



my languages matter:
the multilingual outlook for
children in care

– a White Paper

भाषा

Język

Language

Lengua

Langue

ভাষা

Língua

اللغة

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My Languages Matter: the multilingual outlook for children in care – A White Paper

VCF – The Victoria Climbié Foundation UK and Mothertongue explore the impact of linguistic and cultural heritage through child protection work. Are we effectively considering the relevance of these themes when we are making decisions in the best interest of the child?

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Contents

Executive summary	v
1 Introduction	1
1.1 Growing multilingual population in the UK	1
1.2 Comparable ethnic profiles of foster carers	1
1.3 Over-representation of BME children in the care system	1
1.4 Why does language matter in Safeguarding situations?	2
<i>Case Study 1</i>	3
2 Problems caused by the neglect of language matters	5
2.1 Poor Mental Health	5
2.2 Inauthentic Identity and Belonging	5
2.3 Disengagement from society and increasing vulnerability of the child	7
2.4 Decreased ability for the child to express emotion appropriately	7
2.5 Poor decision-making by professionals when language needs have been ignored	8
<i>Case Study 2</i>	9
3 Costs for individuals, families and society if language matters are neglected	11
3.1 Increased vulnerability to abuse for children	11
3.2 Decreased trust in social care support	12
3.3 Lowering of education and employment prospects for children	12
3.4 Legal Costs	13
4 Benefits for the individual, families and society of improved practice: the multilingual outlook	14
4.1 Viewing multilingualism as an asset	14
4.2 Improved cognitive functioning of multilinguals	14
4.3 Increased adaptability, toleration of difference and perspective-taking	15
4.4 Engagement in democratic processes	15
4.5 Integration	15
5 Examples of Good Practice in Strategic Planning and Frontline Delivery	16
Example 1: Assessing and meeting the language needs of children and families	16

Example 2: Multilingual foster carers or foster carers with an interest in multilingualism are recruited	16
Example 3: Working effectively with interpreters	16
Example 4: Policy and practice from Wales	17
6 Conclusion	18
7 Recommendations for Strategic Planning and Frontline Delivery	19
Acknowledgements	20
References	21

Executive Summary

This paper seeks to build upon the roundtable discussion; 'Multilingualism and Misunderstandings for Children in Care' held in October 2014 at the Houses of Parliament. Chaired by MP Craig Whittaker, the discussion focussed on the communication needs of multilingual parents and children within the care system on a number of fronts and the opportunities and possibilities created through a better understanding of language and related matters.

This paper does not seek to evaluate or debate the final decisions made about children's care. Instead, it aims to raise and address the lack of care of the language matters in current practice, which have resulted in miscommunication, poor practice, and short- and long-term consequences.

The specific issues addressed in this paper are:

- 1 Over-representation of children from BME (black, mixed and ethnic minority) backgrounds in the care system and the growing multilingual population in the UK;
- 2 The language and communication matters facing parents, children, social workers, and interpreters, in particular, the neglect and loss of home/first language of multilingual children taken into the care system;
- 3 Problems caused by the neglect of language matters and costs for individuals, families and societies;
- 4 Benefits for individuals, families and societies which the multilingual outlook brings;
- 5 Examples of good practice in strategic planning and frontline delivery;
- 6 Recommendations for strategic planning and frontline delivery.

This paper draws on academic research on identity formation, the importance of language and communication, culture, ethnicity and mental health and the impact of the loss of home/first language. For practical evidence it draws upon the case studies of social workers and stakeholders working with multilingual families, including the voice of the child and the foster parent as well as legal case examples to provide illustrations of good and poor practice. The summary of the latest discussion of mono/multilingualism is provided within a safeguarding context and helps to draw together all the perspectives in a comprehensive and reflective discussion of the main issues outlined.

1 Introduction

On 14th October 2014, Craig Whittaker MP held a roundtable debate at Parliament; 'Multilingualism and misunderstandings for children in care' led by VCF – The Victoria Climbié Foundation UK, supported by Mothertongue multi-ethnic counselling service. The roundtable event focussed on the issues for children and families in the care system who are multilingual. This White Paper attempts to set out and discuss the issues raised, to stimulate debate and to offer some recommendations for practice.

1.1 Growing multilingual population in the UK

In August, 2009, the BBC news reported that one in four children in the UK was born to mothers who were born outside of the UK.

According to 2011 Census data, 4.2 million people (7.7 per cent) speak another main language besides English. Polish was the most popular 'other' main language with 546,000 people reporting this as their main language (1.0 per cent of the total population). London had the highest proportion with another main language (22.1 per cent). The local authority with the highest proportion of people with English as their main language was Redcar and Cleveland (99.3 per cent). The London Borough of Newham had the lowest proportion at 58.6 per cent. (<http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/language-in-england-and-wales-2011/index.html>).

1.2 Comparable ethnic profiles of foster carers

Data from the 2011 census about ethnic backgrounds supplied for 73,835 foster carers as at 31 March 2014 suggests there were 62,555 (85%) of foster carers who were White, while 14% were from BME backgrounds. This was very similar to the ethnic profile among the adult (aged 20 and older) resident population in the 2011 census: with 87% of adults who were White and 13% of adults who were of BME backgrounds. Within ethnic groups, Asian and Asian British foster carers were slightly underrepresented and Black and Black British carers were slightly overrepresented compared to the adult population.

