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Multilingualism and Language Policies in the British Foster Care System.

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LIST OF ABREVIATIONS

BFS	British foster care system
BLA	Birth language attrition
FSR	Fostering Services (England) Regulations
IA	International adoptees
IFA	Independent fostering agency
L1	First language, i.e., mother tongue or home language
L2	Second language
NMS	National Minimum Standards

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ABSTRACT

Children who speak a minority home language are at an increased risk of losing it following long term placements in foster care. Recent evidence suggests that maintaining the home language is essential to healthy development. Indeed, children have a fundamental right to preserve their identity. This paper aimed to review the current policies and practices put in place to support foster children who speak a minority home language in England. To this purpose, a systematic review of the policy and literature surrounding multilingualism in foster care was conducted. This was supplemented with semi-structured interviews focusing on the personal experiences of foster carers and interpreters working in the British foster care system.

The systematic review identified no policies regulating support for minority home languages in foster care. Additionally, mentions of language were restricted to anti-discriminatory policies. However, it is unlikely that equal access to the service could be ensured for children who speak a minority home language when there is no support available to them past an initial assessment. The results from the interviews suggest a need for: 1) more consistent and specialised training for foster carers, interpreters, and social workers; 2) providing equal support for both younger and older foster children, unaccompanied asylum-seeking, and British minority ethnic children; and 3) a shift in focus from providing immediate removal from harm to delivering long term support for children in foster care. Generally, an ad hoc system was apparent, where responsibility for training and support was allocated on the individual level. Currently, there is no centralised guideline in foster care ensuring an equal standard of training and minority home language support for all local authorities across England.

This paper therefore highlights an urgent need for policymakers to draft a policy which directly states how children are to be supported, long term, with their minority home language. This should be implemented centrally to ensure equal access for all children in foster care.

1. INTRODUCTION

1.1 Literature Review

1.1.1 Overview of foster children in the BFS

The British foster care system (BFS) is responsible for the care of over 50.000 children per year who have been either temporarily or permanently removed from their birth families. This constitutes around 75% of all looked after children in England (Fostering Inquiry Report, 2019; Narey & Owers, 2018; Ofsted, 2020).

More than half of the children in foster care are aged 10 or over. They are mostly white (76%), with mixed ethnicity constituting 9%, Black or Black-British constituting 7%, Asian or Asian-British constituting 4%, and other ethnic groups constituting 3% of the population. It is unknown how many of these children may speak a minority home language other than English, such as Welsh, Irish, or Scots, or any language not native to the UK. The average duration of foster placements is between 6 months and a year; however, these can range from a week up to five years (in 2016-2017, the mean was 369 days).

In today's climate, many refugee children are granted stay in the UK and are subsequently placed with foster carers. These unaccompanied asylum-seeking children (UASC) enjoy the same rights as British-born foster children. They may be looked after the state, assigned a social worker, have the right to regular visits with their birth parents (where possible), enjoy a regular care plan review, and have access to specific educational plans and support (Children Act 1989; Children Act 2004; Department for Children, Schools, and Families, 2010). UASCs constituted 5.4% of all looked-after children in 2020 (Department for Education, 2020).

As stated in the Fostering Services (England) Regulations (FSR) 2011, the first aim of the BFS is to provide care for the emotional and physical wellbeing of children who have had to be removed from their birth families. In the first instance, this care is provided by the state via a Care Act, which is assigned to a social worker and finally, foster carers, who undertake the parenting responsibilities of children in care. The second aim of the BFS is, where possible, to reunite children with their birth families. As such, the BFS has a duty to promote contact between foster children and their birth families. This is typically achieved via arranged visits

with the birth family, which must be supervised by a social or contact worker (FSR, 2011, s.4, par.14; e.g., Essex County Council, 2018):

1.1.2 Minority home languages

The UK recognises eight official native languages: English, British Sign Language, Welsh, Gaelic, Scots, Irish, Ulster Scots, and Cornish. There are over 300 unofficially recognised languages spoken across the UK. English is the only official language of communication and administration in England (Office for National Statistics, 2011). Numerous registered charities and independent fostering agencies (IFA) have highlighted the large number of foster children with a diverse linguistic background (e.g., The Fostering Network, UK Fostering, Evergreen Foster Care, Barnardo's, Phoenix Community Care). However, it is a sad truth that it is not reported how many foster children speak a home language other than English in England (Narey & Owers, 2018; Ofsted, 2020). This paper endeavours to bring children with a different linguistic background to the forefront.

Given that the overwhelming majority of foster carers are monolingual English speakers, it may often be the case that foster children are placed with foster families who are only proficient in the majority language (Narey & Owers, 2018; Ni Raghallaigh & Sirriyeh, 2015; Wade, 2019; Barrie & Mendes, 2011). Indeed, over 90% of the population in England and Wales reported English as their first language (UK Census, 2011). As such, monolingual foster carers may have little to no knowledge of or relevant training in supporting children who speak a minority home language. The lack of specialised training dedicated to supporting children with special needs has been repeatedly raised by concerned organisations (e.g., The Fostering Network, The Victoria Climbié Foundation). However, a recent review of the state of foster care reports little change in this area (Fostering Inquiry Report, 2019).

