play a role within inequalities of children entering the care system.	Cultural Factors	*'Cultural factors and community dynamics may influence the likelihood of reporting child protection issues within specific ethnic groups.' (Team Manager)* *'People from different ethnic groups may face disparities in access Child Protection services due to factors like cultural bias, language barriers, implicit bias, systemic discrimination and economic disparities. These disparities can result in unequal access to support and protection for children from diverse backgrounds.' (Children's Nurse)*	Partial	• Cultural differences were frequently discussed in the survey responses. • Survey data identified a lack of trust from ethnic minority parents towards anyone outside of the community. • Participants expressed limited understanding around the parenting styles used by ethnic minority parents.
	Language Barriers	*'In my role as a dedicated social worker, language barriers impeded effective communication, leading to misunderstandings and delays in receiving crucial services.' (Social Worker)*	Converges	• In both the survey and interviews language was reported to be a significant barrier for individuals from ethnic minority groups.

		'For me, I think communication is the most important thing because you can't help someone if you don't understand what they're saying. So I think the government should arrange funding for interpreters.' (Social Worker Assistant)	• Translation services are crucial in ensuring that language barriers do not hinder access to child protection services. • Both the survey and interview highlighted a need to improve training on language for staff across all levels. • There is also a need to raise awareness on different cultural codes and traditions. • The document analysis revealed that the limited training available on cultural diversity rarely addresses language barriers.

54.9% strongly agreed poverty plays a role in the number of children referred to Child Protection Services.	Socioeconomic Status	'*Socioeconomic conditions significantly impact children from all ethnic backgrounds, but [minority ethnicity] children tend to be more concentrated in areas with lower socioeconomic indicators' (Social Care Professional)*	Converges	• In both the survey and interviews participants reported that the referrals of ethnic minority children came from families of low socioeconomic status. • Ethnic minority families also had low academic attainment. • A key finding from the interviews was that families may not be aware of the available support services. • During the interviews the participants shared that funding was a prevalent challenge. • Insufficient funding restricts practitioners from delivering
	Poverty and Limited Knowledge of Services	*'We do have a lot of children that have come from poor social economic backgrounds and you know, it's fairly sad that poverty is still a prevalent factor in society these days' (Deputy Manager Children's Home)*	Converges	
	Limited Funding for Services	*'Funding is a challenge, we do everything we can to support families. However due to the area we have limited resources and there is a need for more funding to provide more resources.' (Social Worker)*	Converges	

				the level of service they aspire to provide. • Funding restrictions may hinder the availability of essential services within deprived areas. • In the document analysis, references to poverty within the training materials were highly generalised and lacked any meaningful connection to ethnic inequalities.
39.3% disagreed the training provided to child protection staff on cultural diversity is sufficient.	Impact of High Caseloads	*'With high caseloads, we have less time to spend with each family, so we only get a basic understanding of their needs. Plus, the heavy workload can lead to burnout and make it harder to build trusting relationships.' (Social Worker)*	Partial	• In the interviews, participants reported difficulties in building relationships with ethnic minority families when caseloads were high.

50% agreed that additional staff training on topics relating to cultural diversity would help to reduce inequalities within the children's care system.		*'We're very lucky at the moment, we have low numbers in terms of the children's home and there could be, you know, some children's homes that have a large amount of children in the care sector and that can hinder, you know, working relationships with the children that we are supporting because there's so many children.'* (*Deputy Manager Children's Home)*		• Large caseloads can lead to poor interactions with families. • When practitioners feel overwhelmed, they may not be able to maintain positive relationships with children. • Challenges associated to high caseloads are exacerbated by funding restrictions as local authorities are unable to hire additional staff.
	Multi-Level Perspectives	*'We've got to make sure that the needs of the children come first, however when they our training days we make sure that we create time for these however it can be difficult especially when we're preparing for Ofsted or we're preparing for you know maybe family contact'* (*Deputy Manager Children's Home)*	Converges	• The interviews revealed that high caseloads impact practitioners differently depending on their role.

			• Practitioners in frontline or junior positions are more impacted in their day-to-day practice. • Whereas, those in management focused more on broader, strategic concerns.
Training Needs	*'Definitely not enough training. I have completed one module in 3 years.' (Social Worker)* *' Cultural diversity training should use a variety of teaching methods, such as lectures, case studies, group discussions and interactive learning, to help staff*	Converges	• Survey and interview data suggested there is limited understanding of different cultures among child protection staff. • The survey, interviews and document analysis all found that current training offered to
Inadequate Cultural Diversity Training		Converges	
Infrequent Cultural Diversity Training		Converges	

	Limited Diversity in Training Materials	*better understand and apply the knowledge.' (Social Care Worker)*	Converges	practitioners on cultural diversity is insufficient. • Training on cultural diversity is offered to practitioners with little frequency. • The survey, interviews and document analysis identified limited variation in the training materials provided. • The interviews and document analysis found that insufficient time is provided to practitioners for participating in training.
	Competing Priorities		Converges	

In terms of Table 15, the survey revealed that 40.6% of participants agreed that the level of intervention from child protection professionals varies significantly across ethnic groups. The open-ended responses supported this finding, highlighting that cultural misunderstandings and fears of being accused of racism can limit thorough assessments. For instance, one Children and Young People Emotional Well-being Practitioner explained,

'Bias from White professionals may hinder the level of assessment and support given.' (Children and Young People Emotional Well-being Practitioner)

'Many White colleagues are either too quick to judge an act or event because they are culturally unaware or too scared to question concerns in case they are accused of racism.' ((Independent Sexual Violence Advisor)

These qualitative insights indicate why low intervention rates exist despite formal policy guidance. The document analysis further indicated that training rarely addresses these challenges around cultural awareness and bias, highlighting the gap between expectations and practice.

The survey findings also showed that 58.6% of participants agreed that cultural factors contribute to inequalities in children entering the care system. The qualitative responses reinforced this view, highlighting barriers such as mistrust from ethnic minority families, limited understanding of parenting styles, and language difficulties.

'*Cultural factors and community dynamics may influence the likelihood of reporting child protection issues within specific ethnic groups.' (Team Manager)*

'*People from different ethnic groups may face disparities in access to Child Protection services due to factors like cultural bias, language barriers, implicit bias, systemic discrimination and economic disparities.' (Social Care Professional)*

Both the survey and interviews highlighted the importance of cultural awareness in practice, and the document analysis revealed that current training materials often overlook these cultural and language challenges.

Language also emerged as a recurring challenge, with both survey and interview participants highlighting its impact on communication and service delivery. In the survey, participants frequently noted that language barriers would hinder engagement with ethnic minority families. This was supported by the interviews which provided more detail.

'In my role as a dedicated social worker, language barriers impeded effective communication, leading to misunderstandings and delays in receiving crucial services.' (Social Worker)

'You can't help someone if you don't understand what they're saying. The government should arrange funding for interpreters.' (Social Worker Assistant)

The document analysis supported these findings, showing that training programs rarely help staff to manage language or cultural codes effectively.

In addition to this, the survey indicated that 54.9% of participants strongly agreed that poverty influences the number of children referred to Child Protection Services. The open-ended questions and interviews also highlighted this, with participants noting that ethnic minority families are often concentrated in low socioeconomic areas, may have lower educational attainment, and may be unaware of available support services.

'Socioeconomic conditions significantly impact children from all ethnic backgrounds, but [minority ethnicity] children tend to be more concentrated in areas with lower socioeconomic indicators.' (Social Care Professional)

Interviewees also highlighted funding restrictions as a barrier to delivering adequate services. The document analysis revealed that training on poverty and its intersection with ethnicity is often generalised and fails to provide practical guidance.

The survey findings also suggested that 39.3% of participants disagreed that current cultural diversity training is sufficient, while 50% agreed that additional training would help reduce inequalities. The interviews offered further context, showing that training is infrequent, lacks interactive methods, and competes with high caseloads.

'Definitely not enough training. I have completed one module in 3 years.' (Social Worker)

'Cultural diversity training should use a variety of teaching methods, such as lectures, case studies, group discussions and interactive learning, to help staff better understand and apply the knowledge.' (Social Care Worker)

Both the survey and interview findings highlighted the need for improved and consistent training, and the document analysis indicated that existing materials lack depth, variation, and sufficient time for staff to participate.

The theme identified in the document analysis in relation to online training materials is also consistent with the findings from both the survey and the interviews. For example, when asked about training many participants reported mainly receiving self-directed, online training modules. However, the majority of practitioners felt that this training method proved inadequate for addressing the broad and complex topic of cultural diversity.

'There is not enough training for the wide varieties of cultures. It is limited and relies a lot on self-directed learning which is fine to an extent, but does not challenge bias.' (Advanced Social Work Practitioner)

The majority of participants described the training provided on cultural diversity as ‘basic’, ‘tokenistic’ and ‘a tick-box exercise'. In particular, the participants highlighted that the online training was not extensive enough to cover the wide range of different cultures.

‘Lack of understanding of cultural norms and values’ (Resource Officer)

‘Regular diversity training, considering parenting in different cultures, including focus on communities local to the workplace, and less common ones.’ (Advanced Social Work Practitioner)

Similarly, the theme on self-directed learning was also reflected in the survey and interview responses. For instance, participants were often unable to complete training due to high workloads and competing priorities.

‘*Timing issue really as well in terms of facilitating those sort of trainings because of we're a children's home we're very busy, finding the time to have these training experiences can be difficult because we've got to make sure that the needs of the children come first.’* (*Deputy Manager Children’s Home)*

Therefore, if training on cultural diversity remains non-mandatory, there is a risk that it will be deprioritised and not completed at all by practitioners. Additionally, a common theme throughout all three research methods was the absence of training delivered from an individual with lived experience. For instance, in the survey and interviews participants frequently highlighted the benefits of incorporating lived experience training.

‘We haven’t had anyone with lived experience come in yet, but it would be really helpful to hear practical examples and personal stories. It’d give us a deeper understanding that goes beyond what’s in textbooks.’ (Social Worker)

However, very few participants reported having ever been provided with this type of training in the workplace. This finding emphasises a significant shortcoming in the training offered to

child protection professionals, which was also reflected in the document analysis. These findings demonstrate consistency across all three phases of the research. The document analysis provides solidity to the participants' responses in both the survey and interviews, suggesting that their perspectives accurately reflect the current state of training provided to child protection professionals on cultural diversity. This alignment strengthens the validity of their view that further, more comprehensive training is urgently needed.

The integration of the three phases demonstrates that the survey provided a broad, overview of the challenges, while the interviews offered deeper insights into why these challenges occur in practice. The document analysis served as a secondary review, identifying gaps in training and policy. Across themes, intervention rates, cultural factors, language barriers, socioeconomic status, and training needs, the survey and interview findings were largely aligned, though the interviews revealed the lived experiences and organisational pressures behind the quantitative statistics. By triangulating these three data sources, the study provides a holistic understanding of the challenges facing child protection professionals, particularly regarding the delivery of culturally informed care.

This triangulation of the three research phases highlights the complex and multifaceted nature of inequalities within child protection services. Ethnic minority families often face barriers in accessing appropriate support due to systemic factors such as cultural misunderstandings, socioeconomic disadvantages, and inadequate training for professionals. As reflected in the model in Figures 11 and 12 from Chapter 6, while professionals acknowledge these challenges, high caseloads and funding limitations further hinder efforts to provide equitable interventions. The model illustrates the interrelated nature of these challenges, emphasising that addressing one issue in isolation is unlikely to be effective without simultaneously tackling the others. Addressing these inequalities requires targeted policy changes, increased financial investment, and enhanced cultural diversity training for child protection

practitioners. Without these measures, the risk of continued inequalities within the children's care system remains, potentially leading to long-term negative consequences for vulnerable children and families. Following this, the discussion chapter will be presented encompassing the quantitative and qualitative findings from all three research phases in relation to the wider academic field. Furthermore, it will examine the limitations of the research and explore the implications of the findings, concluding with recommendations for practice and policy.

Chapter 8 – Discussion

8.1 Introduction

This thesis shows that child protection professionals identify ethnic inequalities for children in the care system, alongside significant gaps in training and professional development. The literature review in Chapter 2 highlighted a rising trend in the number of children entering care, with notable disparities in ethnic representation. Children from Asian communities are underrepresented, while children from Gypsy, Roma, and Traveller (GRT) communities are disproportionately overrepresented, with findings for children of Black ethnicity remaining mixed (Department for Education, 2023). The underrepresentation of Asian children and overrepresentation of Black children is partly linked to cultural factors, including families reluctance to report safeguarding concerns due to stigma, fear of family shaming, and socioeconomic challenges (Bhui et al., 2018). In contrast, the overrepresentation of GRT children is often associated with systemic prejudice and discrimination within child protection services (Cousins and Milligan, 2020).

The COVID-19 pandemic further exacerbated pressures on the care system, with increases in domestic violence, parental stress, and self-harming behaviours among children, resulting in higher referral rates (Baroni et al., 2022). Difficulties in securing suitable placements highlighted ongoing systemic challenges (Brooks et al., 2021). Neglect and abuse remain the primary reasons for children entering care, while family reunification continues to be the main pathway out of care; however, insufficient post-reunification support increases the risk of re-entry, underlining the need for sustained, integrated family support services (Farmer and Lutman, 2017).

Although the literature confirms the existence of ethnic inequalities, there is no single explanation for these disparities. Rather, they emerge from a complex interplay of socioeconomic disadvantage, cultural factors, parenting practices, and differential access to services. Bronfenbrenner's Ecological Systems Theory discussed in Chapter 3 provided a framework for understanding these inequalities, showing how multiple environmental systems from family and community interactions to broader policies and societal attitudes interact to shape children's development and opportunities. Structural discrimination and unequal access to resources reinforce disparities, while changes in policies and societal norms over time can either alleviate or worsen inequalities, demonstrating the need for systemic solutions.

Existing research has primarily focused on individual social workers, with limited attention to the wider perspectives of child protection professionals as a whole and from multi-level perspectives. Research exploring the intersections of race, class, and power, regional variations, and organisational responses to inequalities remains limited. This thesis has addressed these gaps by exploring the perspectives of professionals across different levels of the children's care system, identifying factors that contribute to ethnic inequalities and the training and support needed to address them.

Following the findings of the literature review in Chapters 2 and 3, three research questions were identified, leading to the use of a sequential mixed-methods design. As outlined in Chapter 4, this design was selected to ensure that each phase built upon the previous one: the survey in Phase 1 provided a broad overview, the interviews in Phase 2 offered deeper insights, and the document analysis in Phase 3 situated the perspectives of child protection professionals within the wider policy and practice context. The use of a sequential mixed-methods design also aligned with the critical realist perspective, which recognises the value

of both objective and subjective dimensions of knowledge, offering a balanced epistemological foundation for the study.

The quantitative findings from Phase 1, presented in Chapter 5, indicated that more experienced professionals were more likely to report not observing ethnic inequalities, suggesting that perceptions are shaped by role and level of experience. Analysis of the open-ended survey responses highlighted recurring themes around awareness of inequalities, socio-economic pressures, cultural differences, language barriers, differing intervention rates, and training needs. These findings highlighted the importance of developing more targeted approaches to practice, addressing systemic barriers, and strengthening professional support.

Phase 2, discussed in Chapter 6, extended these insights through interviews that illustrated how inequalities are experienced in practice. Socioeconomic disadvantage, language barriers, and limited cultural understanding were consistently identified as barriers to effective intervention. Participants also reported gaps in cultural understanding, highlighting the need for practical and reflective cultural competence training. Systemic pressures, such as high caseloads, unpredictable schedules, and inadequate staffing, were found to restrict opportunities for professional development and the building of relationships with children and families. Moreover, differences between frontline and management perspectives reinforced the importance of incorporating practitioner insights into wider systemic decision-making.