1.3 Over-representation of BME children in the care system

Despite the lack of information about the language profiles of children in care, the available data about their ethnicity suggests an over-representation of children from BME communities in the care system. The following figures give an indication of the potential scale:

- The majority of looked after children are White British (78%) though BME (mixed, black, black British) make up 16% of the total. This is an over representation as mixed, black and black British children represent 5% of the total child population of Great Britain.
- In the South East of England, the Reading Borough Council Annual Adoption Report 2014 informed that 33% of children adopted were from BME communities while only 6% of the adopters were from a BME background. The town of Reading's BME population is 13.2%, with 24.8% born outside of the UK but only 0.3% in homes where no English is spoken.

In the North of England, Leeds City Council Adoption Agency Annual Report 2014 stated that 22% of children waiting for adoption were from a BME background. The BME population of

Leeds City is 18.9% with 11.5% of the population born outside of the UK. 4.5% of the population live in households where no-one speaks English. Debates relating to the census data and percentage of the UK which may be characterised as multilingual are part of a wider global context. Research in Social Sciences is currently demonstrating that the idea of 'monolingualism' is highly problematic and inadequate to the present day situation of multilingualism world-wide. The consensus is that multilingualism is the norm, not the exception. It is important to move beyond paradigms of policy and to learn from past misunderstandings of multilingualism, towards perspectives which address the needs of multilingual children and carers alike. Furthermore, trying to force monolingualism on a population which has already undergone change leads to a range of risks including child protection issues and risks violation of linguistic rights under international law (Skutnabb-Kangas, 2000).

1.4 Why does language matter in Safeguarding situations?

This paper does not seek to examine or explore the final decisions made about children's care. It is understood that the decision to remove children from the care of their parents may be in the child's best interest. Parents are often highly vulnerable themselves: many have mental health problems, may themselves endure domestic violence and experience housing problems. In addition to the above features, most applications (over 70%) for care orders also include allegations regarding the failure of parents to co-operate with welfare and child health professionals (Brophy, *et al.*, 2003).

Mothers who were interviewed as part of an investigation into child protection interventions for BME children (Chimba *et al.*, 2012) concluded that:

"effective social work practice related to clear and accessible communication on the part of social workers. Repeatedly, it was stated that explicit information as to the role of Social Services and the purpose, process and implications of child protection interventions and registration that is conveyed in a manner that women can access, together with opportunities for women to ask questions and to clarify their understanding is the single most important aspect of social work involvement and that which is most likely to enable women to feel able to respond to and engage positively with intervention in their family life by Social Services."

However communication in these situations, where parents can feel humiliated and angry, is a delicate business at best. When communication needs to be conducted across languages and cultures it is put under intense strain. Professionals may feel de-skilled, wandering through a hazardous course, anxious not to cause offence. This may lead to disengagement, cultural relativism or a simplification and attribution of all the child protection issues to conflicting cultural beliefs (Fernando, 2003; Dwivedi, 2003).

Parents frequently do not know that they are eligible for and have a right to request an interpreter. When interpreters are used, professionals have seldom had training in how to work effectively with an interpreter. A variety of misunderstandings may be exacerbated through interpreter-mediated communication. Dwivedi (2003) states that both the families and the social workers can feel frustrated and unsure if their meaning has been communicated accurately and that a great deal of preparation is necessary so that all the parties feel that they can trust the process (p. 154). Professionals frequently resist using an interpreter because they are not sure how to manage the communication in order to ensure safety for all.

Case Study 1

A girl (aged 10) and boy (aged 8) of Bangladeshi heritage were placed in foster care because of risk as a result of the mother's mental health. The father was in Bangladesh having been arrested for immigration issues and sent back to Bangladesh. The children spoke to their father regularly but their mother told them to tell people that he was dead as she feared being returned to Bangladesh where there were troubled family relations. The children were bilingual in English and Sylheti but the mother only spoke Sylheti.

Language issues

Although the children spoke fluent English the foster parents ignored their heritage and called them by Anglicised nick names. The children were deeply unhappy in this foster placement.

Supervised contact was difficult due to the unreliability of interpreters. When interpreters failed to attend the appointment, contact had to be cancelled and the parent and children were unable to see each other. *It does not appear that the social work professionals had a robust method of performance management and a demand for accountability for the interpreting provision.*

Even when the interpreter was present the professional felt it was impossible to convey everything that was said. *It does not appear that the social work professionals were able to keep control of the session and to take the responsibility for managing the flow of communication themselves.*

Interpreters' perspectives

Interpreters who participated in the roundtable debate at Parliament, on 14th October 2014; 'Multilingualism and misunderstandings for children in care' commented on their experiences of supporting multilingual families through the care process. One observed that social work professionals may not ensure that everything is interpreted fully, as indicated in the case study. She gave an example of a meeting where no ground rules were set, nothing explained and she had to interpret very quickly to catch up. She said she felt uncomfortable for the parent: the conversation was quite complex and the parent felt sad and was at a total loss. She added that the parent agreed to everything that was being said, perhaps hoping that things would turn out okay.