Moreover, fostering professionals may be privy to the well-intended, yet empirically unfounded, approach that focusing solely on the development of the majority language may help children integrate faster and increase their academic performance (e.g., Pulinx, Van Avermaet, & Agirdag, 2017). This prevalent attitude has been repeatedly debunked by researchers, who have not only found a link between minority home language skills and higher academic achievement (Scheele et al., 2010; Guglielmi, 2008; Broomes, 2013; Ball, 2010), but

also between bilingualism, and relatedly, biculturalism, and children's self-esteem, academic self-efficacy, social, and cultural awareness (Burck, 2004; Buriel et al., 1998).

Aside from displacing children culturally and linguistically, this may lead to them no longer being exposed to their birth language for an extended period of time (i.e., up to a year or more). Research has shown that abrupt exposure to the birth language may result in a complete loss of the language in prepubescent children (Pierce, Genesee, & Klein, 2019; Pallier et al, 2003; Hyltenstam et al., 2009).

1.2 Birth language attrition in multilingual foster children

As stated above, a primary aim of the BFS is to, where appropriate, reunite children with their birth families. However, foster children who speak a minority home language are at an increased risk of losing the ability to speak their birth language following immersion in English via foster placements. Upon being reunited with their birth parents, who are often not proficient in English, these children may experience an irreversible loss of ability to communicate naturally and expressively with their birth family, which may remain with them for the rest of their lives (Schmid, 2011a).

1.2.1 What is birth language attrition?

Birth language attrition (BLA) refers to the gradual deterioration of the first language (L1) following immersion in a second language (L2). This may happen in the case of migration, where immigrants come to be immersed in the language of their host country, in bilingual environments where the L2 becomes increasingly more dominant, or more drastically, in cases of international adoption, where international adoptees (IA) are permanently ruptured from their L1 and only exposed to the L2. In this case, we can speak of 'sequential monolingualism', as the L2 fully replaces the L1 as the only language known to the individual (Schmid, 2012). Indeed, studies have found little to no traces of the L1 in children who had been internationally adopted up to the age of 10 (Pierce et al., 2019; Oh et al., 2019; Au et al., 2008; Pallier et al., 2003; Hyltenstam et al., 2009). These results are striking, considering the fact that the L1 is considered to have mostly stabilised around this age (Schmid, Köpke, & De Bot, 2013; Schmid, 2011b).

During and after puberty, birth language attrition is more variable and depends on a number of factors. Among the most prominent are the quantity and quality of input children and adolescents are exposed to in their day-to-day lives. Indeed, exposure to language is related to birth language maintenance, especially in children (Paradis, 2007; Köpke, 2007; Schmid, 2011a; 2011b; Schmid & Dusseldorp, 2010). However, the type of language use, rather than its quantity or quality, is the most significant predictor of birth language maintenance. Schmid (2007) found that adult attriters' birth language proficiency was only correlated with language use in a highly monolingual L1 mode, but not when code-switching (i.e., switching between two languages within an utterance) or the second language (L2) were used. As such, being able to listen to and speak the birth language in an exclusively monolingual (i.e., no interference from the L2) mode is crucial to the healthy development and maintenance of children's birth language (see also Grosjean, 2001; 2012).

Another key and pertinent factor is a child's age of exposure to the second language. The Government and institutions often emphasize the urgency of exposing minority home language children to the majority language as soon as possible (Glover, 2001; see also Schmid, 2014). However, there is ample evidence that early exposure to the L2 may be detrimental to the development of the minority language (Karayayla & Schmid, 2019; Hoff, 2018; Schmid, 2012). This is to be held separate from children who are bilingual in languages with equal prestige and opportunity, where this detrimental effect is not observed (e.g., Hoff et al., 2012). Furthermore, as mentioned previously, having a good command of the birth language may actually aid, and not deter, children in successfully learning an L2 (Scheele et al., 2010; Guglielmi, 2008) and even to perform better in school (Broomes, 2013; Buriel et al., 1998).

Finally, a particularly relevant yet under-researched factor is the attitude one fosters towards their mother tongue. Indeed, traumatic experiences have been shown to increase the likelihood of birth language attrition when all other factors are accounted for (Schmid, 2002; 2004; Ben-Rafael & Schmid, 2007). Looked-after children who may be exposed to negative views towards their ethnicity and home language be, therefore, be at an even more increased risk of losing competence in it than those who are supported and encouraged by their caregivers.

1.3 Aims of this research project

Language policies addressing multilingualism and minority home languages are essential to how minority home language foster children experience care in the BFS. Indeed, language is an essential aspect of the day-to-day decisions involving foster children. For example, all supervised visits between foster children and their birth families must be conducted in English, regardless of the birth parents' proficiency in this language. As such, neither children nor their families may be able to fully express themselves during these crucial interactions.

Additionally, parental fitness assessments are thereby also conducted in English. In this decisive assessment, parents may not be able to express themselves naturally and correctly whilst communicating with their children, nor fully understand what their children are communicating with them. This may lead to incorrect or ill formed decisions by social workers, which may not paint a correct picture of the situation, thereby not reflecting the child's best interest. If English cannot be used at all, social workers may recruit language interpreters to facilitate communication. However, the use of interpreting has been shown to negatively affect communication between professionals and birth parents (Costa, Dioum, & Yorath, 2015; Križ & Skivenez, 2010; 2012; Earner, 2007; Chand, 2005). At best, it appears to be an unreliable solution to a problem upon which children's ultimate wellbeing rests.