Finally, Phase 3, presented in Chapter 7, reinforced the training gaps identified in earlier phases by examining existing training documents. This analysis revealed inconsistencies between formal guidance and the lived experiences of professionals. It identified gaps in existing frameworks, evaluated the extent to which guidance reflected current practice, and explored how organisational structures may either perpetuate or help to address ethnic

inequalities. Notably, in the survey and interviews few professionals reported receiving comprehensive cultural diversity training, a finding that was supported by the document analysis. Triangulation of the quantitative and qualitative findings strengthened the validity of the research and allowed for integrated conclusions (Howe, 2012).

The triangulation of the three phases highlighted the interconnected nature of the challenges identified. For instance, ethnic minority families face systemic barriers arising from cultural misunderstandings, socioeconomic disadvantage, and inadequate professional training, while high caseloads and limited funding further constrain equitable intervention. The findings demonstrate that practical, extensive training, alongside coordinated policy change and investment, is urgently needed to address inequalities and mitigate long-term consequences for vulnerable children and families. Together, these findings demonstrate that ethnic inequalities in the children's care system are widespread, complex, and influenced by a combination of structural, cultural, and organisational factors. Professionals consistently identified gaps in training, knowledge, and resources, which limit their ability to provide culturally informed care. The multi-level perspective adopted in this thesis highlights how frontline experiences, managerial priorities, and systemic pressures interact, shaping both professional practice and children's outcomes. Collectively, the evidence highlights the urgent need for integrated policy, organisational support, and targeted professional development to reduce inequalities and improve outcomes for all children within the care system.

Chapter 8 will provide a comprehensive understanding of how the finding situate within the wider evidence base and then explore the importance of this research in terms of policy, professional practice, and culturally informed care. Following this, the chapter presents recommendations to address the research, policy and practice gaps identified. Lastly, the

thesis concludes with limitations, reflexivity and a conclusion deriving insights to inform policy, practice, and future research directions.

8.2 Research Questions

This research investigated ethnic inequalities within the children's care system, focusing on the structural, cultural, and organisational factors that shape both professional practice and children's outcomes. The study aimed to examine these issues in depth, exploring how professionals understand and respond to ethnic inequalities, and identifying the barriers and needs that influence practice. To guide this investigation, the research addresses three core questions:

1. What perspectives exist among children's social care practitioners and managers regarding the ethnic inequalities in the children's care system?
2. What training, practise, and knowledge barriers currently exist in relation to ethnic inequalities in children's social care that prevent it from adequately supporting families and children?
3. What are the current training, practice, and knowledge needs on ethnic inequalities in children's social care?

By combining survey data, interviews, and document analysis, the study adopts a multi-level approach that captures the experiences of frontline staff, managers, and organisational frameworks. This approach not only highlights how inequalities manifest in day-to-day practice but also highlights systemic pressures and structural factors that influence professional decision-making. Building on the literature review, the research aims to provide a nuanced and comprehensive understanding of the challenges faced by child protection professionals, informing recommendations for training, policy, and practice that can

contribute to more equitable outcomes for children and families. The following section aims to address each research question by drawing on findings from all three phases of the research.

8.2.1 Research Question 1

What perspectives exist among children's social care practitioners and managers regarding the ethnic inequalities in the children's care system?

The literature review in Chapters 2 and 3 revealed that ethnic inequalities within the UK children's care system have been a long-term concern, with evidence highlighting disproportionate representation and varied experiences among families from different ethnic backgrounds. The current study revealed a strong agreement among child protection professionals that inequalities do exist within the children's care system. For example, in the survey, 39.8% of participants agreed that they had witnessed significant ethnic inequalities, while 42.2% reported observing prejudice within the children's care system. These findings align with current statistics on ethnic disparities in care, suggesting marginalisation of certain ethnic groups. The quantitative survey data revealed that 40.5% of professionals had worked with children of White ethnicity. In comparison, only 24.3% reported working with children of Black ethnicity, 21.2% with children of Asian ethnicity, and 6.1% with Mixed-Race children. Children from Gypsy, Roma, and Traveller (GRT) communities were the least represented, with only 3.3% of participants having worked with them.

These findings are consistent with the broader literature, which demonstrates that ethnic minority children are often marginalised in comparison to the general population (NSPCC, 2021). Specifically, the data suggest that relatively few professionals have direct experience with children from minority backgrounds, which may influence perceptions and responses to ethnic inequalities (Owen and Statham, 2009; NSPCC, 2021). In particular, research has

consistently shown that children of Black ethnicity are significantly more likely to enter care (Bywaters et al., 2018). Similarly, children of mixed ethnicity are consistently over-represented in the care system, whereas children of Asian ethnicity tend to be under-represented (Cheung et al., 2025; Featherstone et al., 2019). Furthermore, children from Gypsy, Roma, and Traveller (GRT) communities are consistently over-represented (Williams and Howard, 2021; Cousins and Milligan, 2020), illustrating that the factors contributing to the over and underrepresentation are complex and extend beyond ethnicity alone.

The findings from this study on the prevalence of ethnic inequalities also support several key academic studies. The Child Welfare Inequalities Project (2020) found that 'White British' children are ten times more likely to be in care than 'Asian Indian' children, and 'Black Caribbean' children are 20 times more likely. The current study's findings on service accessibility and cultural competence align with these inequalities. Similarly, the Independent Review of Children's Social Care highlighted ethnic disparities in children's social care, noting that London is the only region where a majority of children in need are from ethnic minority backgrounds. This regional variation highlights the importance of context in understanding ethnic inequalities. This finding is consistent with the participant's responses in phases 1 and 2 of the current study where participants reported different experiences in working ethnic minority families depending on their geographical location.

The study also explored how demographic factors affect perceptions of ethnic inequalities. The Chi-square analysis in Chapter 5 showed that participants' own ethnic backgrounds seemed to influence how aware they were of these inequalities, suggesting that personal experience or cultural context can shape professional views. This aligns with previous research showing that practitioners from ethnic minority backgrounds may be more aware of the challenges faced by minority families and more likely to notice inequalities in the system (Bywaters et al., 2019; Featherstone et al., 2018). Younger participants were also more likely

to report seeing ethnic inequalities, which may reflect generational differences in training, awareness, or attitudes toward diversity. Other studies have found that newer social care professionals often receive more training on equality and cultural diversity, which can make them more alert to these issues (Briggs et al., 2019). In contrast, more experienced professionals reported witnessing fewer ethnic inequalities, which could indicate that they become desensitised over time or that the professional culture normalises inequalities. This suggests that long-term work within the system can make staff less sensitive to existing structural issues (Gilligan, 2019). These findings show that both personal background and professional experience influence how practitioners notice and respond to ethnic inequalities. This also highlights the need for ongoing training and support to help all staff recognise and address inequalities, no matter their age, experience, or background.

While the literature reviewed in Chapters 2 and 3 did identify the presence of ethnic inequalities, the findings were often inconclusive about the contributing factors. Therefore, this research adds to the existing literature, as the insights from survey and interview participants provide suggestions about why these inequalities occur. A key reason identified by the participants for these inequalities was the socioeconomic disadvantage experienced by ethnic minority families. For instance, in the quantitative survey responses, 54.9% of participants strongly agreed that poverty plays a role in the number of children referred to Child Protection Services. Poverty also emerged as a key theme in the open-ended survey and interview responses. Similarly, insufficient funding was seen as another core factor contributing to this issue. For example, in the interviews, participants reported that restrictions on local community-based services, including community centres and youth clubs, have disproportionately affected ethnic minority families. The COVID-19 pandemic further intensified these challenges, resulting in temporary service closures, reduced operating hours, and limited access to support, which collectively exacerbated the

disadvantages faced by already marginalised communities (Early Intervention Service, 2022). These findings are consistent with the wider literature, which indicates that children from most minority ethnic groups are significantly more likely than White British children to live in deprived neighbourhoods and experience socioeconomic disadvantage. These conditions increase the likelihood that these children require additional support and are more frequently represented in the care system (Turner, 2022). The research therefore highlights the relationship between socioeconomic pressures, service provision, and the overrepresentation of Black and GRT children in the care system, emphasising the need for targeted interventions that address both underlying inequalities and access to local services.

The interviews also revealed that participants felt many ethnic minority families have a limited awareness of the range of services available to them, including how to access support or navigate the referral process. This limited awareness can stem from language barriers, limited intervention by services, or an absence of culturally appropriate communication strategies, all of which can hinder families' engagement with the children's care system. Therefore, the underrepresentation of certain ethnic groups may reflect challenges in accessing services rather than an absence of need. This implies that ethnic inequalities may partially be due to systemic factors rather than rather than differences in families' actual needs or risks. This finding aligns with existing research suggesting that inequalities in the children's care system are caused in part by the way services are operated, which can unintentionally marginalise families (Featherstone et al., 2018). However, the quantitative survey analysis showed mixed responses regarding access to child protection services, with 35.2% of participants disagreeing and 26.2% agreeing. This finding suggests that views on whether people from different ethnic groups have equal opportunities may differ based on personal experiences, perceptions, and levels of exposure to inequality in professional and social settings. These differences may also reflect variations in how local authorities operate

depending on the level of cultural diversity in the area. In more diverse regions, authorities may be better equipped to address challenges such as language barriers and cultural awareness, whereas in areas where ethnic minority groups represent a smaller proportion of the population, there is often a relative absence of tailored services (Ekezie et al., 2023).

Therefore, addressing the over and underrepresentation requires a holistic approach that combines improved practitioner training, culturally tailored support and structural changes to ensure that services are visible, accessible, and responsive to the diverse needs of families across ethnic groups.

The study identified several systemic and operational factors contributing to ethnic inequalities. Inconsistent funding and resource allocation were reported frequently by participants as barriers to equitable service delivery. This finding is consistent with the Independent Review of Children's Social Care (2022), which highlighted regional variations in the representation and experiences of children in care by ethnic group. The need for improved cultural diversity training was emphasised, aligning with findings from the Nuffield Family Justice Observatory (2022), which reported significant ethnic inequalities in court proceedings for children. The participants noted inconsistencies in intervention rates across ethnic groups, attributing these to cultural misunderstandings and fears among staff of being perceived as discriminatory. This reflects broader concerns about the need for a more targeted understanding of ethnicity and culture in child protection practice. This finding is consistent with responses from both the survey and the interviews, where participants felt that cultural misunderstandings and fears of being perceived as discriminatory can directly influence intervention decisions across different ethnic groups (Chand and Thoburn, 2005). The issue is not only in relation to limited knowledge but also the effects of insufficient awareness, including delayed support, misinterpretation of family behaviours, and reduced trust between practitioners and families.

A further key finding from the study was that participants perceived cultural factors as contributing to the ethnic inequalities within the children's care system. In the quantitative survey, 58.6% of respondents agreed that cultural factors play a role in disparities among children referred to the care system. Regarding parenting styles, 66.8% of participants reported observing ethnic minority parents utilising approaches that differed from those of White British parents, with 15.6% witnessing this "all the time." Additionally, a substantial majority (60.7%) agreed that child maltreatment may go unreported within certain ethnic communities due to variations in culturally-informed parenting practices. These findings were further expanded upon in responses to the open-ended survey questions, where participants identified challenges including language barriers, specific gender roles, and religious factors as contributing to differences in intervention rates for ethnic minority families. Language barriers, in particular, were consistently highlighted in both the survey and interviews as a key challenge in effectively supporting these families.

Variations in parenting styles were also noted as a contributing factor to inequalities in intervention rates. These observations align with existing literature, which has highlighted that traditional values related to honour and shame can make individuals from certain ethnic minority communities reluctant to report instances of child maltreatment (Hutchinson, 2014; Tian, 2024; Iqbal, 2012). Cultural differences were also discussed by the participants in relation to the Gypsy, Roma, and Traveller (GRT) community, with participants noting parental distrust of children protection services and the necessity of specialised teams to promote better engagement. This is consistent with previous research documenting mistrust between GRT communities and social services (Greenfields, 2009), as well as high levels of discrimination experienced by these groups (Allen and Hamnett, 2022).

The findings of this study are consistent with existing literature overall, highlighting the complex nature of ethnic inequalities within the children's care system. Child protection

professionals perceive a range of contributing factors, with socioeconomic disadvantage, cultural factors, language barriers, variations in intervention rates, and funding restrictions emerging as the primary causes of ethnic inequalities. These insights highlight the need for targeted, evidence-informed strategies that address both systemic and operational factors to promote equality in service delivery and outcomes for children from ethnic minority backgrounds.

8.2.2 Research Question 2

What training, practise, and knowledge barriers currently exist in relation to ethnic inequalities in children's social care that prevent it from adequately supporting families and children?

Findings from all three phases of this research reveal systemic barriers in training, practice, and knowledge that create significant challenges for child protection professionals when supporting families and children effectively, particularly those from ethnic minority backgrounds. These barriers are embedded within organisational culture, resource allocation, and the overall approach to diversity and inclusion. A key theme identified across the survey, interviews and document analysis was the inadequate provision and low quality of cultural diversity training. Many professionals described existing training as superficial, overly generic, and often delivered as a self-directed, online module with little contextual relevance or practical application. Cultural diversity education was frequently perceived as a "tick-box exercise," failing to foster meaningful understanding or behavioural change among practitioners. Despite working in highly multicultural areas, participants reported minimal opportunities for reflective learning or engagement with lived experience perspectives. This suggests a sector-wide issue in the design and delivery of cultural diversity training.

A key finding from both the survey and interviews was that the frequency and quality of training on cultural diversity were widely regarded as insufficient. These findings were

mirrored in the qualitative data, where many participants explicitly stated that they had only a limited understanding of cultural differences, which they felt hindered their practice.

These findings reflect much of the existing literature which has identified several challenges for local authorities and children's homes in delivering effective cultural diversity training. (Pollock, 2024; Shepherd et al., 2019). In particular, a study by Williams and Parrot (2013) which explored how issues of race equality and cultural diversity are addressed within social work training programs across Wales. Despite robust legislative and policy requirements on equality, the research reveals a significant decline in focused diversity training over time. Rather than offering targeted training on racial and ethnic diversity, programs have shifted toward a more generic approach, reducing the depth of content. The research further found that training no longer sufficiently addresses the distinct needs of diverse cultural groups, with minimal involvement of ethnic minority families and organisations in the development or delivery of the curriculum. Moreover, significant challenges were reported in integrating theoretical on cultural diversity into everyday practice. The study highlights a widening gap between policy aims and day to day practice, indicating a lack of collaboration between policy makers and ethnic minority communities to ensure meaningful coverage of diversity issues. The findings from this study were evident in the document analysis which also found that the majority of training materials were very broad and did not offer a significant level of training on cultural diversity.

The document analysis also revealed limited provision of training on cultural diversity, which emerged as a prominent theme. The majority of training materials reviewed focussed on areas such as safeguarding or health and safety. While this focus is understandable it appears to come at the expense of other areas, including cultural diversity, which received comparatively less attention. Where cultural diversity training was available, it often covered only foundational concepts rather than engaging with the topic in greater depth. Furthermore,

training materials frequently combined the experiences of discrimination faced by a broad range of marginalised groups, rather than offering targeted content specific to cultural diversity. This risks overlooking the unique experiences of different communities and providing only a surface level understanding of the challenges they face, with some groups potentially being marginalised further by omission (Williams and Parrot, 2013).