Parents' perspectives

A parent participating in a study on safeguarding and children gives an example which concurs with the interpreter's perceived sense of the mother's helplessness in the above case:

I don't know the law and the language. I'm very worried about the court. I class it all as racism and that goes on. I only want to bring my children up. It's the only thing I can do. I can't fight with the government and the court. I am a mother and I am worried for my children.

(Brandon *et al.* 1999, p. 112).

Although the final decisions about children's care are beyond the scope of this paper, the decision-making processes are the concern of this paper—with specific reference to the impact of lack of consideration for the home and first language of children in care on these processes. In particular, it is suggested that the rights of the child, with regard to their language needs, should be embedded in all health and social care practice. In the UK, the Equality Act 2010 has brought about the same level of protection for discrimination and harassment on the grounds

of colour and nationality, as on the grounds of race, ethnic origin and nationality. These principles are enshrined in the United Nations Convention on the Rights of the Child (UNCRC), which the UK ratified in December 1991. Article 8, for example, calls on states to 'respect the right of the child to preserve his or her identity' and identity is inextricably interconnected with language (Burck, 2004; De Zulueta, 2006; Dewaele & Costa, 2013). In 1992, the Commission for Racial Equality (CRE) issued the *Race Relations Code of Practice in Primary Health Care Services* in collaboration with the various health agencies. In the context of the use of language analysis in the Supreme court, for example (Craig, 2014) has highlighted the need for expertise in each individual case to take into account the language dimensions. Jane Herlihy's work at the Centre for the Study of Emotion and the Law has highlighted several instances in multilingual and immigration contexts where emotions intersect with administrative and legal decision making and where assumptions by decision-makers are seriously compromised by a lack of cultural or linguistic knowledge.

(http://www.csel.org.uk/csel_publications.html)

(<http://cselblog.blogspot.co.uk/2015/01/multidisciplinary-asylum-interviewing.html>)

2 Problems caused by the neglect of language matters

Language is an essential component for helping us to form constructive relationships with other people and our sense of external reality. Felicity de Zulueta (2006, p. 329) explains the evolutionary function of human language as the way in which humans “make sense of their external and internal world through increasingly complex conceptual representations.”

Language is also one of the ways by which we can find a sense of agency in the world. When people have been traumatised by experiences of neglect, abuse or violence, that sense of agency and connectedness to the outside world can be damaged. The way in which we use language to communicate gives us a model for making sense of how we feel and of how we experience the world. It is one of the essential skills that help us to move from a disempowered infancy to a productive and creative adulthood. It helps us to make sense of our internal worlds and to help us to connect with the bigger reality outside of ourselves. D.W. Winnicott (1989, p. 2) reminds us that we engage throughout the life-span with “...the perpetual human task of keeping inner and outer reality separate yet interrelated”.

In the short term children can be very disadvantaged by having their language needs ignored. The High Court judge (2013) referred to this in the case against Kent County Council (2013) <http://www.bbc.co.uk/news/uk-england-kent-26794840>.

It is suggested that the loss of the first language before the new adopted language develops leaves the internationally adopted child in a linguistic and educational limbo (Fogle, 2012; Glennen, in press). Although this reference is to internationally adopted children, there are clear parallels to the situation of multilingual children in care. Similarly Gindis (2004) asserts that it is not atypical for a six-year-old internationally adopted child to lose the bulk of her expressive native language within the first 3 months in the new country. 3 months is not a very long time. It is also well within the range of time that many children spend in care. It is a significant loss.

2.1 Poor Mental Health

Children’s sense of safety and ability to trust in the people around them can be seriously affected when they have not only been removed and separated from their familiar home surroundings but from their linguistic environment as well. Their ability to understand and keep connected yet separate their inner and outer reality may be disrupted. This ability forms the bedrock of resilience and good mental health not only in the short term but throughout later life.

2.2 Inauthentic Identity and Belonging

The role of language as a crucial factor in multilingual children’s identity formation is not frequently referred to in the literature (cf. Zhu, 2015). Recently, cross-disciplinary studies in linguistics and psychology and psychotherapy are attempting to address this issue. De Zulueta (2006) observes that language is intrinsically linked with our sense of identity. People who speak more than one language frequently report that they feel that different aspects of their identity and personality are expressed more fully in different languages (Kramsch, 2009).

Multilingual therapy clients who participated in research into their experiences of therapy (Dewaele & Costa, 2013) commented on the importance they attributed to their multilingualism in terms of their sense of self and their identity. This experience of different identities in different languages is reiterated by multilingual participants in the research conducted by Charlotte Burck (2004). These participants also refer to their sense of inclusion or exclusion in society as a result of their different languages. Some refer to a sense of “doubleness” experienced by bilinguals: “that of a neither/nor identity, rather than a both/and identity, which had also been referenced as “outsider-ness” in each of (their) contexts.” But others “...constructed their multi/bilingualism as advantageous, creative, even radical.” (p. 323).

Imberti (2007) proposes that one of the ways in which multilinguals cope is by creating new selves for each of the languages spoken. Priska Imberti migrated from Argentina to New York as a young woman and refers to the new self she had to create: ‘When we change languages, both our worldview and our identities get transformed. We need to become new selves to speak a language that does not come from our core self, a language that does not reflect our inner-connectedness with the culture it represents.’ (p. 71).