Understanding how such policies are being drafted, and crucially, implemented in the day-to-day lives of foster children who speak a minority home language is the primary aim of this paper. Chapter 1 has introduced the current state of the BFS and the theoretical framework. In Chapter 2, a systematic review of the language policy documentation and the most recent literature on BLA, multilingual identity, and the welfare of foster children will be conducted to ascertain how language policies and empirical evidence interplay. In Chapter 3, in-depth interviews will be conducted with professionals, e.g., social workers, interpreters, and foster carers in the BFS to explore the real world impact of language policies in the BFS. In Chapter 4, the results from both inquiries will be discussed and contextualised to draft recommendations for policymakers. Finally, Chapter 5 will present some concluding remarks.

2. SYSTEMATIC REVIEW

2.1 Research Questions

The primary aim of this research project is to review the current state of language policies and attitudes towards multilingualism in the British Foster System and compare those to what is seen in practice. For this purpose, a comparative review of the legislation and relevant academic literature was conducted to answer the following research questions:

1. What are the current policies regarding multilingualism in the British foster care system?

2. How are language policies drafted in the BFS?

3. What is the empirical evidence?

2.2 Methods

The primary aim of this review was to ascertain if and how children's rights to preserve their identity are currently respected in the BFS with regards to multilingualism and minority home language maintenance.

A number of relevant databases were included in the search. Firstly, all official legislations relating to foster care published on the Government's website, and more specifically the Department for Education, were reviewed for mentions of language. These served to identify the current state of language policies in the BFS. Secondly, statutory guidance and local authority fostering handbooks were included. These served to review how policies are seen in practice in the BFS. Due to the minimal mention of language in official publications, search terms were kept broad and included: background, bilingual, ethnic, language, linguistic, minority, monolingual, multilingual. No date restrictions were used for official publications, as most policies currently date back up to 30 years.

Finally, academic sources were perused to identify the relevant literature. Social science journals included, among others, *The British Journal of Social Work, International Social Work,* and *Journal of Family Therapy*. Linguistics journals included, among others, *The International Journal of Bilingual Education and Bilingualism, Journal of Experimental Psychology*, and *Linguistic Approaches to Bilingualism.* Linguistics books included, among others, *The Oxford Handbook of Language Attrition, Language attrition: Theoretical perspectives,* and *Emotions in multiple languages*. The following search terms were employed in various combinations: birth language attrition, foster care, identity affirmation, looked-after children, minority language maintenance, multiculturalism, multilingualism, and unaccompanied asylum-seeking children. Dates were restricted between 1980 and 2021 to highlight the most recent developments. The findings were then critically compared to ascertain the potential impact of language policies, as identified in the BFS, on multilingual children. Finally, the interdependence and implications of policy, practice, and empirical evidence were synthesized.

Further searches were conducted on officially recognised fostering, charity, and IFA websites to supplement the data pool. These included, among others, *The Fostering Network*, *The Victoria Climbié Foundation*, *The Pasalo Project* (formerly known as *Mothertongue*). Again, search terms were kept broad, such as: foster care, language, looked-after children, minority language maintenance, multiculturalism, multilingualism, policy, and unaccompanied asylum-seeking children. Dates were restricted to only the last 10 years, as the information provided and work done by these charities is continuously changing and evolving.

2.3 Review of the policy and literature

2.3.1 Fostering and fostering language policies in England

In England, the Westminster parliament is the primary legislative body. It is responsible for reviewing and drafting new policies. These are published as official legislative documents on the Government's website. The legislation of fostering is devolved, leading to variation across the United Kingdom. As such, Welsh, Scottish, or Irish governments may, to some degree, draft their own fostering legislations. These are then further developed regionally and implemented by the local councils and social workers. Finally, handbooks may be drafted to

inform those working in foster care (e.g., the Devon County Council, 2019; the Welsh Induction Framework for Foster Carers, 2014). Interestingly, independent fostering agencies (IFAs) may also draft their own specific policies (e.g., Phoenix Community Care, 2007). A policy can summarily be defined as:

> *A set of rules or norms governing behaviour in a particular area of activity - established by an organisation (the "policy-maker") accepted as having authority to set such rules or norms. The basis of this authority is usually, but not universally, statutory in nature. It may also include authority to enforce the rules. (University of Cambridge, 2017, p.3)*

Policymakers may choose to consider the evidence submitted by academics and researchers as it pertains to the legislation they are drafting. This cooperation can be achieved in a variety of ways, mainly via public consultation exercises, direct correspondence, briefings and debates, and think-tanks (University of Cambridge, 2017). Bridging the gap between empirical research and official legislation is an important step which must be undertaken in order to showcase the effectiveness of the policies that are being drafted and how they are applied.