Similarly, a study commissioned by the Association of Directors of Social Services Cymru (ADSS Cymru, 2024) highlighted significant gaps in training provision and their implications for both workforce development and service delivery. Drawing on surveys and interviews with social care professionals across Wales, the study revealed that many participants were unaware of any initiatives designed to address the challenges faced by ethnic minority staff. Furthermore, the report highlighted the limited emphasis placed on cultural diversity during recruitment and selection processes, with participants noting that limited cultural awareness among interview panels often acted as a barrier to employment. In response, the study recommended that all members of recruitment panels undertake cultural awareness training prior to shortlisting and interviewing candidates. These findings highlight the presence of knowledge barriers not only in relation to formal training but also within everyday practice, including recruitment processes.

A further finding from both the survey and interviews was that participants perceived the training currently available as not only insufficient in quantity but also inadequate in quality. This finding was particularly evident in the interviews, where participants reported that cultural diversity training, when offered, was often self-directed and lacked variety. Many described the content as overly “basic,” with little creativity in the methods used. These perceptions were also reflected in the document analysis, which revealed that the majority of training available to child protection professionals consisted of online courses, with few opportunities for face-to-face delivery. The document analysis further highlighted a lack of

diversity in training formats, noting an absence of in-person sessions, group workshops, and lived experience training, an absence also emphasised by participants during the interviews. However, it is important to note that the document analysis was limited to training materials publicly available online. It is therefore possible that additional, more varied training methods are provided to child protection professionals internally but are not accessible to the public; however, this remains a key finding.

Together, these findings highlight substantial knowledge barriers and gaps in the provision of cultural diversity training for child protection professionals. This is particularly significant given the volume of research emphasising the benefits of incorporating lived experience training and group supervision as part of professional development. For instance, Bell (2017) highlights that lived experience training promotes empathy and challenges professional assumptions, enabling practitioners to better understand the realities faced by ethnic minority families and therefore improve the relevance and responsiveness of practice. Similarly, Borders and Brown (2022) argue that integrating lived experience into training enhances reflective practice and critical thinking, as professionals are encouraged to interrogate their own biases and engage with more authentic, practice-based perspectives. Therefore, by excluding these diverse approaches, current training provision my limit practitioners' opportunities to critically reflect on practice and to engage with more meaningful, learning experiences (Alnasser et al., 2017).

One of the key barriers to implementing more varied training is the financial challenges faced by local authorities. As discussed in the previous section, budget cuts have placed children's services under significant strain (Early Intervention Foundation, 2022). As a result, online training materials may be viewed as a cost-effective alternative to resource-intensive, in-person methods (Means et al., 2014). However, this study extends existing literature by demonstrating that improving the quality of training alone may not be sufficient; rather,

policymakers must first address the wider issue of inadequacy. Without this investment, there is a risk that training will continue to remain surface-level and inconsistent, therefore reinforcing ethnic inequalities within the children's care system by leaving child protection professionals unable to recognise and address the complex challenges faced by minority families.

In addition, the most prominent issue raised in the interviews was the lack of time allocated for staff to complete the training due to increasing caseloads. This represents a significant finding, as improvements to training materials alone are insufficient unless supported by organisational changes that allow staff the time and space to engage with professional development. Participants reported that high caseloads, staffing shortages, and unpredictable work patterns further reduce the capacity of child protection professionals to access training opportunities. These time pressures often result in professional development being deprioritised, therefore limiting practitioners' ability to develop the cultural awareness required for effective engagement with ethnic minority families. The document analysis supported these findings, showing that training on cultural diversity is often non-mandatory, delivered infrequently, and had limited variety and depth. These findings are consistent with existing research, which has shown that sudden schedule changes and the unpredictability of daily workloads can significantly hinder opportunities for professional learning among child protection professionals (Department for Education, 2021; BASW, 2020). Therefore, while improving the quality and depth of cultural diversity training is important, it will be ineffective if staff do not have the time to participate. A necessary first step, therefore, is to ensure adequate staffing levels and reduced caseloads, which would enable professionals to prioritise training and strengthen their cultural awareness.

The findings from this study also extend existing research by providing insights from a multi-level perspective. Participants were recruited from a range of child protection services,

including social workers, staff within children's homes, and other key roles in children's social care, including Independent Reviewing Officers. The participants held diverse professional positions, such as Registered Managers, Team Managers, Deputy Managers, and frontline workers. This multi-level approach revealed important variations in perspectives across the hierarchy. For example, frontline professionals emphasised the immediate challenges they encounter in delivering direct support to vulnerable children and families, whereas senior managers focused on broader systemic issues, highlighting the need for organisational-level changes, including policy decisions by government bodies and local authorities regarding funding and strategic priorities. These findings highlight the importance of incorporating the perspectives of frontline practitioners into high-level decision-making processes to ensure that policies are grounded in the realities of practice.

Building on this multi-level perspective, participants also emphasised the need for mandatory cultural diversity training for directors and managers, as well as frontline staff. This training is key for promoting stronger relationships with ethnic minority children and families (Department for Education, 2019). Leadership positions would particularly benefit from a deeper understanding of the challenges faced by both practitioners and families from ethnic minority backgrounds, enabling more informed strategies to reduce inequalities. Therefore, this research highlights the value of incorporating perspectives from all levels within the children's social care workforce. Much of the existing literature has traditionally focused on the experiences of social workers alone, without considering insights from other roles within the system. By adopting a multi-level approach, this study not only extends previous research but also highlights the need for further studies that examine children's social care from a more comprehensive and inclusive perspective.

8.2.3 Research Question 3

What are the current training, practice, and knowledge needs on ethnic inequalities in children's social care?

Ethnic inequalities within the children's care system remain a key challenge. This entails both practical and organisational changes. Across all three phases of the current study, a common theme that continued to be highlighted was the insufficient level of cultural diversity training for child protection professionals. The research highlights the need for more targeted, and interactive training, which highlights the need for more variation in learning. For example, incorporating lived experience and face-to-face learning, alongside opportunities to discuss barriers to professional development, such as high caseloads, staffing shortages, and limited funding.

A key finding from both the survey and interviews was that participants reported receiving very little training specifically focused on cultural diversity. This observation was supported by the document analysis, which found that although local authorities and children's social care organisations offered a wide range of training materials, cultural diversity was often notably absent. Where cultural diversity training was provided, it was often highly generalised, surface-level, and designed to cover all marginalised communities within a single module. This approach presents significant challenges, as it does not allow child protection professionals to explore cultural diversity in depth or provide the clarity necessary to reflect the wide range of cultures they may encounter in practice. These findings highlight the need for more regular, targeted, and detailed training to support efforts to reduce ethnic inequalities within the children's care system. For instance, in the quantitative survey responses, a majority of participants (50.0%) agreed, and 23.0% strongly agreed, that additional staff training on cultural diversity could help address ethnic inequalities. Similarly, responses to the open-ended survey and interview questions indicated that participants

believed additional training would be particularly beneficial on topics such as religion, parenting styles, and identity.

The importance of high-quality cultural diversity training is supported by existing research. The National Association of Social Workers (NASW, 2024) emphasises that social workers must be equipped with cultural competence to engage meaningfully with diverse communities and advocate for inclusive practice. However, studies have also demonstrated that limited organisational support and restricted access to training opportunities frequently hinder participation and reduce the impact of such programs (Rodriguez and Smith, 2024). A scoping review published in the British Journal of Social Work further highlights that integrating collaborative learning approaches and linking formal training with practical, lived experience enhances practitioners' capacity to deliver culturally sensitive care (Brown et al., 2023). The findings from existing literature, combined with those of the current study, highlight the critical need to increase the frequency of cultural diversity training, elevate its prioritisation, and provide more in-depth, targeted content focused on ethnic minority communities. These measures are essential steps toward addressing ethnic inequalities within the children's care system.

As highlighted in relation to the previous research question, findings from all three phases of the research indicate that current cultural diversity training represents only a small proportion of available professional development, and there is limited variation in delivery. A recurring recommendation from participants was the integration of lived experience into training programmes. This approach is considered essential for improving practitioners' understanding of the realities faced by ethnic minority families. Lived experience training has been shown to improve cultural competence, critical thinking, and engagement by providing authentic, meaningful insights (Cullen et al., 2023; Matu and Johnston, 2023). In children's social care, this approach can support the development of empathy, communication skills,

and cultural sensitivity, particularly when working with care-experienced children. By involving educators with lived experience, practitioners are better able to challenge stereotypes, reflect on their own values, and connect theoretical frameworks to the real-world (Social Work England, 2023).

Additionally, both survey and interview data indicated a strong preference for more interactive and reflective learning formats, including group discussions, case studies, and face-to-face training. These methods were perceived as more engaging and provide more opportunities for critical thinking, discussion, and behavioural change than the online, self-directed models currently offered. Utilising interactive approaches not only increases engagement but also promotes deeper learning (Rowley, 2002). Existing research further supports the value of face-to-face training in children's social care, demonstrating that it promotes interaction, collaborative learning, and immediate feedback, which are key in developing essential communication and reflective skills (Salas et al., 2012; Knowles et al., 2015). In-person settings also encourage professional relationships, increase motivation and support learning beyond the training itself (Eraut, 2004), making them particularly effective compared with online approaches. However, funding constraints play a prominent role in shaping the provision of training opportunities. Online training is often favoured as a lower-cost alternative to traditional face-to-face programmes, particularly in financially constrained local authorities (Means et al., 2014). To improve outcomes for families, additional investment is needed to expand training opportunities that incorporate face-to-face learning, lived experience, and more holistic approaches. These enhancements would enable practitioners to develop the skills, cultural awareness, and reflective capacity necessary to better support diverse families in the children's care system.

Funding is not the only challenge to implementing more effective cultural diversity training. High caseloads, staffing shortages, and inadequate resourcing were identified in the survey

and interviews as key barriers to professional development. This is supported by research from the Social Workers Union (SWU) who found that nearly two-thirds of social workers reported unmanageable caseloads, which significantly constrained their ability to engage in training and maintain quality care (SWU, 2025). Similarly, a report by Community Care highlighted that understaffing in social work services creates stress and burnout, with practitioners struggling to meet the needs of vulnerable families due to excessive workloads (Community Care, 2025). These findings are consistent with the current study, in which participants frequently reported, across both the survey and questionnaire, that high workloads limited the time available to complete training. These pressures not only limit participation in professional development but also hinder the capacity of practitioners to build meaningful relationships with children and families, which are essential for effective practice.

To overcome these challenges, a dual approach is required, enhancing both the content and delivery of training and addressing the systemic issues that prevent engagement. Participants suggested incorporating lived experience, increasing interactivity, and providing more frequent face-to-face sessions, as well as ensuring practitioners have the time, support, and resources to apply their learning effectively. Without addressing broader structural issues such as funding limitations, high caseloads, and staffing shortages, even well-designed training programs risk being underutilised or inaccessible to those who would benefit most. By combining improvements in training with systemic support, child protection professionals can be better equipped to provide equitable, culturally informed care, ultimately improving outcomes for all children and families, particularly those from ethnic minority communities.

The current study extends the existing literature by providing insights from a multi-level perspective, highlighting significant areas for improvement in cultural diversity training. The Interviews emphasised the importance of mandatory cultural diversity training not only for frontline staff but also for directors and managers. This training would be crucial in

promoting stronger, more effective relationships with ethnic minority children and families (Department for Education, 2019). Leadership positions, in particular, would benefit from a comprehensive understanding of the challenges faced by both practitioners and the families they support, enabling the development of strategies to address the inequalities. These findings align with existing research, including the Community Care Poll (2025), which reported that frontline workers often perceive a disconnect between themselves and senior management, particularly regarding understanding the realities of day-to-day practice and the specific needs of ethnic minority families. By ensuring that senior managers engage in continuous professional development, particularly in cultural diversity, organisations can help bridge this gap. This engagement would not only increase managers' awareness of the challenges faced by staff but also ensure that organisational decisions and policies are attuned to the lived experiences and needs of the families they support. Ultimately, integrating mandatory cultural diversity training across all levels of the workforce would contribute to a more informed, and culturally aware approach within children's social care.

The findings within this research, considered alongside the existing literature, have highlighted the need for enhancing cultural diversity training and supporting practitioners with the resources needed to feel fully equipped in supporting ethnic minority families and children. It is evident from the recent literature on this topic that ethnic inequalities within the children's care system continue to be a prominent concern. The research has highlighted a need to further explore effective strategies for training, professional development, and organisational change to reduce these inequalities and improve outcomes for ethnic minority children and families.

8.3 Theoretical framework

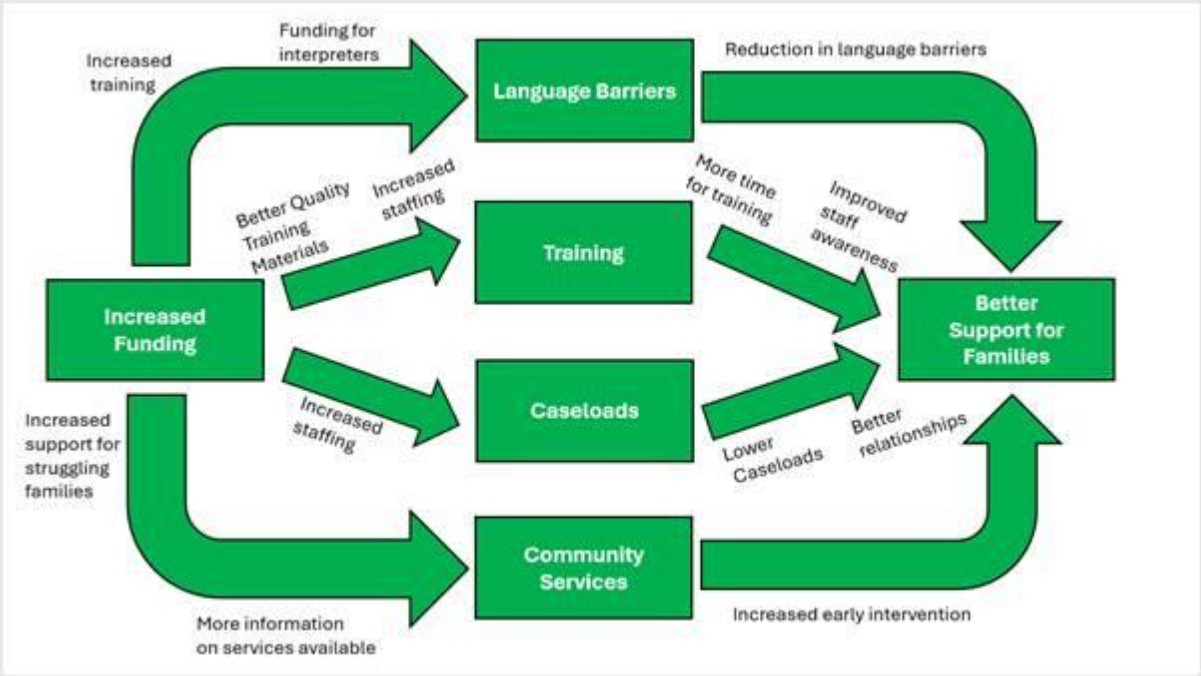
Bronfenbrenner's Ecological Systems Theory (1979) provides a framework for understanding the multiple factors that influence children's development. By extending beyond biological considerations, the Social Ecological Model (SEM) emphasises the complex interactions between environmental, social, and cultural influences. This approach is particularly relevant to the children's care system, as it encourages practitioners to consider the multiple layers that shape a child's experiences, from immediate family and school environments to broader societal and cultural contexts. Additionally, the model supports multi-agency collaboration, involving professionals such as educators, social care practitioners, law enforcement, and government representatives, to deliver coordinated and effective support.