Frequently very young children, who do not speak English, are being placed with English-speaking foster families. Initially they may be very disorientated. An example of this can be found in *Minority ethnic parents, their solicitors and child protection litigation* (Brophy, J., Jhutti-Johal and Owen, 2003), prepared for the Department for Constitutional Affairs, May 2005. One parent of Indian origin objected to her children being placed with a foster family which did not share their family’s home language. She said that her son would not speak his first language in the foster home and “...he forgot how to speak his language.” (p. 165).

Sanchia Berg’s piece for the Radio 4 Today programme on 29th March 2013 examined the situation of a young Latvian boy who had been taken into care. The High Court judge said the case had caused the court “enormous concern”. The young boy had to spend 10 months with foster parents who could not speak his language. The judge said that this had been a disturbing experience for the child, which was unsettling and had affected his ability to trust and relate to adults. <http://www.bbc.co.uk/news/uk-england-kent-26794840>

In supervised contact sessions with their children, parents may be instructed only to speak to the children in English so that the supervisor can understand what is being said. Their parenting skills are frequently judged on the basis of the poor communication they are able to conduct in a language over which they have little mastery and no experience of speaking with their children.

Children in care often do not have an opportunity to use their home language in their home context. They may begin to lose their home language so that they are no longer able to communicate fully with their parents and with members of their extended family who may have very limited or no English at all.

For children who are attempting to negotiate and develop their identity they may find that they have similar experiences to the participants in Susan Samata’s (2015) research. These were people who had lost access to their native languages and had developed proficiency in the dominant language of the country in which they lived. They found that they felt inauthentic as members of either language community and discriminated by both communities because of ethnicity and/or language. Although equivalent research has not yet been conducted with children who have lost their native languages while in care, it is not unreasonable to expect that they would report similar types of experience.

2.3 Disengagement from society and increasing vulnerability of the child

John Edwards declares that 'the single most important aspect of human language-beyond its...instrumental and communicative function, lies in its relationship to group identity' (Edwards, 2010, p. 3). It should be acknowledged that:

[f]or children and adults, language represents more than the ability to communicate. It also helps a child to access and be accessed by groups of people who share the same language, and to reinforce the child's sense of their own cultural group identity.
(Dutt and Phillips, 2000).

Children's attachment to their native/heritage languages may be complex. They may initially seem happy to leave their heritage language behind so that it becomes inaccessible to them over time. This may be motivated by a desire to fit in and not to be different. However in later life the losses may then be truly appreciated as in the cases of Dean Atta (2012). His profound sense of not belonging is conveyed in the poem: *Two tongues are better than one*. Or in the case of Zacarias Moussaoui, whose destructive personal and political rage is described by his brother in *The making of a terrorist* (Moussaoui, 2003). Or in the more recent cases of Said and Cherif Kouachi, in the Charlie Hebdo attacks in Paris who spent their childhood years at a centre for troubled and vulnerable youngsters. Patrick Fournier, the centre's director, told La Montagne newspaper the pair were "perfectly integrated" and "never posed behavioural problems" during their stay (Sawer and Farmer, 2015).

Children who are proud of their multiple identities, cultures and languages are much more likely to develop resilience, greater tolerance, competence and comfort in multiple cultures. It is also suggested that this increases problem solving strategies, interpersonal skills and self-confidence. Biculturalism and multilingualism allow adolescents to adapt to dual environments and minimise detrimental effects of acculturation including psychosocial disorders (Buriel *et al.*, 1998). If children's relationships with their heritage languages are disrupted they may be deprived of these opportunities for a positive experience of acculturation.

2.4 Decreased ability for the child to express emotion appropriately

Children who lose their connection with their earliest languages may find it difficult to access and express their emotions fully. In the study on multilingual psychotherapy patients (Dewaele & Costa, 2013), participants referred to the way in which their early memories were encoded in their early languages and how it was important to be able to express their feelings in the corresponding language. One participant explained how she needed to "speak" (in her mind) with her mother, with whom she had spoken only in her mother tongue. She says: "I could not begin to really feel what I would "say" to her unless I imagined the words in my native tongue." (p. 42).

For bilingual speakers, emotions affect what we say, in which language we say it and how we say it. (Pavlenko, 2005; Dewaele, 2010). Emotions such as sadness, anger, happiness are expressed and experienced differently in different cultures, languages and culturally shaped social relations. (Wierzbicka, 1999). A review by Altman, Schrauf, and Walters (2013) on research into immigrant autobiographical memory showed that autobiographic memory associations and retrievals for events from childhood and youth (in the country of origin) are more numerous, more detailed and more emotionally marked when remembering is done in the first language rather than in a subsequent language. From Pavlenko's (2012) review of studies of

affective processing in bilinguals she concludes that ‘in some bilingual speakers, in particular late bilinguals and foreign language users, respective languages may be differentially embodied, with the later learned language processed semantically but not affectively’ (2012, p. 405).