With respect to language policies, such statements are often contradictory. Indeed, official legislations are concerned with promoting the majority language, and only consider any minority languages spoken on the territory on an anti-discriminatory basis (Equality Act, 2010). For example, Fostering Services National Minimum Standards (NMS) (2011, s.25, par.12), state that the fostering service must be available to children whose first language is not English. As such, emphasis is placed on institutions treating multilingual and majority language monolingual speakers with equal respect, but such legislations do not address the wider presence and role of minority languages in people's lives, whether they be first generation migrants, minority or heritage language speakers, or asylum-seekers. Such decisions are particularly relevant to the children of these minority ethnic communities, who may face many hardships growing, learning, and living in the host country.

In contrast, academicians and researchers have repeatedly emphasized the importance of minority languages for the individual's sense of identity, wellbeing, and integration into the host country (e.g., Burck, 2004; Green et al., 2005; Luciak, 2006; Prescher, 2007; Ball, 2010; Broomes, 2013; Dewaele & Costa, 2013; Mannay et al., 2015; Costa et al., 2015; Costa, 2015;

2017; Kwon, 2020). Such discrepancies between legislation and empirical evidence highlight the need for more engagement between the two parties.

2.3.1.1 The British foster care system

In England, the British foster care system (BFS) draws its regulations from the Department of Education. The primary source of legislation is the Children Act 1989. This act outlines the responsibilities undertaken by the Government with regards to looked after child and children in need. The Children Act 2004 further instates the local authorities must advocate for looked after children's educational attainment and provide them with personalised educational achievement plans. Foster care is regulated and inspected by National Care Standards Commission, who are responsible for all social work agencies (Care Standards Act, 2000). Children who are leaving care, also known as care leavers, continue to be supported by the social services. They must continue to be provided with guidance and advice via a personal advisor and individual pathway plan (Children (Leaving Care) Act 2000). The Children and Young Persons Act 2008 further stresses the importance of visiting requirements for children in care and their birth families. The Fostering Services (England) Regulations 2011 are responsible for setting the standards that British fostering services must follow. This includes the duties and local management of the BFS and the IFAs, the financial management of these institutions, and the assessment, approval, and registration of foster carers.

When searching for explicit statements regarding language use and rights, the policies outlined above remain unsatisfactory. Although serving as the main reference point for all fostering decisions, both the Children Act 1989 and the Fostering Services (England) Regulations 2011 fail to make any mention of language past the claim that fostering services and foster carers must respect children's needs with regards to their race, culture, religion, and language. This highlights a lack of awareness or attention in the legislative bodies to the consequences of denying children access to their birth language, despite the Government's proactive stance on promoting contact between birth parents and foster children (FSR, 2011, s.4, par.14).

Indeed, in the guidance provided to foster carers, the sole mention of language is for anti-discriminatory purposes. Thus, foster carers may not refuse placements based on the foster

child's home language (Children Act, 1989; Equality Act, 2010). However, there is no specification with regards to how foster carers should approach minority home languages and their maintenance in the multilingual foster children's daily lives. Similarly, no plans for this are reported by the councils for those legally responsible for the foster children, such as their social workers (e.g., Essex County Council, 2018; Devon County Council, 2019).

Government issued guidance and regulations do mention the importance of respecting children's wishes with regards to their preferred methods of communication both at home and during assessments, especially in the case refugees and UASCs. They further note that foster carers must receive support in order to respect these wishes, such as additional training to meet children's specific requirements. However, there is no mention of what this specific training is, or whether it includes awareness of multilingualism and minority languages (The Children Act 1989 Guidance and Regulations Volume 4: Fostering Services, 2011, c.3, par.34; Children Act 1989 Guidance and Regulation Volume 2: Care Planning, Placement and Case Review, 2010, c.4, par.19; Promoting the education of looked-after children and previously looked-after children, 2014, par.59).

Independent reviewing officers (IRO) are responsible for assessing whether children's needs are respected by their foster carers. This includes children's preservation of their own identity, and by extension, language (Department for Children, Schools, and Families, 2010, c.3, par.49) Furthermore, they must ensure that children themselves are made aware of and consulted with on these matters (c.4, par.19). As such, IROs must verify that placements are suitable for both foster carers and foster children in terms of foster carer's qualifications and foster children's needs. Indeed, correct placements are vital to the short- and long-term wellbeing of foster children (Leve et al., 2012; Narey & Owers, 2018, Fostering Inquiry Report, 2019).

However, the availability of foster carers with specific qualifications is often limited in the BFS. Thus, placement decisions may be based on available resources, at the expense of foster children's cultural and linguistic needs (Fostering Inquiry Report, 2019, s.2, par.14-26, s.3, par.94-95, s.4, par.124; Lawson & Cann, 2019). Where possible, though, local councils do strive to create culturally and linguistically matched placements (Lawson & Cann, 2019; Narey & Owers, 2018). Concordantly, research suggests that sustaining the link with the heritage culture and language through active engagement with birth families and the wider community

is an essential part of multicultural and multilingual children's lives, and should be encouraged where possible (e.g., Kwon, 2020; Ni Raghallaigh & Sirriyeh, 2015; Ball, 2010; Buriel et al., 1998; Green et al., 2005).