8.3.1 Microsystem

At the microsystem level, the SEM emphasises the direct interactions between children and the key individuals in their immediate environment, including family members, teachers and practitioners. This also aligns with Bowlby's (1969) theory of Attachment as the relationships formed with a primary caregiver also plays a prominent role in child development. Strong relationships within this system are crucial for building trust, enhancing communication, and ensuring effective support. These relationships may also be promoted or hindered by the parenting styles used as highlighted Baumrind (1967). This highlights the importance of early intervention for children at risk, as it demonstrates the significant influence of immediate family dynamics on child development. However, findings from the survey and interviews indicated that cultural factors can sometimes hinder the ability of child protection professionals to intervene effectively with ethnic minority families. Therefore, raising awareness of cultural differences and providing targeted training is essential to enable practitioners to deliver early interventions. Likewise, for children in the care system,

immediate relationships also include interactions with child protection professionals. Promoting positive, trusting relationships between practitioners and families is therefore critical. However, the survey and interview responses highlighted that high caseloads and language barriers frequently limit practitioners' capacity to establish these relationships with ethnic minority children and families. As illustrated in Figure 11, practical interventions, such as providing access to interpreters and reducing caseloads, would enable practitioners to engage more meaningfully with families. These measures directly improve practice by allowing professionals to deliver more tailored and responsive care, ultimately improving outcomes for children from ethnic minority backgrounds.

Figure 11: Holistic Approach to Improving Children's Social Care for Ethnic Minority Families



8.3.2 Mesosystem

The mesosystem refers to the connections between different microsystems, such as between families and care services. The study highlights the importance of cultural diversity training and elevated support services to strengthen these interactions. When child protection professionals gain a better understanding of cultural values and experiences, they are better

equipped to engage with families of diverse ethnic backgrounds. Improved interactions across microsystems can improve outcomes and provide a foundation for trusting relationships and understanding how to meet the holistic needs of the children and families effectively. Furthermore, building strong mesosystem connections can support decision-making and collaborative problem-solving among practitioners and families. This approach not only reduces cultural misunderstandings but also reinforces the continuity of care, promoting more consistent and equitable outcomes for children within the care system.

8.3.3 Exosystem

At the exosystem level, the SEM considers the broader societal factors that indirectly impact the child, such as staffing levels, access to training, and availability of community services. While these factors do not involve the child directly, they significantly influence the environments in which the child is raised. A key theme that emerged from all three phases of the research was the insufficient level of training, funding, high caseloads and limited understanding of cultural diversity among child protection professionals. Therefore, Figure 11 highlights the importance of policy and decisions that impact the organisation, such as the allocation of funding for training programs and interpretation services. Ensuring that these resources are available and supports the delivery of high-quality, culturally informed care.

Additionally, participants frequently highlighted the significant impact of socioeconomic status on ethnic minority families and its contribution to children entering the care system. Factors such as poverty, limited access to community resources, unstable housing, and financial pressures were consistently cited as barriers that disproportionately affect these families. As a result, Figure 11 also illustrates how targeted funding and increased support for families experiencing socioeconomic disadvantage could play a prominent role in reducing ethnic inequalities within the children's care system. By addressing these structural

inequalities, child protection services would be better positioned to provide early interventions, strengthen family stability, and create more equitable opportunities for children from diverse ethnic backgrounds. This highlights the importance of adopting a holistic approach that integrates both financial support and culturally informed practice to mitigate ethnic inequalities.

8.3.4 Macrosystem

The macrosystem encompasses the wider societal and cultural norms, values, and policies that shape the care system. Addressing ethnic inequalities at this level requires organisational changes, including policies that promote cultural understanding, language support, and anti-discrimination measures within the care system. Figure 11 highlights that by addressing bias and ensuring adequate funding, these interventions would promote equality and improve outcomes for children from diverse communities. Figure 11 emphasises that policy and procedures must consider these area for development to effectively meet the needs of ethnic minority families in order create a more inclusive and fair system.

8.3.5 Chronosystem

The chronosystem reflects the influence of time and developmental changes, highlighting the importance of early intervention, long-term investment, and sustained systemic change. To improve outcomes for ethnic minority children, ongoing policy changes are necessary, including the development of long-term training programs, consistent funding strategies, and the integration of cultural understanding into practice. Acknowledging changes and evolvement over time ensures that interventions are not one-off measures but are embedded into the care system over time.

Figure 11 provides a practical application of Bronfenbrenner's ecological systems theory in understanding and addressing ethnic inequalities in the children's care system. The model

demonstrates that interventions at multiple levels are connected. For practice, this includes culturally sensitive training, increased staffing, and stronger relationships between families and practitioners. At a policy level, it highlights the importance of systemic changes, adequate funding, and multi-agency collaboration. Addressing these factors holistically, rather than in isolation, offers a more effective and equitable approach to supporting ethnic minority children and families in the care system.

8.4 Contribution to the Research Field

8.4.1 Capturing and Amplifying the Voices of Wider Children's Social Care Professionals

This research addresses a critical gap in the understanding of ethnic inequalities in the children's social care system by moving beyond the dominant focus on social workers alone. Instead, it captures the perspectives of a broader range of professionals working across children's social care, including frontline practitioners and those in managerial roles. By incorporating these diverse professional voices, the study amplifies perspectives that have historically been underrepresented in research, allowing for a more comprehensive understanding of how ethnic inequalities are recognised, experienced, and interpreted across the workforce. This approach provides an in depth and more inclusive evidence for understanding how inequalities may emerge and be addressed within the children's social care systems.

8.4.2 A Multilevel Perspective on Ethnic Inequalities in Child Protection

Grounded in the ecological framework of Bronfenbrenner's Ecological Systems Theory, this research adopts a multilevel approach to examine how perspectives differ or align across organisational tiers. By exploring the experiences of professionals from frontline staff

through to management, the study highlights how different levels of the child protection system may shape awareness and interpretation of ethnic inequalities. Quantitative findings indicated that frontline professionals, particularly younger staff members and those with shorter lengths of service, were more likely to report witnessing ethnic inequalities within child protection practice compared with their more senior colleagues. These results suggest the possibility of generational differences in awareness and training, as well as variations in exposure to day-to-day practice realities. The findings also highlight the potential for frontline staff to provide important insights into the lived experiences of inequality within child protection processes. As displayed in Figure 27, this multilevel perspective enables the research to consider how influences operating across microsystems, mesosystems, exosystem, macrosystems and chronosystems contribute to inequalities within children's social care. In doing so, the study provides a nuanced framework for understanding how structural and organisational factors interact in the context of safeguarding practice.

Figure 27 - The Multi-Level Perspectives Ecological Systems Model of Ethnic Inequalities in Children's Social Care

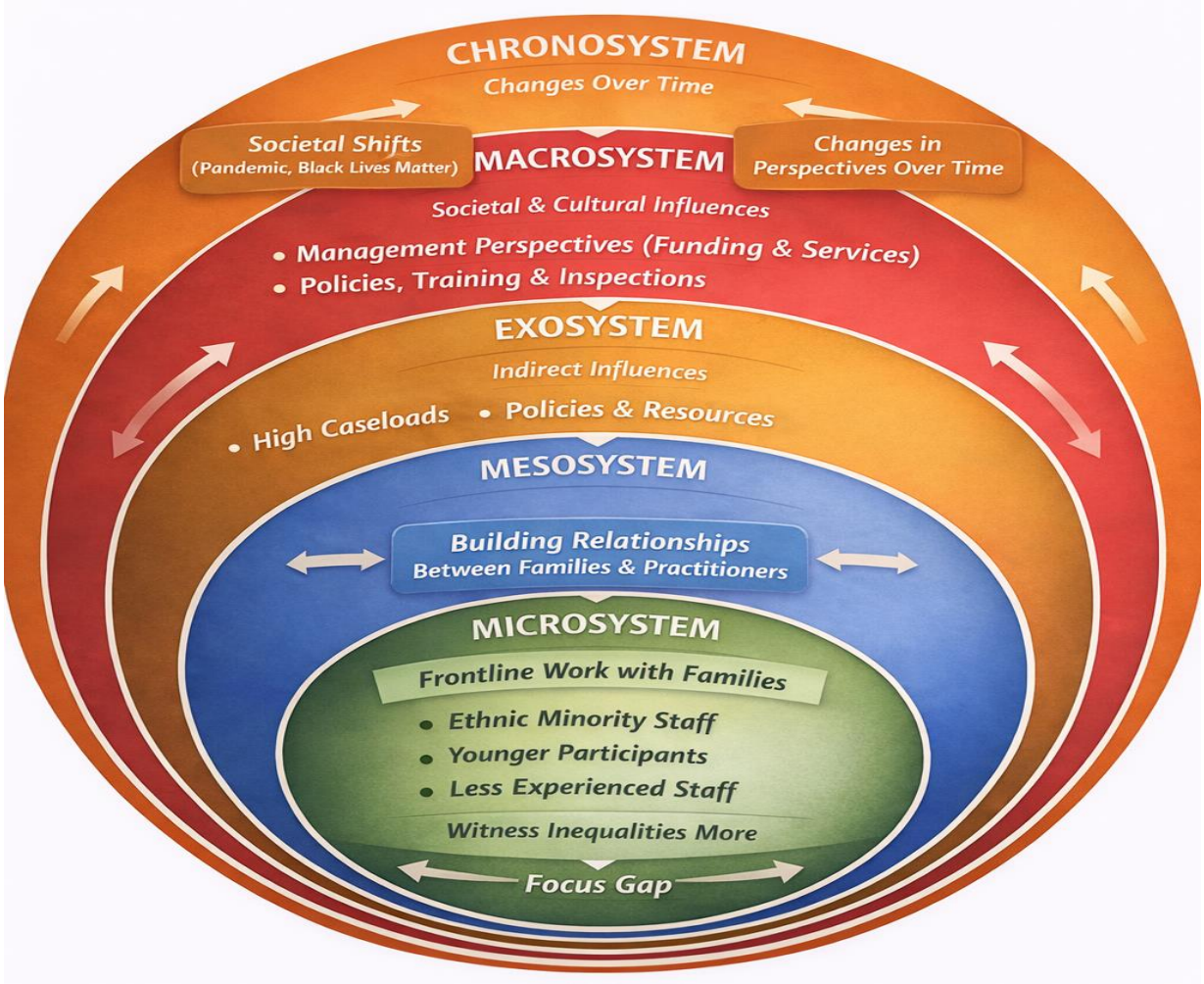


Figure 27, based on Bronfenbrenner's Ecological Systems Theory, shows how ethnic inequalities in children's social care are perceived across interconnected levels:

- Microsystem: Frontline practitioners interact directly with children and families. Ethnic minority staff, younger, and less experienced practitioners are more likely to notice ethnic inequalities, indicating how personal and professional traits affect their awareness.
- Mesosystem: Relationships within the organization can lead to differing priorities. Managers focus on service delivery and compliance, while frontline staff concentrate on daily challenges, creating a disconnect in recognizing and addressing inequalities.

- Exosystem: Organizational factors like high caseloads, policies, resources, and training shape how practitioners identify and address ethnic inequalities.
- Macrosystem: Broader societal and cultural influences affect organizational priorities and professional views, including funding, policies, and training, which shape children's social care practice.
- Chronosystem: Changes over time in professional experience and societal events, like the Black Lives Matter movement and COVID-19 pandemic, impact awareness and discussions about ethnic inequalities in children's social care.

8.4.3 Social and Structural Shifts Since COVID-19 and Black Lives Matter

The significance of this research is further situated within the wider social context shaped by recent global events. COVID-19 created profound disruptions across the children's social care system, with emerging evidence indicating increases in the number of children entering care during and following the pandemic. These changes have placed additional pressures on child protection services and may have elevated existing inequalities affecting vulnerable families.

Simultaneously, the global movement initiated by Black Lives Matter has amplified the voices and experiences of ethnic minority communities, prompting greater public and professional reflection on systemic inequalities and structural racism. Within children's social care, this heightened awareness has contributed to a growing emphasis on equality, cultural competence, and critical reflection in safeguarding practice.

By combining diverse professional perspectives, multilevel theoretical analysis, and quantitative evidence, this study offers a novel lens through which to understand persistent ethnic disparities within child protection systems. It contributes to a more holistic understanding of how inequalities are perceived and experienced across professional roles

and organisational levels. Ultimately, the research provides an important foundation for developing more equitable and informed approaches to safeguarding practice in children's social care.

8.5 Recommendations

This section presents the key recommendations arising from the study, organised across three fields, practice, policy, and research. The recommendations for practice focus on strategies that can improve the effectiveness, equality, and cultural awareness of child protection services, including improvements in training, service delivery, and workforce support. Policy recommendations highlight the structural and legislative measures that could lead to better outcomes for children and professionals, including resource allocation, guidance frameworks, and initiatives to promote diversity and inclusion. Finally, the recommendations for research identify areas where further investigation is needed to strengthen the evidence base, inform best practice, and ensure that interventions are effective. Collectively, these recommendations aim to provide insights that bridge the gap between evidence, policy, and professional practice in child protection.

8.5.1 Practice

This section focuses on recommendations for practice, which are key to the delivery of effective child protection services. Practice involves the day-to-day activities, decisions, and interactions of frontline professionals, making it the primary connection between policy, research, and the children and families being supported (Chan, 2019). In particular, practice is key in ensuring that child protection professionals are equipped to meet the needs of ethnic minority families, who may face additional barriers such as language differences, cultural misunderstandings, or systemic inequities (Pollock, 2024). The recommendations within this section are organised around specific areas identified as priorities in this study, including

early interventions, training, reducing caseloads, the better integration of ethnic minority children into care placements, and the establishment of specialised teams. Strengthening these aspects of practice is essential to improve both the responsiveness and effectiveness of child protection services in supporting diverse communities.

8.5.1.1 Early Interventions

Early intervention allows for the identification of risk factors such as poverty, neglect, or domestic violence before they lead to more severe problems (Austin, 2020). Identifying these issues early and providing appropriate support can prevent children from entering care and reduce the likelihood of long-term negative outcomes. This is particularly important for ethnic minority children, who may face compounded risks due to socioeconomic disparities and discrimination. Additionally, creating strong links between social services and ethnic minority community organisations can help provide additional support to families. These organisations often have a deep understanding of the cultural nuances and challenges faced by their communities and can assist in providing culturally appropriate services. It is key to establish a positive working relationship with GRT community leaders (Allen and Hamnett, 2022).

Early intervention programs can provide valuable insight into how best to support GRT families while respecting their customs. This could help bridge any cultural gaps between families and child protection professionals, fostering trust and encouraging greater engagement from the Gypsy community. Providing early support to ethnic minority families in the community can help prevent children from entering the care system. Early intervention programs that are culturally tailored can reduce the likelihood of children being removed from their homes in the first place.