2.5 Poor decision-making by professionals when language needs have been ignored

Earlier in this paper reference was made to the fact that when professionals work with an interpreter, this can cause anxiety for all the parties involved. Chand (2005) reminds us that it is not enough to simply have an interpreter who can speak the appropriate language. Interpreters need to have specialist knowledge of concepts which are associated with this area of work. Interpreters who may be very experienced in other areas of social care may find themselves at a loss when interpreting in a safeguarding context. They may also find themselves overwhelmed by the serious emotional content of the material. This is why it is vital that interpreters are appropriately trained, supported and supervised (Costa, 2011).

Besides concern for accuracy of communication social work professionals often experience difficulties in establishing a constructive working alliance with interpreters, and thus also with the clients (Raval & Smith, 2003; Lucas, 2014). In training sessions professionals frequently report concerns about working with interpreters that include: not being able to form a rapport/relationship with client; losing control of the session; feeling excluded from the interpreter/client dyad; concerns about the safety of the therapeutic frame. The inability for the professional and the interpreter to trust each other will have inevitable pejorative effects on the client’s experience of the communication (Costa & Briggs, 2014).

When professionals are not able to manage the interpreter-mediated communication well, parents may feel that they have not had a chance to have their voice heard and that they have not understood the procedures and the requirements that they are expected to fulfil. There are numerous examples of social workers who run group meetings where the interpreter is asked only to interpret what the parent says. Comments and decisions are made about the parent, their parenting skills and their children without the parent understanding what has been said.

In a study of interpreters, health care professionals and refugee patients conducted at University of Glasgow, through the Arts and Humanities Research Council interview data was analysed which demonstrated a strong pull from professional training and guidance which was incompatible with good patient care and professional assumptions in health care contexts (Piacentini et al forthcoming 2015).

<http://www.gla.ac.uk/research/az/gramnet/research/trainingmodel/>

Parents are frequently judged on their compliance with carrying out tasks which are set by the social worker. In one case, for example, a parent was asked to collect papers from a lawyer and to gather information before the next meeting. The parent was unable to fulfil these requirements as she did not have sufficient English to manage the tasks on her own. She was judged to be non-compliant.

We know that over 70% of applications for care orders include allegations regarding the failure of parents to co-operate with welfare and child health professionals. Brophy *et al.* (2003) conclude that these and related findings, from their evaluation of 100 cases, ‘...raise some serious questions about access to justice for parents whose first language is not English’ (p. 139). They go on to say that this has further implications for parents facing court proceedings: ‘... where language problems limit a parents’ ability to understand the proceedings, this may

contribute to feelings of not being fully understood and perhaps unfairly blamed. Where language problems are coupled with considerable “cultural distance” between parents and judges and magistrates, this may result in parents’ feeling they have suffered a form of discrimination’ (Brophy *et al.*, 2003, p. 202).

Parents’ language abilities or the inappropriate use of interpreter-mediated communication by professionals may be a contributing factor to the high rate of perceived lack of co-operation with social work professionals. In order to give families a fair chance at rectifying their problems they need the chance to express themselves and to understand the feedback they receive adequately. Even in situations where parents are not deemed able to care sufficiently for their children, allowing them to understand and to be understood must surely play a key part in ensuring the best outcome possible for the child.

Case Study 2

F is a 10 year old girl whose family are originally from Kosovo. F was born in the UK. After her father’s death her mother became depressed and withdrawn. Her two elder brothers became involved in criminal activity and drug use and started families of their own.

F’s school attendance was poor. She was the main interpreter for her mother who spoke a colloquial version of Albanian which differed from the standard version of Albanian. F was proud of her ability to speak more than one language.

The situation came to the attention of the Local Authority due to emotional and physical neglect, as well as the violent behaviour of F’s brothers. This led to expedited care proceedings. Mother and F were placed first in a hotel, then in a Refuge, followed by a parent and child assessment in a foster home. Unfortunately, mother’s behaviour [aggression, stealing] led to the breakdown of these placements, and F remained in the placement, her mother being asked to leave.

Language issues

Supervision of the interaction between mother and daughter was assessed as impossible, due to the language issue. The main complaint from social work professionals was that although the mother’s English improved, she used Albanian when talking about intimate issues. *It seems that the mother and child were not encouraged to speak to each other in Albanian in these interactions even though this was the language they naturally spoke to each other at home.*

Social work professionals state that “numerous” interpreters were used and that they and the mother could not understand each other because of the nature of her dialect. There is a suggestion by professionals that families who are isolated may develop their own patois. Interpreters commented on her version of Albanian as “barbaric”. *It does not appear that this terminology in the professional context was challenged by the professionals.*

Although the social work team tried to encourage F to continue to learn standard Albanian when she was placed into foster care she seemed to want to distance herself from her family, which the social worker observed to be a relatively frequent reaction by children in these circumstances.

Interpreters’ perspectives

Interpreters, who participated in the roundtable debate at Parliament, on 14th October 2014, also commented that there was a lack of a budget for interpreters. In one situation interpreter provision was stopped for Supervised Contact sessions, as the mother was deemed to be able to

speaking sufficient English to talk to her child. The child cut short contact sessions as he was frustrated by the limited communication. The interpreter ended by saying: “This is creating a crisis...”

Parents’ perspectives

Various studies have indicated how minority ethnic people have experienced negative consequences in their interactions with professionals, when their language needs are not respected. The term “barbaric” used in the above case study, is mirrored here in the impact on the parent whose views were sought in a Department of Health inspection of services: “...if you can’t speak English they won’t deal with you properly—it’s degrading” (O’Neale, 2000, p. 15).