During placement allocation, unaccompanied asylum-seeking children may have a priority status when it comes to matched placements, and may as such often be placed together with other UASCs in a foster family (Narey & Owers, 2018; Wade, 2019; Hopkins & Hill, 2010). UASCs may thus, in some cases, be more encouraged to maintain ties to their language and culture, simply by virtue of being placed with other foster children who share the minority language. Nevertheless, it is noteworthy that 'matched' placements may not always be in the best interest of the child. Such placements may quickly become overcrowded if there are shortages of the required foster carers. In and of itself, cultural and linguistic matching may be problematic. Matched foster carers may not be qualified to look after foster children with more specific or challenging requirements. On their side, foster children may have little in common with their 'matched' foster carers in terms of personality, hobbies, or interests. Finally, it may often be the case that children's 'primary' identity, be it religious, cultural, or ethnic, may differ from the characteristic identified by those responsible for placements. Indeed, matching may happen based on rough ethnicity estimates, which may not reflect similar cultures or languages at all (Barrie & Mendes, 2011; Wade et al., 2005; Ni Raghallaigh & Sirriyeh, 2015).

Foster carers have often expressed frustrations regarding the limitations of their decision-making with regards to their foster children. Indeed, simple decisions such as having a haircut or going on a school trip must go through the supervising social worker and or IRO (Fostering Inquiry Report, 2019, s.3, par.61-65; Lawson & Cann, 2019; Costa et al., 2015). It may therefore be a difficult task for foster carers to encourage their foster children to practice their minority home language outside the house. Signing up for activities in the local community or Sunday schools would require a potentially convoluted bureaucratic trail, provided that foster carers are even given access to such resources by the fostering service in the first instance. As it is difficult to measure the existence or impact of such initiatives, due to their case-by-case nature, no other contact with the minority language is purported for multilingual foster children outside the policies outlined above. This reality highlights the lack of concrete plans for minority home language maintenance at the institutional level, but leaves the question of individual involvement open.

A recent investigation into the current state of fostering was initiated by the House of Commons Education Committee in 2017 to serve as continuous investigation following the initiative of the prior Education Committee. The ensuing Fostering Inquiry Report (2019) highlights the usual areas in need of urgent revision, such as the availability of funds in social care, adequate pay and legal support for foster carers, and the increase of placement capacity, with particular attention given to children with special needs. However, the inquiry further highlights a striking need for more support to be given to looked-after children. Within this recommendation, no mention is made of providing support for issues which may arise for children who speak a minority home language at home. Similarly, when addressing the training needs of foster carers, emphasis is made on children with behavioural or physical special needs, but not ethnic, cultural, or linguistic needs (s.3, par. 72-75). Instead, such responsibilities are implicitly delegated to foster carers who would come from a similar background themselves, as exemplified by the increased attention given to recruitment practices.

Whilst this initiative could be interpreted as an indirect address to the linguistic needs of children, it seems to neglect the reality of children already placed in foster care. Emphasis on recruitment to substitute training may leave the majority of foster carers at a disadvantage when fostering children from different ethnic, cultural, religious, or linguistic backgrounds. An occurrence which is both common, due to matched placement sparsity, and often deemed in the best interest of the child (Fostering Inquiry Report, 2019; Narey & Owers, 2018; Barrie & Mendes, 2011; Wade et al., 2005; Ni Raghallaigh & Sirriyeh, 2015). However, without targeted training, these foster carers may lack the skills and awareness to provide the best care possible for the children they are fostering.

One promising recommendation made by the Fostering Inquiry Report pertains to the well-justified necessity of available peer support among foster carers. However, this recommendation is tailored specifically to mutual aid among fostering professionals, and makes no mention of a wider network available to foster families as a unit, which could serve as one medium to support minority home language maintenance (s.3, par.88).

2.3.1.2 Interim conclusion

The policies outlined above regulate the administration of care to looked-after children and children in need. However, there appear to be no policies, or even paragraphs within other policies, that give an official stance of the British government on minority languages and multilingualism in the BFS. As such, language policies within the fostering services have not, thus far, been drafted. A preliminary conclusion may be that the British Government subserves a primarily monolingual approach to policy and does not take language matters into consideration when drafting or reviewing policy. Consequently, the BFS must follow this approach when delivering care to looked-after children.

Researchers and relevant organisations have previously raised concerns regarding this monolingual approach within legislation. Indeed, there is a wide body of literature affirming the need to raise awareness of multilingualism both for clinicians and policymakers (e.g., Costa et al., 2015; Costa, 2015; 2017; Chand, 2005; 2008; Križ & Skivenes, 2010a; 2012). However, this does not seem to have stimulated the need to research minority home languages in foster children in statistics, or yielded new or updated policies (e.g., Ofsted, 2020; Fostering Inquiry Report, 2019; Lawson & Cann, 2019; Narey & Owers, 2018; e.g., The Care Planning and Fostering (Miscellaneous Amendments) (England) Regulations 2015).