8.5.1.2 Training

The effectiveness of child protection services is impacted significantly by the cultural competence of frontline professionals. However, current training provisions often fall short in adequately preparing social workers to engage with the UK's diverse populations. A key challenge within child protection services is the inadequacy of training programs aimed at elevating cultural awareness. Many existing courses are perceived as superficial, often serving as tick-box exercises rather than providing in-depth understanding. The current training offered to child protection professionals frequently lacks substantial content on racism and anti-racist practices, leaving practitioners underprepared to address racial disparities effectively (Pollock et al., 2024). These programs often fail to address the complexities of cultural differences, values, and practices, which are essential for effective engagement with children and families from various ethnic backgrounds. Without a wider understanding, child protection professionals may unintentionally reinforce biases, resulting in unfair treatment of minority families.

Another significant challenge is the voluntary nature of many cultural diversity training programs. Without being mandatory, participation can be inconsistent, and the commitment to cultural awareness varies across the workforce. Furthermore, the absence of supervision and ongoing support means that learning is not reinforced or applied in practice, reducing the long-term impact of the training (Kirkwood et al., 2022). The absence of structured, mandatory training contributes to the limited cultural awareness within the profession. Without consistent and supervised training, child protection professionals may not develop the necessary skills to navigate cultural challenges effectively.

Current training formats primarily rely on online modules, which, while accessible, often lack interactive elements that promote deeper understanding. The limited use of face-to-face training opportunities reduces the potential for meaningful discussions and role-playing

scenarios that can increase cultural awareness (Salas et al., 2012). Additionally, the absence of lived experience training means that social workers may miss out on valuable insights from individuals who have firsthand experience of cultural challenges within the child protection system (Cullen et al., 2023). Incorporating diverse training formats, including face-to-face sessions and input from individuals with lived experiences, can enrich the learning process.

A blended learning approach, combining online modules with face-to-face training, would offer a balanced method to improve cultural awareness. Online modules can provide foundational knowledge at an individual's own pace, while in-person sessions can facilitate interactive discussions, role-playing, and case studies that deepen understanding (Oncu and Bichelmeyer, 2021). Similarly, integrating individuals with lived experience of ethnic minority backgrounds into the development and delivery of training ensures that the perspectives of minority communities are adequately represented. This inclusion not only enriches the training content but also promotes a more inclusive approach to practice. Lived experience training would provide child protection professionals with direct insights into the challenges faced by ethnic minority families, enabling them to approach cases with more sensitivity and understanding (Matu and Johnston, 2023). While implementing these recommendations would require considerable funding, time, and investment, some actions may be more easily attainable. For instance, organisations could incorporate specialised modules within their online training resources or develop online training co-created with, or featuring, individuals with lived experience. These measures would meaningfully enhance the provision of training on cultural diversity.

Increasing training on cultural diversity would significantly contribute to reducing ethnic inequalities in the children's care system. By equipping child protection professionals with the knowledge and skills to recognise and address cultural differences, services can become

more responsive and equitable. This would lead to improved outcomes for children and families from diverse ethnic backgrounds, promoting a more inclusive child protection system. The current provision of cultural diversity training within child protection services is insufficient to meet the needs of a diverse society. To address this, training programs must be comprehensive, mandatory, and inclusive of diverse perspectives. By utilising blended learning approaches, incorporating lived experience, and ensuring consistent supervision, the cultural competence of child protection professionals can be significantly improved. These improvements are essential for reducing ethnic inequalities and promoting a more inclusive and effective children's care system.

8.5.1.3 Language Barriers

One of the most effective ways to overcome language barriers is to provide professional interpreters for families who speak different languages. There is a need for an increased investment in interpreters, as the wider literature has found that interpreters are often only utilised during formal meetings and are typically unavailable for spontaneous interactions, which can hinder professionals' ability to build meaningful relationships with families (Kriz and Skivenes, 2010). This would ensure that families can fully understand the child protection process and provide accurate information, which is crucial for decision-making. Ensuring that important documents, such as care plans, legal papers, and guidance materials, are available in multiple languages can help ethnic minority families understand their rights, responsibilities, and the support available to them (Costa and Azevedo, 2024; Rawashdeh et al., 2021). This can also help ensure that families are informed and engaged in the decision-making process. Offering social workers language training or language assistance (such as language courses or learning key phrases) can enhance their ability to communicate directly with families, especially in areas with a high proportion of non-English-speaking residents

(Squires, 2018). This can help reduce reliance on interpreters and make initial conversations more personal and effective.

However, as Figures 11 and 12 demonstrate, addressing the challenges posed by language barriers requires concurrent action on the issue of insufficient funding. For example, improving access to translation services and providing written materials in multiple languages requires investment, both in interpreter wages and in the production of linguistically diverse resources. Therefore, these measures should be implemented alongside efforts to increase funding, as the two challenges are closely linked. One way to address the issues around funding for interpreters could be to utilise AI translators which offer a more cost-effective alternative to funding human interpreters; however, they are limited in capturing context, idiomatic expressions, and cultural nuances (Abdelali and Bennoudi, 2023). Furthermore, concerns regarding data protection and confidentiality mean their use is largely restricted to surface-level conversations, limiting their effectiveness in complex child protection discussions (Meurisch and Mühlhäuser, 2021).

8.5.1.4 Reducing Caseloads

Policy needs to establish legislated maximum caseloads for social workers, ensuring that they are not assigned more cases than they can reasonably manage. By setting clear limits on the number of cases per worker, governments can ensure that social workers have the time and capacity to engage effectively with each family. Social workers and social care professionals play a pivotal role in supporting children and families, often laying the groundwork for improved long-term outcomes (DfE, 2021). The quality of the relationships they establish is fundamental to achieving meaningful and lasting change in the lives of those they support.

However, research conducted by the British Association of Social Workers (BASW, 2020) reveals that social workers typically spend only 20% of their time in direct contact with

children and families, with the remaining 80% consumed by administrative tasks and paperwork. High caseloads further hinder the ability of social workers to build strong, trusting relationships with service users. The Public Impact Foundation (2023) has emphasised the importance of reducing average caseloads, recommending a decrease from 21% to 12.2% to allow social workers more time to engage meaningfully with families. The proposed interventions aimed at strengthening the relationship between senior management and frontline social workers offer a vital framework for enhancing collaboration and communication within the child welfare system. However, these initiatives are not without their challenges. The demand to address the complex and holistic needs of children and families remains exceptionally high, raising concerns that requiring social workers to complete 100 hours of direct practice may compromise their ability to effectively carry out other critical responsibilities. To ensure the successful implementation of such measures, it is essential that adequate time and resources are allocated, enabling greater commitment and engagement across all levels of local administration.

Lower caseloads enable social workers to spend more time with each family, allowing them to understand their needs more thoroughly and provide more tailored, responsive interventions. This personalised attention can help identify risks early, build stronger relationships with families, and ensure that children's needs are met effectively. With fewer cases to manage, social workers can devote more time to critical decision-making processes, ensuring that assessments and interventions are thoughtful, comprehensive, and well-informed. This can lead to better outcomes for children, including more appropriate care placements, and ultimately, fewer children in care.

A further issue associated to high caseloads and social worker burnout is the elevated rate of staff turnover within children's social care. As a result, local authorities must address the root causes of social worker attrition to ensure the long-term sustainability and effectiveness of

social work services. The Small Changes Inspiration programme operates on the belief that rather than changing the entire system at once, small changes can be implemented one step at a time. The programme aims to help professionals make minor adjustments which can contribute to a significant increase in the amount of time they spend working with children and families (NHS England, 2018).

One adjustment could be streamlining meeting schedules by grouping appointments with multiple families or colleagues on specific days, reducing time spent on transitions and travel. Another effective change might involve simplifying the documentation process by using standardised templates for case notes or reports, allowing professionals to quickly capture key information. These small changes would help free up more time for direct interaction with children and families, ultimately improving the quality of support and engagement (NHS England, 2018). These minor adjustments fall within the jurisdiction of the local authority and can be implemented reasonably instantaneously without the requirement to amend laws or national regulations (Department for Education, 2021).

This recommendation is also closely aligned to the previous point on training. It is not feasible to address challenges related to professional development without first tackling the issue of high caseloads, as excessive workloads limit practitioners' capacity to engage in training. However, as noted in the previous recommendation on language barriers, AI could be employed to streamline administrative tasks, therefore giving child protection professionals more time and potentially helping to reduce caseloads (Mistry, 2025).

Additionally, the issue of high caseloads cannot be resolved without simultaneously addressing the broader problem of insufficient funding. Figure 11 illustrates the interrelated nature of these challenges, demonstrating how progress in one area can facilitate improvements in others. For example, increased funding could be allocated toward recruiting additional social workers and expanding staffing levels within children's residential homes.

This would help to reduce individual caseloads, enabling practitioners to dedicate time to training and to build stronger, more consistent relationships with the children and families they support.

8.5.1.5 Better Integration of Ethnic Minority Children in Care Placements

Ensuring that children from ethnic minority backgrounds are placed with foster families or adoptive parents who are sensitive to their cultural and identity needs is crucial. In cases where this is not possible, agencies should provide foster and adoptive parents with cultural competence training to help them better understand and meet the needs of children from diverse backgrounds. Encouraging children in care to maintain and develop their cultural identity, including language, traditions, and customs, is important for their sense of self and emotional well-being. This may involve finding cultural mentors or resources for children to explore their heritage. This approach could also be implemented at a local level; for example, certain local authorities have a higher proportion of ethnic minority children, meaning that foster carers and children's homes may require more targeted and culturally specific support.

This recommendation is supported by wider literature. For example, a study by Degener et al. (2022) examined the impact of transracial placements on the ethnic identity development of foster children. The research found that transracially placed foster children may experience greater instability in their racial and ethnic identity over time compared to ethnic minority adolescents in the general population. Some of these children struggle with the societal messages they receive about ethnicity and race and may develop heightened awareness of their minority status due to physical differences between themselves and their foster families. The study emphasises the pivotal role foster parents play in this process. Culturally competent foster carers, who are open to the child's cultural background and reflective about their own values and beliefs, can support the child's ethnic identity development in a more positive and affirming manner.

Children's services should therefore ensure that all policies, including placement procedures, are inclusive and take into account cultural considerations. This may include providing culturally appropriate placements and considering the child's ethnic identity when making decisions about care. It is key to support ethnic minority families in decision-making processes is key to reducing inequalities. This can include involving parents and extended families in care plans and providing culturally relevant information about the child protection process.

8.5.1.6 Specialised Teams

Specialist teams in children's services designed to work with families from marginalised ethnicities could provide significant benefits and promote greater equality in service delivery. For example, these teams could be trained to understand and respect cultural traditions, practices, and values, therefore ensuring interventions are tailored to align with families' cultural needs. Similarly, professionals who are trained to be culturally aware would be better equipped to build trust with families, reducing reluctance or fear of engagement.

The successful implementation of specialist teams is evident in other countries. For example, Weechi-it-te-win Family Services in Canada is a specialist child welfare organisation that supports Indigenous families and children through a culturally grounded, community-led model. This organisation empowers Indigenous communities to lead their own child protection and family support services by embedding Anishinaabe cultural values into decision-making processes, prioritising healing and family unity over child removal (Davidson Cowling, 2018). It also employs a dedicated Agency Trainer who delivers competency-based, culturally responsive training to staff (Kelly, 2025). By placing cultural identity, community leadership, and holistic well-being at the centre of child protection, Weechi-it-te-win offers a powerful model for supporting marginalised populations.

Similarly, Secretariat of National Aboriginal Islander Child Care (SNAICC) is Australia's national body representing Aboriginal and Torres Strait Islander children and families. Among its core initiatives is the annual Family Matters report, which monitors and advocates for reducing the overrepresentation of Indigenous children in care (Payne, 2024). SNAICC works in partnership with Aboriginal Communities to design and deliver services that centre on community leadership and culturally grounded frameworks. These services often promote Indigenous-led early intervention programs, emphasising the role of Elders, cultural pride, and community connection (Mendes, 2018). SNAICC also provides specialised training for child protection and family support practitioners, focusing on historical context, intergenerational trauma, kinship systems, and culturally safe engagement practices that ensure Aboriginal families feel respected and heard (Briskman, 2001).

Both organisations serve as exemplary models that could inform the development of specialist services in the United Kingdom. They demonstrate the value of culturally tailored support for marginalised ethnic communities, led by practitioners who are specifically trained in cultural diversity and responsive practice.

Strengthening practice is key to ensuring that child protection services are both effective and equitable. By improving early interventions, reducing caseloads, improving training, supporting the integration of ethnic minority children in care placements, and developing specialised teams, child protection professionals can be better equipped to meet the diverse needs of the families they support. Ultimately, it is at the practice level where policies and research are applied as meaningful support, making this area key to reducing inequalities and improving outcomes for ethnic minority families in the child protection system.

8.5.2 Policy

Following the recommendations for practice, this section outlines recommendations for policy, recognising that while effective practice is essential, meaningful change must also be driven from the top. Policy sets the structural, legislative, and financial frameworks within the children's care system, shaping both the opportunities and challenges faced by child protection professionals (Featherstone et al., 2018). Without clear policy direction and sufficient resources, even the most skilled practitioners may struggle to meet the needs of the children and families they support. Strong policy leadership is particularly crucial in addressing systemic inequalities that affect ethnic minority families, such as disparities in service access, outcomes, and representation (Bywaters et al., 2019). The recommendations in this section focus on areas identified as priorities in this study, including government and policy reform, funding, and increasing awareness of cultural diversity. Strengthening these aspects of policy provides the foundation for creating a child protection system that is equitable, inclusive, and responsive to the needs of diverse communities.

8.5.2.1 Government and Policy

While efforts to improve cultural awareness, enhance practitioners' working conditions, and provide greater direct support to children and families are important, these alone are not sufficient. Systemic reform of the broader children's care system is also essential. In particular, greater action is required from the Government and local authorities to address the structural ethnic inequalities embedded within the system. To meaningfully address this issue, it is imperative that the government responds to the challenges raised by participants in both the survey and interviews, and supports each of the corresponding recommendations. One key method to start reducing the ethnic inequalities in the children's care system is through changes to policy. Regular audits and reports could track caseloads and ensure that

social workers are not overwhelmed. Governments should introduce policies that specifically address ethnic inequalities in the care system. For example, policies to ensure equitable access to services for ethnic minority children, prioritise the funding of culturally competent services, and introduce anti-racist legislation that guides the child protection process.

Most importantly, a key starting point would be to address the issue of insufficient funding. Tackling funding constraints could act as a catalyst for progress in other areas, paving the way for more effective implementation of the measures needed to reduce ethnic inequalities across the care system.