3 Costs for individuals, families and society if language matters are neglected

A review of the statistics on children in care (Harker & Heath, 2014) found that in the financial year 2013–2014 the total cost of £2.5 billion was spent on looked after children's services. The bulk of this, £1.4 billion (55%) was spent on foster care. Both expenditure and cost per looked after child has increased yearly since 2000. The cost of a looked after child was £22,343 in 2000, and in 2013 it is estimated that per looked after child costs £36,524. There were at March 31st 2013 just over 68,000 children in care. This number has increased by 12% since 2009.

Figure 1 Losses for stakeholders if multilingualism is ignored



3.1 Increased vulnerability to abuse for children

The self-soothing neuropsychological pathway, which needs to be activated in order to create healthy defence and protective mechanisms, is developed in childhood (Gilbert, 2005) and is often associated with the native language. To lose this ability to self-soothe in one's native language as well as the sense of identity associated with the language can increase the vulnerability of adolescents at a time when they are negotiating life cycle transitions. Children who are unable to express themselves and their needs are easy targets for child abuse including violence and sexual abuse.

Children who lose contact with their heritage cultures and languages may begin to feel marginalized (Berry 1998, 2001). Marginalisation occurs when people feel alienated both from their heritage culture and the culture in which they are living. This affects the way they may come to feel included in or excluded by society. De Zulueta (2006) talks about how this

marginalisation can lead to a desperate fear of extinction. Marginalised children can become disaffected adolescents, vulnerable to mental health problems and easily targeted by criminal and extremist groups. “What all these people (fundamentalists) fear is extinction, a terror that is born from an internal world where there is no sense of security or belonging...” (p. 357).

3.2 Decreased trust in social care support

Findings from lengthy and expensive Serious Case Reviews and Case Reviews have pointed to the increase in risk caused by ineffective communication with the family at the time of distress. Parents become alienated and less likely to engage with services if interpreter-mediated communication is not handled appropriately. Focus groups held with communities in the tri-borough of Westminster, Kensington and Chelsea, London, indicated that a client’s first experience of having an interpreter (during contact with a statutory department) often determines the client’s willingness to work with interpreters in the future. This was also the finding of research conducted with survivors of gender violence for the project ‘*Speak Out for Support (SOS-VICS)*’ (JUST/2011/JPEN/AG/2912). Their research showed that victims of gender violence who were interviewed frequently did not return after a first interpreter-mediated session, even though they desperately wanted help. Although there may be many reasons for this, the unhelpful dynamic caused by the lack of confidence of professionals in working with interpreters is one of the contributing factors.

Since 2007, The Victoria Climbié Foundation has campaigned for effective family involvement within child protection processes, including serious case reviews, and further, contributing to a BASPCAN-commissioned report (Morris, 2012) which looked at families’ experiences of reviews, and the skills and practices required for such involvement. For some families the skills of professionals in using interpreters raised particular concerns.

“In part issues about interpreters and specific barriers to participation were representative of a pervasive sense that professionals needed to demonstrate care in their encounters with families. Families wanted professionals to have gathered all relevant details so they did not meet the family unaware of key issues (for example dates of birthdays, funeral arrangements, ongoing medical needs and any needs arising from language, disability or ill health). Careful mapping of the extended family and their relevance to the child’s life was also expected. Professionals that paid attention to important details and whose practice included what might be small but symbolic gestures were valued, even when the events were overwhelming and tragic”

The skills and practices that facilitated participation in such reviews included skilled use of interpreters and translators to ensure full participation of a child’s family.

3.3 Lowering of education and employment prospects for children

Children who are vulnerable and anxious are clearly less able to engage positively with education. 36.6% of looked after children achieved 5 or more A*–C or equivalent in GCSEs in 2013 compared to 80.3% of non-looked after children (Harker & Heath, 2014).

The ability to speak more than one language is an asset in the job market. When this ability has been lost for the individual, it is a loss of a resource for society.

3.4 Legal Costs

As with the recent Judgement in the Supreme Court where the Home Office lost its case regarding the use of the telephone language 'experts' in Sweden – SPRAKAB. The cost of ignoring the linguistic rights of children and parents in terms of legal proceedings, is considerable. In addition UNESCO's Universal Declaration of Linguistic Rights points to a concern with language of as a crucial medium for cultural heritage point and to the need to attend to this dimension as both beneficial and also as a legal requirement. (Supreme Court Judgement: https://www.supremecourt.uk/decided-cases/docs/UKSC_2013_0202_Judgment.pdf) <http://www.unesco.org/cpp/uk/declarations/linguistic.pdf>).

4 Benefits for the individual, families and society of improved practice: the multilingual outlook

4.1 Viewing multilingualism as an asset

Multilingual children will be able to use their languages productively in the global market, leading to increased job prospects and social mobility. Baroness Coussins, chair of the all-party parliamentary group on modern languages (2014) says “The UK economy is already losing around £50bn a year in lost contracts because of lack of language skills in the workforce,” Jobs are going unfilled because applicants do not have language skills—and the greatest shortages are amongst elementary staff (22% in 2013)—UKCES. The British Council report Languages for the Future (2013) states that all languages are valuable and that the knowledge of any language other than one’s mother tongue expands linguistic capability and can all also give access to employment (p. 5).