2.3.2 Policy and practice in England

2.3.2.1 Language barriers in the BFS

When allocating placements, local authorities follow a strict non-discriminatory policy, as outlined in the Children Act 1989. Thus, neither the local authority nor foster carers may deny children the care they are entitled to based on their ethnicity, culture, religion, or language. Indeed, children of all backgrounds, including unaccompanied asylum-seeking children, are carefully matched and placed with foster carers (Fostering Inquiry Report, 2019; Narey & Owers, 2018; Barrie & Mendes, 2011). Furthermore, the National Minimum Standards (NMS) (2011) ensure that all looked-after children are given equal access to the services provided by the BFS, including but not limited to any "physical, sensory and learning impairments

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communication difficulties or for whom English is not their first language" (Standard 25, par.12).

In accordance with these regulations, efforts are put into place to ensure that access to information and legal documents is provided for all looked-after children. As such, BFS provides translation services for all the documents presented to looked-after children. For example, guides are specifically written to inform children of what fostering means, their legal rights and entitlement to the services, and information on contacting IROs, advocates, or any relevant professional they may wish to speak to or raise a concern with. These are made available to all children, in any and all mediums of communication that may be required (Fostering Services: NMS, 2011, Standard 16, par.6).

To summarise briefly, when accessing the fostering services, children are not discriminated against based on their ethnicity, culture, religion, or language. Furthermore, interpreting and the translation of relevant documentation are made available to all children. It can therefore be concluded that looked-after children do not encounter significant language barriers when accessing social services.

2.3.2.2 Assessment of children's needs

The needs of looked-after children must be assessed by an independent reviewing officer during the initial review for the purpose of drafting the individualised care plan. IROs are also responsible for ensuring that children's needs, as identified, are respected by their foster carers following a placement (Department for Children, Schools, and Families, 2010). Among the areas highlighted as in need of review, the Fostering Inquiry Report (2019) has identified the need for improved support for looked-after children. Indeed, Lawson and Cann (2019) submitted a report to the inquiry following a large-scale survey into the subjective experiences of foster carers. Two relevant themes emerged.

Firstly, it was found that local authorities need to continue to improve how they conduct the needs analyses of the children in their care. Indeed, foster carers highlighted a lack of communication between local authorities, social workers, and themselves with regards to

children's needs. These were often not communicated in full to the foster carers. They thus highlighted the importance of ensuring that needs analyses are conducted thoroughly on a case by case basis, as a prerequisite to foster carer recruitment and placement allocation. Secondly, foster carers commented on their need for specialised training to meet the specific needs of the children in their care. Such training is not only often lacking, but may not be reconsidered when circumstances change. Subsequently, foster carers expressed their desire to receive specialised training that is revised and administered continually throughout the period of the placement.

The emergence of these themes suggests that, contrary to the fostering and IRO policies outlined above, children's needs may still not be considered as in-depth as stated in the legislation. This includes, unfortunately, the linguistic backgrounds and needs of children who speak a minority home language. These, as stated in section 2.3.1.1, are to be considered an inherent part of children's right to maintain their identity. Furthermore, there is contradicting evidence of the availability of support for foster carers. The legislation clearly states that foster carers are to be provided with sufficient, and where appropriate, continuous training to meet the specific needs of looked-after children (Children Act, 1989; FSR, 2011; Fostering Services: NMS, 2011). Indeed, the remuneration available to foster carers is tiered, based on their levels of experience and training. This measure is intended to encourage and reward foster carers' engagement with the available training resources (Narey & Owers, 2018). However, investigations such as those by Lawson and Cann (2019) have repeatedly highlighted that foster carers feel there is a lack of training resources available to them (see also Fostering Inquiry Report, 2019). As such, it appears that foster carers are not currently receiving essential needs-based and language-based training to meet the specific needs of looked-after children.

Finally, it has been repeatedly stated by foster carers and other fostering professionals that the views and expertise of foster carers are being continually overlooked in meetings that determine the interests of the child (Fostering Inquiry Report, 2019; Lawson & Cann, 2019; Costa et al., 2015). Indeed, foster carers identified a lack of delegation with regards to decision making powers. To address this, the Fostering Inquiry Report clearly states that foster carers should be empowered to decide what is best for children in their care and that these decisions must be taken into consideration when discussing children's care plans (s.3, par.61-65). However, this does not appear to be a reality in practice, nor have there been any updates made to legislations (e.g., Children Act 1989; FSR, 2011).

2.3.2.3 Supervised visits and assessment of parental fitness via English

The BFS has a duty to promote contact between foster children and their birth families (FSR, 2011, s.4, par.14). When a child is first placed into foster care, the contact will typically be arranged via the child's social worker and involve supervision. This type of contact serves two purposes. Firstly, it allows the birth families to see that their children are well taken care of. Secondly, it gives social services the chance to assess whether birth families are respecting the recommendations made to them by the care order and are becoming fit to care for their children again (Fostering Services: NMS, 2011; e.g., Essex County Council, 2018).

When birth families are not proficient in English, the communicative barrier may put a strain on the effectiveness of supervised visits. The quality of contact between birth families and their children may suffer, as they are restricted to communicating in a language which may not be natural to their family environment, and in which they cannot express themselves fully. The NMS highlight the importance of assuring a good quality of birth family contact for the well-being of looked-after children, and where appropriate, family reunification (Fostering Services: NMS, 2011, Standard 9).