8.5.2.2 Increased Awareness of Cultural Diversity

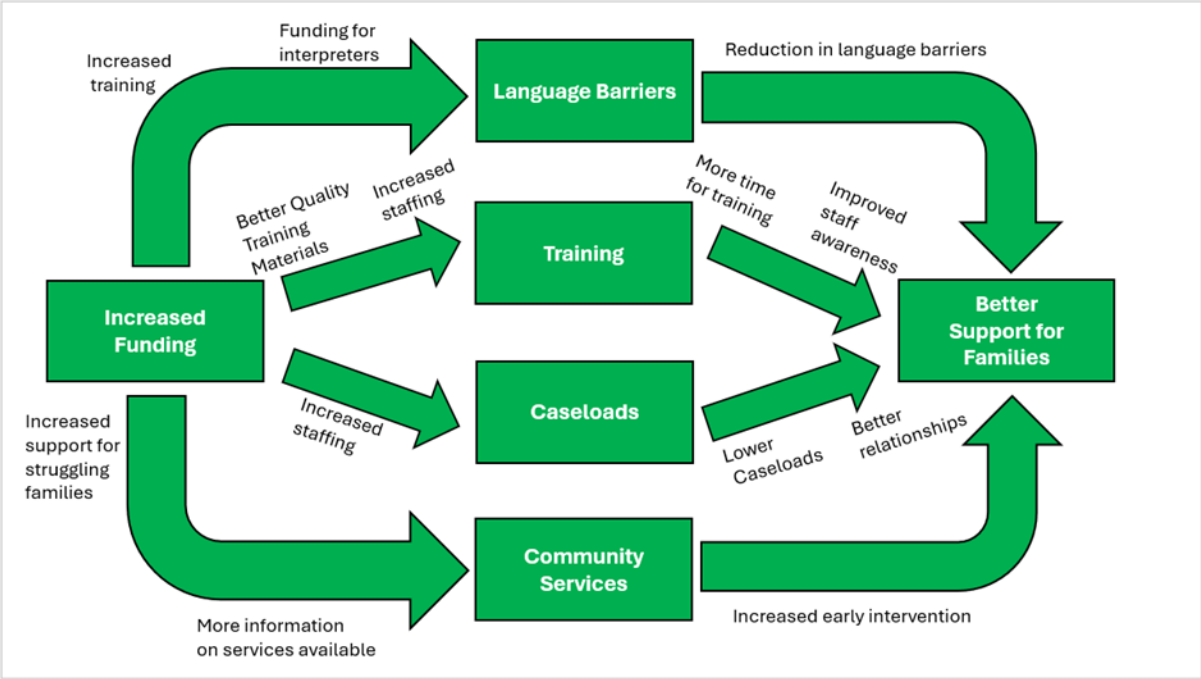
Increased awareness of cultural diversity is vital to ensuring that all children receive equitable levels of care. The Welsh Government has made initial efforts to enhance cultural diversity awareness in the workplace, acknowledging its vital significance in children's social care. Promoting a deeper understanding of cultural diversity is crucial to ensuring that child protection professionals are well-prepared to effectively support diverse communities. One such initiative, titled ‘An Introduction to an Anti-racist Wales’ (2022) seeks to examine how racism is embedded within government policies and develop a comprehensive plan for adopting an ‘anti-racist’ approach. Awareness programs should be adapted to the specific cultural contexts of ethnic minority communities. These campaigns can be delivered in multiple languages and using culturally relevant materials to ensure that families understand what constitutes abuse, the signs of abuse, and where to seek help. Utilising local cultural symbols, beliefs, and traditions can increase the resonance and effectiveness of these campaigns. Additionally integrating policies that encourage the recruitment of social workers from diverse ethnic backgrounds can help to better reflect the population of children in care. Providing staff members from similar cultural backgrounds may enhance the trust between

families and professionals, making it easier for children and families to engage with the system.

8.5.2.3 Funding

Governments need to commit to providing adequate funding for child protection services. Providing adequate funding to the children's care system is essential for addressing ethnic inequalities. Many of the challenges identified by child protection professionals in both the survey and interviews can be traced back to insufficient funding. As illustrated in Figure 11, increased investment from government and local authorities is necessary to overcome language barriers, such as by funding interpreters and producing multilingual materials (Jaeger et al., 2019). Similarly, increased funding is required to develop and maintain community-based services that support families from ethnic minority backgrounds (Pullan and Warming, 2020). It is also critical for improving training opportunities for practitioners, particularly in areas of cultural diversity and language skills (Dang, 2024). Furthermore, sufficient funding is needed to increase staffing levels, thereby reducing excessive caseloads and enabling practitioners to engage in meaningful training and provide more effective support to families (BASW, 2020). In this way, addressing the systemic issue of underfunding could enable progress across multiple areas and ultimately improve outcomes for ethnic minority children and families.

Figure 11: Holistic Approach to Improving Children's Social Care for Ethnic Minority Families



According to data provided to the Welsh Parliament (2024), local authorities in Wales spent approximately £198.25 million on residential placements for looked-after children during the 2022–2023 fiscal year. Additionally, the Welsh Government has allocated £30 million in additional funding in 2025–2026 to enhance social care support, including the children's care system (Welsh Government, 2024). The funding provided to the children's care system represents a welcome investment, however uncertainty remains on whether it is sufficient to meet the growing demand. This challenge is also faced by private children's homes, as recent reports indicate that the average annual cost of a residential placement in a children's care home in England has surged to £318,000, nearly double the cost five years ago, with the sector predominantly dominated by private firms, many backed by private equity, which have raised fees above inflation and earned average annual profits of 22.6% (Sen et al., 2024).

The UK Government has allocated £555 million over three years (2025–2028) to reform children's social care. However, it is not clear how much of this funding will go specifically to the children's care system or which specific local authorities will receive the increased

funding. Additionally, even if some of the additional funding is allocated to children's services, it is unclear whether any of it will be used to better support ethnic minority families or provide more training for practitioners on cultural diversity. As a result, there remains uncertainty over whether this funding will meaningfully address the ethnic inequalities within the children's care system.

The additional funding should be used to recruit more social workers and children's social care professionals, reduce the number of cases assigned to each worker, and cover the costs of training and development. Specifically, policy should focus on increasing the workforce within social care, ensuring that the demand does not exceed capacity. This could involve creating incentives to recruit and retain social workers, such as competitive salaries, professional development opportunities, and job security. Evidence suggests that there is an increase of children entering into the care system (Become Charity, 2023; The Local Government Association 2020). As a result, funding will be more essential than ever to ensure practitioners and families.

While current policies aim to strengthen the children's care system, uncertainty persists about whether they are sufficient to meet the sector's complex and growing needs. Policy commitments may provide a framework for improvement, but without clear guidance on implementation, resource allocation, and strategies to address ethnic inequalities, it is unclear whether these policies can be applied to meaningful, equitable outcomes for all children and families.

8.5.3 Research

Following the recommendations for policy, this section outlines recommendations for research, recognising that evidence is key to informing both practice and policy decisions. High-quality research provides the knowledge base needed to understand the challenges

faced by children, families, and professionals within the child protection system, including the systemic inequalities that affect ethnic minority communities (Bywaters et al., 2016). Research is particularly important for identifying gaps in service provision, evaluating the effectiveness of interventions, and guiding evidence-based improvements in training, practice, and policy. The recommendations in this section focus on areas identified as priorities in this study, including the need for additional studies on cultural diversity in the children's care system, the impact of early interventions, and the effectiveness of training programs for child protection professionals. Strengthening the research base is essential for creating an informed, responsive, and equitable child protection system that meets the diverse needs of children and families.

8.5.3.1 Research and Evidence Based Practice

Policymakers should require child protection agencies to collect data on caseloads and the impact of high workloads on social workers' effectiveness. Research into the children's care system is actively encouraged and supported by government bodies and professional associations in the United Kingdom, though it is not universally mandated across all areas. For instance, the Department for Education (DfE) has commissioned longitudinal studies, such as the "Longitudinal Study of Local Authority Child and Family Social Workers," to investigate workforce dynamics, including recruitment, retention, and career progression over extended time periods. These studies provide valuable insights to inform policy and practice decisions within children's social care (Department for Education, 2019). Moreover, the UK Policy Framework for Health and Social Care Research outlines principles of good practice in the management and conduct of health and social care research, emphasising that research is a key function of health and social care. The policy argues that research should improve the evidence base, reduce uncertainties, and lead to improvements in care, thereby supporting

and facilitating high-quality research in the United Kingdom (Health Research Authority, 2025).

While these examples demonstrate active support for research, the extent to which research is mandated can vary. Local authorities and social work associations are encouraged to integrate evidence into policy and practice, as highlighted by the British Association of Social Workers (BASW), which develops policies and resources to support practitioners and promote the use of research in practice (Le Zhang et al., 2020). However, following the rising number of referrals to the children's care system and the persistence of ethnic inequalities, there is a pressing need for more targeted research to ensure that support is both effective and equitable.

Evidence-based data can be used to advocate for resource allocation and to highlight the need for reductions in caseloads to achieve better outcomes. Collecting and analysing data on the ethnicity of children in care can help identify patterns of inequality and guide targeted interventions. By tracking how children from different ethnic backgrounds fare within the care system, social services can develop evidence-based strategies to address disparities. Continuous research into the experiences of ethnic minority children in care is vital. Research can identify gaps in services and highlight which interventions are most effective in addressing ethnic disparities. Monitoring and auditing child protection systems regularly can help identify areas where ethnic inequalities persist and allow for timely interventions. For example, reviewing case files to ensure that ethnicity is being considered appropriately in care decisions can help reduce bias in the system. Having independent bodies review the actions of child protection agencies can help ensure that ethnic minorities are not disproportionately affected by systemic biases. This oversight can help to hold institutions accountable for discriminatory practices and make recommendations for improvement.

8.6 Reflexivity

As a White, Welsh female researcher, aged 33, I recognise that my personal background, professional experience, and social positioning have inevitably influenced the research process. Reflexivity has therefore been a crucial element of this study, allowing me to remain critically aware of how my identity, assumptions, and lived experience may have shaped the design, data collection, interpretation, and presentation of findings. My decision to focus this research on the ethnic inequalities within the children's care system arose during my master's degree at Swansea University back in 2021. As part of that course, I conducted a literature review on the children's care system in the UK. During this process, I identified that the research was mixed regarding the representation of ethnic minority children in the care system, and this was an area that was under researched. This gap in both research and practice highlighted an area of urgent need and became the starting point for this Ph.D. Prior to undertaking this research, I worked in children's residential care for six years in the United Kingdom. My career began in 2015 as a Therapeutic Care worker, and over time I progressed to leadership and management. This professional journey provided me with a multi-level understanding of the children's social care system, including frontline practice, team leadership, and strategic engagement with external professionals. My responsibilities involved regular collaboration with social workers, families, health services, education professionals, and local authorities. This has given me direct experience of the complex inter-agency relationships and systemic pressures that affect both children and professionals within the care system.

My time in residential care has shaped my understanding of many of the challenges discussed by participants in this research. For instance, I have personally experienced the impact of high caseloads, limited staffing, and the difficulty of accessing high-quality, relevant training,

particularly around cultural diversity and inclusion. These shared experiences created a sense of empathy and understanding when engaging with participants and analysing their responses. However, I was also careful not to let my own experiences influence or overshadow the voices of the participants (Latchem-Hastings, 2018). One key area of reflection relates to my ethnicity and the context in which I developed my professional practice. Of the approximately 50 children I worked with over six years, only five were from ethnic minority backgrounds. Much of my professional experience took place in rural Wiltshire, a predominantly White area. While I also spent time working in more multicultural locations, such as Oxford, Rugby, and Coventry and Birmingham, my exposure to ethnic and cultural diversity in practice was fairly limited. This has implications for my understanding of the everyday realities faced by children and families from ethnic minority backgrounds, as well as the professionals who work with them.

Acknowledging my racial and cultural position was particularly important when exploring issues of diversity, equity, and inclusion in this research. As a White researcher, I was aware of the risk of unintentionally overlooking the nuances of ethnic minority experiences. To address this, I approached the research with a commitment to listening and critical self-reflection. I paid close attention to participants lived experiences and was particularly sensitive to the ways in which their accounts might differ from my own understanding of social care practice. Additionally, I ensured that findings were grounded in participants' voices and supported by the analysis of both qualitative and quantitative data. My dual positioning as both an insider and outsider to the world of children's social care also shaped the research in complex ways. On one hand, my familiarity with the sector allowed me to build rapport with participants, understand sector specific language, and interpret subtle dynamics within their responses. In contrast, I remained aware that my previous involvement in the field could lead to assumptions or bias.

My progression from direct care work to management allowed me to understand and appreciate the challenges faced at different levels of the social care system. This multi-level perspective was valuable in interpreting the data, particularly when participants spoke about systemic barriers such as insufficient funding, limited training provision, or leadership responsibility. However, I was also cautious not to over identify with their experiences or assume that my own practice was representative of all settings. Finally, I recognise that the research process itself is shaped by broader social and institutional structures, including those related to race, class, and gender. Since I was researching a system shaped by structural inequalities, I made a conscious effort to focus on the voices of people who are often overlooked, particularly practitioners and children from ethnic minority communities. I view reflexivity not as a one-time activity but as an ongoing process that has informed every stage of this research.

In conclusion, my identity and professional history have both informed and complicated my role as a researcher in this study. Through ongoing self-reflection, openness to participant perspectives, and a commitment to critical analysis, I have sought to conduct this research in a way that is ethically responsible and socially aware.

8.7 Limitations

A number of limitations are present within this study. The research is subject to the restrictions associated with using a cross-sectional research design. In particular, this type of design does not provide a measure of how the results may change over time (Wang and Cheng, 2020). This would be a useful area for research when investigating the changes in the number of referrals to the care system over time or impacts of staff training on the inequalities within the care system. However, since the aim of this research was not to measure change over time, a cross-sectional design was the most suitable approach. In

contrast, using a cross-sectional design to explore the experiences and opinions of social care professionals during a certain time period this research will provide a crucial basis for conducting longitudinal studies in the future. The next sections discuss limitations for each phase in the research.

8.7.1 Phase 1 - Questionnaire

A key challenge faced during data collection was the difficulty in securing a sufficiently large sample size. To address this issue, the Prolific recruitment platform was used to recruit participants, in addition to offering incentives to encourage participation, and the survey distribution was expanded to various social media platforms to increase recruitment. Additionally, to strengthen the depth and quality of the data, follow-up interviews and document analysis were conducted after the survey responses had been collected.

The format of the questionnaire also presented certain challenges, in particular the use of the Likert Scale. A significant disadvantage with a Likert Scale is acquiescence bias where participants incline to agree with the statements. Likewise, there was a risk that participants may select the 'Neutral' or 'Don't know' option for each question if the survey was too long. As a result, this would reduce the validity of the findings (Yusof et al., 2019). Similarly, the questionnaire was subject to the risk of survey fatigue as participants may have lost interest in the questionnaire before it has been completed. This may have resulted in dishonest responses, certain questions not being answered or participants withdrawing from the study (Fass-Holmes, 2022). This was evident in the questionnaire where certain participant responses with nonsensical text which could not be included in the analysis.

A further limitation of Phase 1 of the study lay in the choice of distributing the questionnaire online. For instance, without the researcher present, this method may have resulted in survey fatigue among participants, potentially compromising the validity and reliability of the

responses. Despite the limitations, the online questionnaire was selected as the first research method due to its effectiveness in facilitating the recruitment of a large sample (Alamri, 2019). This was advantageous in enhancing the representativeness of the data, particularly in reflecting the views of child protection professionals across the United Kingdom. Furthermore, the online format enabled efficient distribution, making it a practical choice for reaching participants in various geographic locations. Given that the aim of Phase 1 was to generate a broad overview of the perspectives of child protection professionals, the use of a widely distributable survey was deemed the most appropriate methodological approach. Additionally, this issue was mitigated within Phase 2 of the research through the use of interviews where the researcher was able to deepen the understanding behind the broader survey responses, as the interviews provided more in-depth information.

Additionally, the demographic section of the survey did not include a question specifying which of the four nations of the UK participants worked within. It is acknowledged that this limits the ability to determine whether the sample was fully representative of all four UK nations, and therefore the study's findings should be interpreted as reflecting UK-based professionals in general, rather than specific national contexts. Although the survey was open to respondents from across the UK, it is possible that the final sample was drawn predominantly from Great Britain or a single nation (e.g. England). This limitation is important to note in considering the generalisability of the findings, and it suggests that any conclusions relating to cross-national differences in policy or practice should be treated cautiously.