Children, who have a positive experience of their multiple languages, recognise the importance of their own multilingualism. In a research project (Armstrong, 2013) which explored the experiences of children who use their multilingualism to help their families to integrate into the UK, one child reported,

‘I feel proud I can help my mum and she is proud of me’

and another said

‘I have helped my dad filling in forms for his job, so I tell him what to write down and he does.’ (p. 31).

Five of the ten participants identified the positives of bilingualism as well as the opportunity to learn other European languages as well as English. They were aware and proud of the fact that their multilingualism would afford them better career opportunities in the future. One child said

‘I do as much as I can for her [mother] because she brought me here [to the UK] so I can have a future in Poland, that I can speak English, and maybe other languages like Spanish which will get me a good job in the future’

and another said

‘I have learned English here, but I’ve also learned French which has been a very good thing. I think I might study this in the future and use it in the future.’ (p. 33).

4.2 Improved cognitive functioning of multilinguals

People who are multilingual tend to have higher levels of cognitive functioning (Bialystok & Barac, 2013). Children who use their language regularly to help others tend to have accelerated cognitive and socio-emotional development (Buriel et al 1998). Valdes (2003) saw development of strong metalinguistic awareness and interpersonal skills amongst these children and McQuillan & Tse (1995) reported increased confidence and maturity and an increased general knowledge of the world, broadened cultural understanding and creative abilities (Kharkhurin, 2012).

4.3 Increased adaptability, toleration of difference and perspective-taking.

Greater experience, competence and comfort in two cultures may provide bicultural children and young people with more problem solving strategies, interpersonal skills and self confidence for accessing resources at school (Baker, 2006). Biculturalism allows adolescents to adapt to dual environments and minimises detrimental effects of acculturation including psychosocial disorders (Buriel *et al.*, 1998).

4.4 Engagement in democratic processes

Language is one of the key tools for engagement in the reflective processes necessary for participation in democratic society. Democracy requires the communication of diverse perspectives to individuals and groups and the capacity to influence those who hold power (Wieman, 1942).

4.5 Integration

Children will feel more integrated and proud of their multiple heritages in constructive ways. Studies by Bauer (2010) and Dorner et al (2008) have shown that children who had used their heritage languages regularly often for community benefit and in a voluntary manner felt they could communicate at different levels and stay in touch with their heritage by practising their first language. Many said that they were proud to be continuing to use their languages for the benefit of the community when they became adults.

5 Examples of Good Practice in Strategic Planning and Frontline Delivery

This section documents four examples of good practice where language matters are given appropriate consideration.

Example 1: Assessing and meeting the language needs of children and families

In a Child Protection case it was agreed that the children were to be relocated to live with their grandparents in Poland. The children had been fostered with a non Polish- speaking family and had lost their fluency in Polish. The grandparents requested that the children be given Polish lessons in order to prepare them for their reintegration into Polish family life. The local Social Services team agreed to organise this.

Example 2: Multilingual foster carers or foster carers with an interest in multilingualism are recruited

In 2009 Professor Alison Phipps—an expert in languages and intercultural studies—fostered an Eritrean minor and asylum seeker with whom she did not share a language. This experience is documented in (Phipps 2012). In the early stages of this relationship regular telephone access to a Tigrinya interpreter was necessary to ensure some communication. Language materials for learning Tigrinya and opportunities to learn the language are very sparse (only two Universities world wide teach the language and this is only once every 2 years. One is SOAS the other in the United States). Access to English classes for the minor was also not possible due to her immigration status. Through the period of fostering and into adulthood the points at which the problems of language and comprehension have been most acute were when there was a critical decision to be made by others e.g. when the daughter was taken into detention as a minor; when the lawyers needed to work on the case; when attempting to access services. At each of these points the ways of communicating the new family had developed at home and when not under professional gaze would be fractured, nervous, and the daughter would often resort to silence. The practical and professional interest that was present in the family through the expertise in language and intercultural studies allowed a model to develop of language and cultural engagement over time which now present a working case for effective language development in multilingual foster families where the language is not shared but language learning is going on.

Example 3: Working effectively with interpreters

The Royal Borough of Kensington & Chelsea Family & Children's Services commissioned a series of trainings in 2014/2015 for their Social Workers in working with an interpreter in a Safeguarding context. The feedback from the teams who have received the training is that they have: 'greater knowledge of difficulties facing interpreter and client which will support me to support both to best use of time' 'more awareness of the need to prepare for a session that includes an interpreter and that actions can be taken to avoid some of the difficulties that come up when using interpreters'.

Example 4: Policy and practice from Wales

Policy and practice from Wales provide a good model. The Care and Social Services Inspectorate for Wales, Welsh Language Toolkit (2011) is based on the belief that “being bilingual is a normal and unremarkable necessity for the majority of the world today” (Edwards 1994). (60%-65% of the world’s population speak at least two languages in their everyday lives). It has considered the bilingual nature of the population in Wales and the impact this has on care services for children and adults. It is based on the following principles:

- that the social care workforce is aware of the impact of language choice/need on the quality of care they provide and the effect on users’ health and well being
- that the onus for providing bilingual services is on the provider and the commissioner, not on the user to ask for services through the medium of Welsh.