Following on from the BFS' monolingual approach to policy, supervised visits thus fail to consider the birth parents' level of proficiency in English. This extends the emotional implications and distress caused by restricting the mediums of communication available to birth families and their children.

Importantly, assessments of birth parents' fitness during supervised visits are based on observations made in the English language. In the case of birth families who are not proficient in English, such an assessment would be based on truncated communication and could not count as an accurate assessment of parental fitness. This may lead to social workers unknowingly making unsubstantiated decisions, which may not ultimately be in the best interest of the child.

As the main goal of supervised visits is to, where possible and deemed appropriate, promote birth family reunification, these visits are an essential resource for social workers. Through such assessments, they may gain a deeper understanding of the birth family dynamic, whether

improvements have been made, and what could be revised or changed in the child's care plan (Children Act, 1989; Department for Children, Schools, and Families, 2010; Essex County Council, 2018). A good quality of contact and correct assessment of parental fitness are essential to these reviews (Fostering Services: NMS, 2011, Standard 9). As such, the potential, and often overlooked, barriers caused by lower proficiency in English may significantly impact the social worker's decision to pursue family reunification.

It may be the case that, sometimes, birth families speak English with a very low proficiency, or cannot speak it at all. The main course of action in these instances is the use of interpreters who are proficient in the minority language. An interpreter must be provided by the social services to facilitate supervised visits (Department for Children, Schools, and Families, 2010; FSR, 2011; Children Act 1989 Guidance and Regulation Volume 2, 2010).

2.3.2.4 Interpreting

Interpreting is a commonly used tool for resolving language barriers in both informal and formal contexts. In foster care, interpreters for the birth family can be their children, other relatives, or members of the community. Interpreters may also be professionals who have been trained and hold an accreditation. These are to be provided by the social services should birth families or looked-after children require them (Children Act 1989 Guidance and Regulation Volume 2: Care Planning, Placement and Case Review, 2010, s.3, par.58).

Children who speak a minority home language have a long history of serving as interpreters, termed 'language brokers' in the literature, for their parents. While there are many benefits to language brokering in both informal (e.g., grocery stores, community activities) and formal (e.g., schools, banks, healthcare) settings for children (Buriel et al., 1998; Green et al., 2005), the importance of hiring professionals in the foster care context has been highlighted (e.g., Chand, 2005; Costa et al., 2015).

Indeed, children who must interpret between a social worker and their birth family may be exposed to matters that are too sensitive or difficult for them to relay. This may cause them additional distress, especially if the topic of conversation is their own placement into foster

care. Additionally, due to the complex nature of the information shared, children may lack both the cognitive and linguistic capacity to fully and correctly interpret between the two languages. Finally, birth families may not feel comfortable sharing such sensitive information with their own children, or not trust them to interpret what each party is communicating. In a similar vein, the use of other relatives or members of the community may also involve issues with confidentiality and the trust of the birth parents, who may not feel comfortable sharing information in its entirety in order to save face within their community (e.g., Chand, 2005; Costa, 2015; 2017; Costa et al., 2015). Such an exchange would therefore involve information that is incomplete, or even inaccurate, being shared between both parties. This may have unfortunate consequences for the decisions made by the social workers or IROs when they assess the situation of the birth family and children's needs.

Professional interpreters, in contrast, receive extensive training regarding confidentiality and must exhibit professionalism. As such, they are trustworthy, unbiased third-parties who work to ensure that information is accurately and exhaustively shared between birth families and fostering professionals (Chand, 2005; Križ & Skivenes, 2010a). Thus, interpreting allows social services to access and provide for communities who may otherwise be cut off due to language barriers. This practice ensures that the Children's Act 1989 and Fostering Services NMS (2011) are enforced, so that all children, regardless of their background, may access fair and equal support. In addition, interpreting ensures that the voices of birth families who may otherwise not be in a position to advocate for themselves are heard and taken into consideration by the social services. However, whilst essential to ensuring that social services are provided for all birth families and looked-after children, there are several concerns with the use of professional interpreters.

Indeed, studies have shown that the use of interpreting may, in many instances, negatively affect communication between professionals and birth parents. Firstly, interpreters are provided by a third-party agency working with local fostering authorities. As such, their availability may vary, depending especially on the rarity of the minority language in question, but also on their own caseloads. Chand (2005) reviewed several case studies where interpreter attendance dropped as sessions became less and less formal, suggesting that limited resources may play a role in how interpreters are being issued. Thus, many families may lose access to this essential service, and consequently to their own advocacy, when meetings are not

exceptionally formal, such as child protection case conferences (CPCC). Even within CPCCs, there were many instances where enough time was not allocated to account for the interpreting service, so that interpreters were either rushed or forced to leave early. Indeed, interpreter unreliability has also impeded minority ethnic families from attending visits with their children (Costa et al., 2015; Križ & Skivenes, 2010a; Chand, 2005). As mentioned previously, these visits are crucial in paving the way for family reunification, as well as the mental and emotional wellbeing of the birth parents and children (Fostering Services: NMS, 2011; Children Act 1989; FSR, 2011).