8.7.2 Phase 2 - Interviews

The use of interviews in Phase 2 presented a range of advantages and limitations, which were considered when deciding whether this method was appropriate for the study. One of the

primary advantages of the interviews was their flexibility. This adaptability made interviews an attractive option for exploring the complex and nuanced topic of ethnic inequalities within the children's care system (Dunwoodie et al., 2022). The researcher was able to customise the interviews to meet the needs of the participants. For instance, participants were given the option to complete the interviews either online via Microsoft Teams or by telephone. This approach allowed the participants to select the format that best suited their comfort and availability, while also aligning with ethical considerations regarding participant autonomy and well-being (Hosseini et al., 2022). This adaptability was particularly valuable where there was a risk of surface-level responses, as it enabled the interviewer to reframe or probe questions in ways that encouraged participants to reflect more deeply. Establishing and maintaining a culture of inquiry where questioning was used not only to gather information but also to open space for critical reflection was therefore essential in avoiding rehearsed or procedural answers.

However, despite these advantages, the interviews also came with notable limitations. One of the main drawbacks is that interviews tend to be more costly and time-consuming than other research methods. For example, using focus groups could have been more efficient, as they allow perspectives to be gathered from multiple participants simultaneously (Akyıldız and Ahmed, 2021). Similarly, conducting structured observations, analysing secondary data, or examining case studies could have been more practical and less time-consuming alternatives (Dale et al., 2025). However, these methods do not offer the same level of access to participants' internal thoughts, feelings, or motivations (Guest et al., 2017). Therefore, as the aim of the research was to explore child protection professional's perceptions, interviews were selected as the most appropriate method.

On a practical level, interviews are also generally less convenient than other data collection methods. Unlike the questionnaire in Phase 1, which participants could complete at their own

pace and convenience, the interviews required the researcher and participant to be available at the same time, creating scheduling challenges. Furthermore, the interviews were not feasible in cases where participants had time constraints, which limited the accessibility of the method (Regmi et al., 2016). Additionally, a key limitation of using interviews is that there is reduced validity than alternative research methods (Coleman, 2022). However, as this research is using a critical realism approach, it is acknowledged that there will be a certain level of subjectivity within the interpretation of the interview responses. Within this phase of the study producing clarity and depth within the data was more significant than high validity. For instance, research from Noble and Smith (2015) found that while ensuring the credibility and integrity of research remains essential for qualitative researchers, concepts such as validity and reliability are less relevant in qualitative studies. Instead, qualitative researchers should focus on reflexivity and minimising personal biases during data analysis.

The private and often protected nature of children's social care brought additional challenges. Discussions sometimes carried a sense of being shielded from external scrutiny, which could limit the openness of responses. In these circumstances, the role of questioning was critical, careful use of prompts and follow-up queries allowed participants to move beyond generalised accounts and engage more directly with the realities of practice. Without this deliberate focus on inquiry, there was a risk that responses remained guarded or lacked the depth needed to inform the research objectives.

The sensitivity of the topics under discussion further reinforced the importance of well-structured questioning. Issues such as racism and ethnic inequalities are not only complex but also emotionally charged, and participants may have been cautious about how much to disclose (Silverio et al., 2022). Interviews created opportunities for these perspectives to emerge, but only when questioning was used to encourage reflection rather than

defensiveness. In this sense, the method required careful balance, enough structure to provide direction and consistency, but sufficient openness to allow participants to articulate experiences that might otherwise remain unspoken.

In conclusion, while interviews offer valuable opportunities for deep exploration, their effectiveness depends on the quality and consistency of questioning, the cultivation of a culture of inquiry, and sensitivity to the private and protected nature of children's social care. In Phase 2 of this study, these considerations informed the design and application of the interviews, ensuring that the method was used to generate meaningful insights rather than surface-level accounts.

8.7.3 Phase 3 – Document Analysis

While the use of document analysis in research has value, there have been some criticisms of this method. One key limitation is the potential for biases from the researcher when interpreting the documents which can affect the objectivity of the analysis. Additionally, the availability and the quality of the documents may vary, leading to gaps or inconsistencies in the data (Bowen, 2009). A number of challenges were encountered in sourcing training materials for the analysis. The local authorities and children's homes contacted were reluctant to share internal resources, a difficulty noted in the context of children's social care, where researchers have reported concerns about the validity and comprehensiveness of documents in children's social care. For instance, Hoyle et al (2018) examined the creation, use, and management of child social-care records from a recordkeeping perspective. The study found that while these records are intended to support transparency and accountability, they often fail to meet the needs of care-experienced children. Hoyle et al (2018) argue that the design and maintenance of care records should be more collaborative, considering the rights and

needs of those who are the subjects of these records. They propose a human-centred approach to recordkeeping that aligns with the information rights of care-experienced people.

The document analysis in this study was limited to materials freely accessible online, primarily sourced from the organisation's websites. This reliance presented issues of trustworthiness and completeness, as these materials may not have been current or fully representative of the training content delivered in practice, such as face-to-face sessions, which may only be communicated internally. The findings of Hoyle et al (2018) highlight the importance of ensuring that all materials related to child social care, including training resources, are accurate, up-to-date, and reflective of current practices. Relying on outdated training materials could lead to the dissemination of incorrect or ineffective practices among professionals (Ernst, 2019). In the context of the document analysis, if training materials on organisational websites are not regularly updated, this can reduce the reliability and representativeness of the materials included, as they may no longer reflect current training practices or standards. Therefore, it is crucial for organisations to regularly review and update training materials to ensure they align with the latest standards and research in child social care.

Furthermore, time constraints hindered the submission of FOI requests, which are known to experience considerable delays, ranging from weeks to several years in some cases (Hawkins et al., 2023). Future research should prioritise the development of trusted relationships with organisations, facilitating direct access to comprehensive training materials and enabling more ethically-sound, thorough document analysis. However, to address these limitations on sourcing quality materials, it was ensured that the documents selected were from variety of credible sources, to ensure that a broad scope of training materials was included. Additionally, the document analysis in this research was analysed alongside the findings from the survey and interviews to provide more solidity to the findings.

Chapter 9 – Conclusion

This thesis aimed to explore child protection professional's perspectives of ethnic inequalities within the children's care system and, where such disparities are identified, to examine the key contributing factors. Recognising the complexity of the issue, this study adopted a mixed-methods approach, incorporating both quantitative and qualitative data collection through a survey, semi-structured interviews and a document analysis. This methodology facilitated a comprehensive exploration of professional perspectives within the field of child protection, enabling a deeper understanding of how ethnic inequalities arise and are sustained within practice and policy. By drawing on a multi-level perspective, the research considered not only individual practitioner views but also broader organisational, structural, and systemic influences. The study ultimately aims to contribute to the existing body of literature by identifying gaps in current practice and informing more equitable approaches within the children's care system.

Over the past decade, there has been a significant rise in the number of children entering the care system (Become Charity, 2023). According to the Local Government Association (2020), local councils across the United Kingdom have reported a 53% increase in the number of children placed on child protection plans and a 139% rise in serious cases where there is concern that a child is experiencing, or is at risk of, significant harm. These figures illustrate the unprecedented pressure placed on children's services and the wider care system in recent years (Blake, 2020). Recent data from the Department for Education (2023). indicates that there are currently 107,317 children in care across the UK, representing a 2% increase in the total number since 2020. One of the key concerns is the issue of ethnic inequality within the children's care system. This refers to the disproportionate representation

and varied experiences of children from different ethnic backgrounds within children's care services.

In response to Research Question, the study's findings reveal a strong consensus among practitioners and managers that ethnic inequalities do exist within the children's care system. These disparities are evident in areas including the rates of entry into care, types of placements received, and the overall outcomes for children from minority ethnic backgrounds. The quantitative questions in the survey highlighted the presence of ethnic inequalities within the children's care system. The survey data indicates that 39.8% of participants reported witnessing ethnic inequalities, compared to 18.4% who did not observe such disparities. Similarly, the Chi-Square analysis revealed a trend indicating that the number of participants who reported not witnessing ethnic inequalities increased with higher levels of professional experience. This may suggest that more experienced professionals are either less likely to recognise inequalities, possibly due to desensitisation or the influence of ingrained professional norms within the care system, or that these inequalities are more easily identified by those newer to the field, potentially as a result of changing cultural awareness. Additional Chi-Square tests found that younger participants and those from marginalised ethnic backgrounds were more likely to report witnessing ethnic inequalities compared to those from majority ethnic backgrounds. This suggests that younger practitioners and individuals from marginalised groups may be more attuned to and perceptive of these inequalities. These findings carry important implications for policymakers, highlighting the need to prioritise and incorporate the voices and perspectives of individuals from marginalised ethnicities and different age groups in decision-making processes.

However, the qualitative findings of the survey and interviews emphasise the significant impact of socioeconomic status on children from ethnic minority backgrounds. Participants highlighted that many ethnic minority families experience higher levels of poverty,

compounded by their residence in economically disadvantaged areas with limited access to services, primarily due to insufficient local authority funding. This emphasises the need for policymakers to allocate more resources to councils in these economically deprived regions. Language barriers were also identified as a major challenge in providing timely interventions to ethnic minority families, often leading to extended risks for children. Addressing these barriers is crucial, and future policies should focus on solutions such as offering translation services or providing basic language training for staff.

The inequalities faced by children in care from the GRT community also represent a critical issue, reflecting broader systemic disparities and challenges within the child protection system. GRT children who enter care often encounter distinct obstacles rooted in cultural misunderstanding, discrimination, and a lack of tailored support that reflects their unique needs. These challenges frequently result in difficulties securing placements that are respectful of, and sensitive to, their cultural heritage and traditions, which can lead to experiences of isolation and disconnection from their identity. Furthermore, GRT children in care may face limited access to appropriate support services that acknowledge and incorporate their cultural background. The absence of culturally sensitive care can exacerbate feelings of alienation and negatively impact their emotional well-being and development (The Traveller Movement, 2024).

The overrepresentation of GRT children in the care system highlights the urgent need for targeted interventions that address the root causes of these inequalities. Addressing these inequalities requires a holistic and inclusive approach that both safeguards the welfare of the child and honours their cultural identity. This can be achieved through enhancing cultural competence among social workers, developing specialist support services, and fostering meaningful engagement with Gypsy families and communities throughout the care planning and decision-making processes. By implementing these measures, the care system can move

towards becoming more equitable, responsive, and respectful of the diverse needs of all children, regardless of their ethnic or cultural background (GOV Wales, 2023).

Additionally, understanding cultural norms, values, and parenting practices is essential for effective engagement with families from different cultural backgrounds. Cultural differences in parenting styles and discipline can contribute to underreporting of child protection concerns. Participants noted a limited understanding of cultural differences among professionals, suggesting that cultural diversity should be a key focus in training. In relation to Research Question 2, many participants felt that existing training on this topic was insufficient, and that incorporating perspectives from individuals with lived experiences could enhance the training's effectiveness. Specifically, 39% of participants agreed that training in this area needs improvement, while 25.8% felt they received adequate training on cultural diversity. Furthermore, the current training materials for social care professionals were found to be limited and largely self-directed. In particular, the findings from the document analysis corroborate the results from the survey and interviews, highlighting that current training on cultural diversity for child protection professionals is significantly inadequate.

Similarly, findings related to Research Question 3, emphasise the urgent need for more comprehensive, relevant, and accessible training to better equip professionals in working effectively with ethnically diverse families. In particular, 50% of participants believed that enhanced training on cultural diversity could contribute to reducing ethnic inequalities within the care system, emphasising the importance of maintaining cultural identity amidst the challenges faced in care settings. To improve training, participants recommended incorporating more diverse methods, such as face-to-face sessions, lectures, collaborative work with other children’s services, group discussions, and case studies. This holistic

approach is crucial for ensuring equitable child protection strategies that cater to families from all ethnic backgrounds.

The findings from all three phases of the research highlight several challenges faced by practitioners in supporting ethnic minority families within the care system. The analysis indicates that the identified themes are interrelated, suggesting that addressing one issue may not be feasible without simultaneously tackling the others. The key recommendations from the analysis emphasise the critical need for increased funding to address the challenges within the care system. As illustrated in the model in Figures 11 and 12, additional funding could address many of the existing issues. For instance, funding could be used to provide practitioners with training on language barriers and cultural understanding, as well as to hire interpreters to assist when working with families from diverse national backgrounds. This would help reduce communication challenges, enabling practitioners to better understand the needs of ethnic minority families and offer more effective support. Moreover, increased funding could improve staff training programs, raising awareness of cultural diversity and enhancing practitioners' ability to engage with families from various cultural contexts. Funding could also be allocated to recruit additional social workers and increase staffing levels in children's homes. This would help to balance staff workloads, ensuring more manageable caseloads, and allowing staff the time to complete necessary training and develop stronger, more meaningful relationships with families.

Furthermore, there is an urgent need for more frequent and comprehensive training, as cultural diversity currently constitutes only a small portion of the overall training curriculum. These findings highlight the urgent need for increased investment from the government and local authorities in improving training for child protection professionals on cultural diversity. Moreover, greater investment is required to expand staffing capacity, enabling professionals to have the time and resources necessary to engage meaningfully with the training. This

thesis calls for the UK Government to address the funding gap and close the identified training gaps where there is a pressing need for greater collaboration between policymakers, practitioners, and training institutions within the field.

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Appendices

Appendix 1 - Ethical approval

1.1 Ethics approval letter for the survey (Phase 1)

Swansea University
Prifysgol Abertawe

Approval Date: 12/06/2023

Research Ethics Approval Number: 1 2023 6978 5801

Thank you for completing a research ethics application for ethical approval and submitting the required documentation via the online platform.

Project Title Exploring the Ethnic Inequalities within the Constructs of the Children's Care System
Applicant name MISS HANNAH PRICE-JONES
Submitted by MISS HANNAH PRICE-JONES /
Full application form link https://swansea.forms.ethicalreviewmanager.com/Project/Index/8708

The Humanities and Social Sciences ethics committee has approved the ethics application, subject to the conditions outlined below:

Approval conditions

1. The approval is based on the information given within the application and the work will be conducted in line with this. It is the responsibility of the applicant to ensure all relevant external and internal regulations, policies and legislations are met.
2. This project may be subject to periodic review by the committee. The approval may be suspended or revoked at any time if there has been a breach of conditions.
3. Any substantial amendments to the approved proposal will be submitted to the ethics committee prior to implementing any such changes.

Specific conditions in respect of this application:

The application has been classified as Low risk to the University.

No additional conditions.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees. It complies with the guidelines of UKRI and the concordat to support Research Integrity.

Humanities and Social Sciences Research and Ethics Chair

Swansea University.

If you have any query regarding this notification, then please contact your research ethics administrator for the faculty.

- For Science and Engineering contact FSE-Ethics@swansea.ac.uk
- For Medicine, Health and Life Science contact FMHLS-Ethics@swansea.ac.uk
- For Humanities and Social Sciences contact FHSS-Ethics@swansea.ac.uk

1.2 Ethics approval letter for the interviews (Phase 2)

Swansea University
Prifysgol Abertawe

Approval Date: 10/06/2024

Research Ethics Approval Number: 1 2024 9910 8943

Thank you for completing a research ethics application for ethical approval and submitting the required documentation via the online platform.