Specific training programmes have been developed to strengthen language skills of staff, and to improve the bilingual ethos of the home. Geiriau Bach is a course designed for early years’ workers who either speak no Welsh at all or lack confidence in using the little they have. Geiriau Bach is based on 6 learning modules offering students an opportunity to acquire basic Welsh language skills and learn how to use the language in stimulating play with children. It is firmly rooted in the new Foundation Phase curriculum for children aged 3–7. Geiriau Bach aims to be flexible, to fit in with work and family arrangements. The course increases awareness and understanding of the value of bilingualism as well as providing the opportunity to learn and develop new practical skills of how to introduce Welsh to young children and how to be sensitive to their linguistic needs.

6 Conclusion

VCF – The Victoria Climbié Foundation is keen to explore the impact of linguistic and cultural heritage through child protection work. Are we effectively considering the relevance of these themes when we are making decisions in the best interest of the child?

Through clinical work and interpreting assignments, local agencies, such as Mothertongue multi-ethnic counselling service, have become aware recently of a number of multilingual families where children have been removed into care. Parents can feel this is because they have misunderstood or been misunderstood, culturally and/or linguistically. They despair of ever being able to make their situation understood.

There are occasions, of course, when children will have to be taken into care quickly because of safeguarding needs. Decisions about safety should never be compromised. However speed of action needs to be carried out alongside appropriate attention to other family support available and other aspects to the child's wellbeing. It is a delicate balance.

In setting out his recommendations for social care, in the Victoria Climbié Inquiry Report (Department of Health and The Home Office, 2003) Lord Laming states "When communication with a child is necessary for the purposes of safeguarding and promoting that child's welfare, and the first language of that child is not English, an interpreter must be used. In cases where the use of an interpreter is dispensed with, the reasons for so doing must be recorded in the child's notes/case file."

Fifteen years ago, the Department of Health strongly recommended that minority ethnic children whose first language is not English should have the opportunity to speak to a professional in their first language, where possible (Department of Health *et al.*, 2000). The reluctance in recognising the need for the multilingual outlook at the policy level has had, and continues to have damaging short- and long-term effects on the well-being of children in care. New policies and practice need to be developed to address the needs of multilingual children and carers, in the overall context of incorporating training and standards for social work professionals, lawyers, judges and interpreters working with multilingual families in a safeguarding context (Chand, 2005). With some of these strategies in place, social work policy and practice with multilingual families and the experiences of multilingual children should be greatly improved.

7 Recommendations for Strategic Planning and Frontline Delivery

We have been extremely heartened by the number of professionals contributing to the multilingualism debate, to raise awareness of the importance of a child's cultural and linguistic heritage. This has highlighted a number of gaps in policy or practice which could significantly enhance the rights and protection of a child, if addressed. Key among these is appropriate training and support for social workers, support for foster carers, basic safeguarding training for interpreters, learning from children and young people, and a protocol to ensure that there is a model of collaborative practice to ensure best possible outcomes for the multilingual child. Further research may also need to be commissioned to understand the extent of the issue, to assist with developing practice guidelines.

The Victoria Climbié Foundation UK in partnership with Mothertongue offers the following recommendations for change:

- 1 Improve the multilingual outlook in Safeguarding;** ensuring that any change to be implemented is informed by recommendations from the Welsh Language toolkit; specifically for the social care workforce to be aware of the impact of language choice/need on the quality of care they provide and the effect on users' health and wellbeing; *that the onus for providing bilingual services is on the provider and the commissioner, not on the user to ask for services through the medium of Welsh.*
- 2 Develop a curriculum for social work training to improve awareness, and increase skills for working with multilingual families;** to improve the training of frontline staff to work with interpreters and to understand the importance of languages in the psychological development of multilingual children and their attachment patterns and the impact of language loss to be routinely incorporated into their standard training. *This would follow principles already extant in National Standards for Intercultural Working <http://www.skillsfca.org/standards-qualifications/language-intercultural.html> and the successful training materials developed for use in health care settings, but with further research to ensure fit with multilingual family and social work settings.*
- 3 Develop a set of Standards for working effectively with interpreters in a Safeguarding context;** to build on and to implement recommendations made within various health settings, and to adapt for a Safeguarding context to address issues of communication across language and culture; to incorporate a set of standards for working with interpreters into core training for social workers.
- 4 Develop a framework for commissioning interpreting services;** for a Safeguarding context.
- 5 Implement a policy of recruitment** of multilingual and language-interested foster carers.

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The Victoria Climbié Foundation UK was established by Mr and Mrs Climbié (Victoria's parents) to campaign for improvements in child protection policies and practices and to ensure effective links and coordination between statutory agencies, care services and communities.

Mothertongue multi-ethnic counselling service was established in 2000 to provide culturally and linguistically sensitive counselling for people from black and minority ethnic (BME) communities in their preferred languages.

The Victoria Climbié Foundation UK and Mothertongue multi-ethnic counselling service are committed to working together to ensure that language matters in a safeguarding context are attended to appropriately in the best interests of the child.



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