Project Title Exploring Ethnic Inequalities within the Constructs of the Children's Care System
Applicant name MISS HANNAH ELERI PRICE-JONES
Submitted by MISS HANNAH ELERI PRICE-JONES /
Full application form link https://swansea.forms.ethicalreviewmanager.com/Project/Index/11980

The Humanities and Social Sciences ethics committee has approved the ethics application, subject to the conditions outlined below:

Approval conditions

1. The approval is based on the information given within the application and the work will be conducted in line with this. It is the responsibility of the applicant to ensure all relevant external and internal regulations, policies, and legislations are met.
2. This project may be subject to periodic review by the committee. The approval may be suspended or revoked at any time if there has been a breach of conditions.
3. Any substantial amendments to the approved proposal will be submitted to the ethics committee prior to implementing any such changes.

Specific conditions in respect of this application:

The application has been classified as Low Risk to the University.

No additional conditions.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees. It complies with the guidelines of UKRI and the concordat to support Research Integrity.

Humanities and Social Sciences Research and Ethics Chair

Swansea University.

If you have any queries regarding this notification, then please contact your research ethics administrator for the faculty.

- For Science and Engineering contact FSE-Ethics@swansea.ac.uk
- For Medicine, Health and Life Science contact FMHLS-Ethics@swansea.ac.uk For Humanities and Social Sciences contact FHSS-Ethics@swansea.ac.uk

Dyddiad Cymeradwyo: 10/06/2024

Rhif Cymeradwyo Moeseg Ymchwil:

Diolch am gwblhau cais moeseg ymchwil am gymeradwyaeth foesegol ac am gyflwyno'r ddogfennaeth ofynnol drwy'r platfform ar-lein.

Teitl y Prosiect Exploring Ethnic Inequalities within the Constructs of the Children's Care System

Enw'r Ymgeisydd MISS HANNAH ELERI PRICE-JONES

Cyflwynwyd gan MISS HANNAH ELERI PRICE-JONES /

Dolen i'r ffurflen gais lawn https://swansea.forms.ethicalreviewmanager.com/Project/Index/11980

Mae'r pwyllgor moeseg Humanities and Social Sciences wedi cymeradwyo'r cais moeseg ymchwil, yn amodol ar yr amodau a amlinellir isod:

Amodau cymeradwyo

1. Mae'r gymeradwyaeth yn seiliedig ar yr wybodaeth a roddir yn y cais, a gwneir y gwaith yn unol â hyn. Yr ymgeisydd sy'n gyfrifol am sicrhau bod yr holl reoliadau, polisïau a deddfau mewnol ac allanol perthnasol yn cael eu dilyn.

- Gall y prosiect hwn gael ei adolygu gan y pwyllgor o bryd i'w gilydd. Gellir atal neu ddirymu'r gymeradwyaeth ar unrhyw adeg os bydd yr amodau'n cael eu torri. Caiff unrhyw addasiadau sylweddol i'r cais a gymeradwywyd eu cyflwyno i'r pwyllgor moeseg cyn i'r fath newidiadau gael eu rhoi ar waith.

Amodau penodol ynghylch y cais hwn:

Barnwyd bod y cais yn risg Low i'r Brifysgol.

Dim amodau ychwanegol.

Datganiad o gydymffurfiaeth

Penodir y pwyllgor yn unol â'r trefniadau llywodraethu ar gyfer pwyllgorau moeseg ymchwil. Mae'n cydymffurfio â chanllawiau Ymchwil ac Arloesi yn y DU (UKRI) a'r concordat i gefnogi uniondeb ymchwil.

Cadeirydd Ymchwil a Moeseg, Humanities and Social Sciences

Prifysgol Abertawe.

Os oes gennych ymholiadau ynghylch yr hysbysiad hwn, yna mae croeso i chi gysylltu â gweinyddwr moeseg ymchwil eich cyfadran.

- Ar gyfer Gwyddoniaeth a Pheirianneg, e-bostiwch FSE-Ethics@abertawe.ac.uk
- Ar gyfer Meddygaeth, Iechyd a Gwyddor Bywyd, e-bostiwch FMHLS-Ethics@abertawe.ac.uk
- Ar gyfer y Dyniaethau a'r Gwyddorau Cymdeithasol, e-bostiwch FHSS-Ethics@abertawe.ac.uk

1.3 Ethics approval for the document analysis (Phase 3)

No letter approval letter was received for the Document Analysis, however confirmation was received by email as per the screenshot below.

Hi Hannah

We have 3 applications from you with that title, all have been approved-

✔	⚑	03/06/2024 12:59	1 2024 9910 8943	Exploring Ethnic Inequalities within the Constructs of the Children's Care System	HANNAH ELERI	PRICE-JONES	Post Graduate Research Student (e.g. MRes, MSc Research, MPhil, PhD)	Low Risk	Humanities and Social Sciences	Education
✔	⚑	20/11/2023 11:36	3 2023 6978 7296	Exploring the Ethnic Inequalities within the Constructs of the Children's Care System	HANNAH ELERI	PRICE-JONES	Post Graduate Research Student (e.g. MRes, MSc Research, MPhil, PhD)	Amendments - Low Risk	Humanities and Social Sciences	Education
✔	⚑	01/06/2023 18:45	1 2023 6978 5801	Exploring the Ethnic Inequalities within the Constructs of the Children's Care System	HANNAH ELERI	PRICE-JONES	Post Graduate Research Student (e.g. MRes, MSc Research, MPhil, PhD)	Low Risk	Humanities and Social Sciences	Education

Best Wishes

[redacted]

Research Support Officer | Swyddog Cymorth Ymchwil

Faculty Of Humanities and Social Sciences| Cyfadran y Dyniaethau a'r Gwyddorau Cymdeithasol

Email | Ebost [redacted]

Please enrol on our **Canvas Hub FHSS Resource & Innovation: Guide to Information & Resources** here for all research

Appendix 2 - Blank survey template

Exploring the ethnic inequalities within the construct of the children's care system

What is the purpose of the research?

The aim of this study is to gather information from social workers and child protection professionals on the contributing factors to the ethnic inequalities within the children's care system.

Who is carrying out the research?

The research is being conducted by Hannah Price-Jones from the Department of Education and Childhood Studies in the College of Humanities and Social Science, under the supervision of Dr Emily Lowthian, Professor Tom Crick and Dr Gisselle Tur Porres.

What happens if I agree to take part?

You will be asked to complete a series of questions about your experiences of working in the child protection system and any inequalities you may have witnessed.

Data Protection and Confidentiality

All data obtained will be kept strictly confidential and only the research staff will have access to your data.

What will happen to the information I provide?

As part of the research the data collected with be analysed, however any reports or publications will only contain anonymous, non-identifiable material.

Consent Form

Researcher: Hannah Price-Jones
Supervisors: Dr Emily Lowthian, Professor Tom Crick and Dr Gisselle Tur Porres

- I (the participant) confirm that I have read and understand the Participant Information sheet for the above study.
- I understand that my participation is voluntary and that I am free to withdraw at any time during the study, without giving any reasons.
- I understand what my role will be in this research, and all my questions have been answered to my satisfaction.
- I have been informed that the information I provide will be safeguarded.
- I understand that I am free to ask any questions at any time before and during the study.
- I agree to the researchers processing my personal data for any purposes connected with the research project as outlined to me.
- I am happy for the information I provide to be used (anonymously) in academic papers and other formal research outputs.
- I am aged 21 years or above.
- I am a child protection professional.

Do you consent to take part in the study?

- I consent
- I do not consent

The following questions will explore your demographics and background working in child protection.

What is your age?

21 – 30 31 – 40 41 – 50 51 – 64 65+

What is your gender identity?

How would you identify your ethnicity?

What is your job title and rank?

How long have you worked in Child Protection Services?

Less than a year 1 - 2 years 2+ - 4 years 4+ - 8 years 8+ years

Context of children placed into the care system

The following questions will ask about your personal experiences in Child Protection Services. Please consider your professional experiences within the last six months and choose the response that appears most appropriate.

1. During my experience as a child protection professional, I have noticed the number of referrals increasing within the past year.

Strongly Disagree Disagree Neutral Agree Strongly Agree Don't Know

NB. If you have worked in Child Protection Services for less than a year, please go straight to question 4.

2. Since COVID-19 there has been an increased number of referrals compared to the usual expectation or previous trends

Strongly Disagree Disagree Neutral Agree Strongly Agree Don't Know

3. The ethnic inequalities within the children's care system have increased due to the impacts of COVID-19.

Strongly Disagree Disagree Neutral Agree Strongly Agree Don't Know

Working with children of a marginalised ethnicity

The following questions will ask about your personal experiences in working with children of different ethnicities. Please consider your professional experiences within the last six months and choose the response that appears most appropriate.

4. The primary ethnic backgrounds of the children you have worked with are:

5. I have worked with many children who are of Black ethnicities within the care system.

Yes **No**

Please provide details:

6**. I have worked with many children who are of Asian ethnicities within the care system.**

Yes **No**

Please provide details:

7. I have worked with many children from Gypsy Communities within the care system.

Yes **No**

Please provide details:

8. Research suggests that there are certain barriers when working with children from the Gypsy Community. What challenges have you experienced working with the Gypsy Community:

a) Lack of engagement

b) Difficulties in Communication

c) Risks to staff

d) Differences in cultural values

e) All of the above

f) Other - Please Specify:

Inequalities in the care system

The following questions will ask about the inequalities that exist within the children's care system. Please consider your professional experiences within the last six months and choose the response that appears most appropriate.

9. I have witnessed significant ethnic inequalities within the care system.

Strongly Disagree Disagree Neutral Agree Strongly Agree Don't Know

The Equality Act defines discrimination as treating someone less favourably because of a protected characteristic and prejudice as preconceived judgment or opinion of someone that is not based on fact (Equality Act 2010).

10. I have personally witnessed prejudice within child protection professionals.

Strongly Disagree Disagree Neutral Agree Strongly Agree Don't Know

11. People from different ethnic groups have the same opportunities in accessing Child Protection services.

Strongly Disagree Disagree Neutral Agree Strongly Agree Don't Know

Please specify details:

12. Poverty plays a role in the number of children referred to Child Protection Services.

Strongly Disagree Disagree Neutral Agree Strongly Agree Don't Know

13. National statistics show that children from Gypsy communities are overrepresented within the care system.
How much do you agree with the statement "I believe that Gypsy communities are more at risk of harm than other children."

Strongly Disagree Disagree Neutral Agree Strongly Agree Don't Know

14. I believe the main reason for ethnic inequalities within the children's care system is:

a) Lack of access to services in certain ethnic communities
b) Cultural Factors
c) Socioeconomic Factors
d) Prejudice within staff
e) All of the above
f) Other – Please Specify

15. How much do you agree with the statement "the current policies are sufficient in addressing the ethnic inequalities within the care system."

Strongly Disagree Disagree Neutral Agree Strongly Agree Don't Know

16. The most effective method to reduce the ethnic inequalities within the care system would be:

a) Better early interventions within ethnic minority communities
b) Improved staff training
c) Improving access to services for ethnic minority communities
d) All of the above
e) Other – Please Specify

Parenting and cultural contexts

The following questions will ask about your beliefs regarding the parenting and cultural factors which contribute to the ethnic inequalities within the care system. Please consider your professional experiences within the **last six months** and choose the response that appears most appropriate

17. I feel that cultural factors play a role within the inequalities of children entering the care system.

Strongly Disagree Disagree Neutral Agree Strongly Agree Don't Know

18. Research suggests that ethnic minority parents use significantly different parenting styles to white British parents. According to research ethnic minority parents are more likely to use the Authoritarian style. Have you experienced this while working in Child Protection Services?

a) All the time
b) Some of the time
c) Not much of the time
d) Hardly ever
e) Never

19. How much do you agree or disagree with the statement "Maltreatment can go unreported within certain ethnicities due to different approaches towards parenting in different cultures."

Strongly Disagree Disagree Neutral Agree Strongly Agree Don't Know

Training

The following questions will ask about interventions to reduce the ethnic inequalities within the care system. Please consider your professional experiences within the last six months and choose the response that appears most appropriate.

Godfrey et al (2020) define cultural diversity as the inclusion of a variety of cultural or ethnic groups within society.

20. During your role within Child Protection services have you received any training on cultural diversity?

None Seldom Quite Often Very Often Significant Don't Know

21. How satisfied are you with the interventions currently in place to support different ethnicities?

Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied Don't Know

22. How much do you agree with the statement "**The level of intervention from child protection professionals varies significantly across different ethnic groups."**

Strongly Disagree Disagree Neutral Agree Strongly Agree Don't Know

Please provide details:

23. How much do you agree with the statement "**The training provided to child protection staff on cultural diversity is sufficient."**

Strongly Disagree Disagree Neutral Agree Strongly Agree Don't Know

Please provide details:

24. I feel that additional staff training on topics relating cultural diversity would help to reduce the inequalities within the children's care system.

Strongly Disagree Disagree Neutral Agree Strongly Agree Don't Know

25. Which training measures do you think would be beneficial to support Child Protection Professionals working with children of different ethnicities?

26. Please provide any additional comments:

Appendix 3 - Blank interview schedule

Study Title: Exploring Ethnic Inequalities within the Constructs of the Children's Care System

Interviewer: Hannah Eleri Price-Jones
Date:
Participant ID:

1. Introduction / Opening

- Greet the participant and thank them for taking part.
- Explain the purpose of the interview.
- Emphasise confidentiality and anonymity.
- Explain the duration
- Obtain consent (confirm consent form signed).
- Explain that the participant can skip any question or stop at any time.

2. Warm-up Questions

- Can you briefly describe your role and experience in the field of children's social care?
- How long have you worked in this area?

3. Interview Questions

The impact of Socioeconomic status:

1. Can you tell me about any strategies in place to ensure that services are reviewed regularly and tailored to meet the specific needs children and families from different ethnic backgrounds?
2. What key strategies need to be implemented to improve the quality of children's services within low socioeconomic areas? i.e. funding, improved staffing
3. If additional funding was provided, which key areas would need to be improved to promote more effective services to support ethnic minority families?

Language Barriers:

4. How do child protection services currently address language barriers when supporting diverse communities? Are there any specific language programs or resources in place?
5. Can you describe any training sessions you have undertaken specifically aimed at promoting the use of inclusive language?
6. Can you describe any resources which would help raise awareness of different cultural codes and assist with mitigating issues surrounding language barriers?

Cultural Factors:

7. What is your experience of working with specialist teams within children's services who exclusively support families from ethnic minority backgrounds?
8. Evidence suggests that in certain cultures it is not appropriate for a woman to engage with a male professional. Why do you think that this is the case and would utilising more female staff to support families with these beliefs help in improving the intervention rates?
9. Intersectionality elevates professionals ability to understand various aspects of a person's identity. How do high volumes of caseloads hinder the level of information provided on the intersectionality of the families?

Intervention Rates:

10. How do child protection services promote multi-agency working and collaboration with other community organisations?
11. Can you describe any community engagement programs or initiatives that child protection services are involved in? How do these programs enhance community involvement and inclusion?
12. How can we encourage families to raise concerns regarding safeguarding? i.e. more interventions raising awareness of available services, more clarity on the process of raising a concern, more information on the consequences for the children and family if these concerns are not raised?

Training:

13. How can we ensure that training provided on cultural diversity is sufficient enough to address the diverse needs of different ethnic groups?

14. Can you describe any training you have received on cultural diversity from individuals with lived experience? Can you explain how this training would be useful?
15. How frequently are you asked to participate in group supervisions dedicated to addressing cultural diversity within children's services? Can you explain how group supervisions would be useful?

4. Closing

- Ask the participant if they want to add anything else.
- Thank the participant for their time and contribution.
- Explain the next steps (e.g., transcription, analysis, how findings will be used).