Secondly, the agencies providing interpreters in foster care may not always recruit or train interpreters in matters of social care. In the first instance, this leads to a lack of interpreters who are proficient in the requested minority language. In the second instance, however, this leads to interpreters not being professionally trained to work with social cases. They may not understand their own role within the interpreting session or be prepared for how they proceed. If not given the proper training prior to engaging in a session, interpreters may be susceptible to psychological and emotional strain, due to the sensitive nature of the information they are relaying (Costa et al., 2015; Costa, 2015; 2017).

Furthermore, if the role of the interpreter is not made clear, they may not understand the importance of translating conversations verbatim, and may instead paraphrase what each party has said in a few words, thereby unintentionally withholding crucial information (e.g., Costa et al., 2015). Importantly, if interpreters are not familiar with the required terminology, they may not be able to convey information that is essential for the review of the child's case either to the birth family or the social workers. Chand's (2005) review further highlights a worrying number of cases where interpreters spoke on behalf of the birth families without taking their views into consideration. Some were reported to have refused to translate information which they did not find pertinent to the discussion, or even told the birth families what they should or should not say and do. This can lead to social workers performing incorrect assessments, or families not taking the right course of action to protect their children.

Conversely, social workers themselves may not have received training to work closely with interpreters. They may be unaware of the additional time required for interpreting, or that interpreters may require in-depth instructions in order to prepare and perform adequately

during sessions (Costa et al., 2015; Costa, 2015; 2017). When using interpreters, social workers may feel that they are not able to build a good rapport with the birth family and are thereby missing out on crucial information for their assessment (Križ & Skivenes, 2010a). Without this rapport, they may be unable to resolve simple issues within informal visits, and may be forced to request that birth families attend formal assessment meetings (e.g., CPCCs), where they may not feel at liberty to discuss more intimate or sensitive issues. Indeed, minority ethnic families often feel too lost and scared for the wellbeing of their children when interacting with professionals in the social services to make their voices heard (Earner, 2007).

To summarise, language barriers have been identified as an important point of friction for social workers, which substantially affects their ability to perform correct assessments and reach a decision that is in the best interest of the child. Interpreting services, while essential to delivering social care to all communities, too often fail to overcome these barriers. It is a disconcerting reality that reviews highlighting the unequal administration of social care to minority ethnic families (e.g., Chand, 2008) have remained largely relevant (e.g., Lawson & Cann, 2019; Narey & Owers, 2018).

2.3.2.5 Interim conclusion

In practice, looked-after children are not discriminated against based on their ethnicity, culture, religion, or language, and may access translations of all documents purported to them. However, the assessment of children's language needs and its communication to foster cares in order to ensure the best match possible continue to be lacking. Foster carers have repeatedly highlighted the need for specialised and continual training to meet those needs, which does not appear to be currently available to all. Decisions made from assessments during supervised visits may suffer when birth parents' proficiency in English is not taken into account. Professional interpreting is available to all birth families who need may need the service, but is sparse and often counter-productive. Foster carers feel that they cannot fully trust in the use of interpreting in its current state to perform an accurate assessment of the situation and reach a decision that is in the best interest of the child.

2.3.3 Does empirical evidence matter?

In the previous sections we have seen that there is minimal attention given to language in the policies regulating foster care. Indeed, the BFS follows the Government's monolingual approach in the administration of its services. Whilst efforts are being made to ensure that all children in need have equal access to essential social services, their unique language needs are not considered as a priority in practice. Instead, responsibility is delegated to placing children with foster carers who are matched ethnically, culturally, or linguistically. As such, focus is placed on the recruitment of foster carers with underrepresented backgrounds. In contrast, specialised training to meet those needs is too often not available to white, English monolingual foster carers, who not only constitute the largest proportion of carers in the BFS, but may sometimes be the best match for looked-after children following a plethora of other factors (Fostering Inquiry Report, 2019; Lawson & Cann, 2019; Narey & Owers, 2018; Barrie & Mendes, 2011; Wade et al., 2005).

The myth of the confused bilingual child has been debunked for a long time (Broomes, 2013; Hoff et al., 2012; Scheele et al., 2010; Guglielmi, 2008; Buriel et al., 1998). Moreover, the longstanding benefits of bilingualism on cognitive development, social development, and identity formation, among others, have been firmly established by the literature (Bialystok, 2011; Dewaele, 2004; 2010; Green et al., 2005; Burck, 2004; Buriel et al., 1998). Recently, more attention has been given to the negative consequences that may ensue when bilinguals are denied one of their languages (e.g., Dewaele & Costa, 2013). However, such empirical literature notwithstanding, negative attitudes towards bilingualism persist in today's era (e.g., Pulinx et al., 2017; Schmid, 2014) and especially in the UK (Glover, 2017; Johansson & Śliwa, 2016; Pugh & Jones, 1999). This section will review the key findings in multilingual development to achieve a well-balanced view of the needs of children who speak a minority home language. Importantly, the implications arising from the empirical literature for language policy will be highlighted.

2.3.3.1 Attitudes towards minority languages in Britain

England is the only country of the United Kingdom that follows a largely monolingual perspective. English is considered as the only medium of communication in both official and

unofficial settings. Migrants are, thereby, highly encouraged to quickly and proficiently acclimatise to the majority language, while renouncing, as much as possible, their own language (Glover, 2017). The prevalent monolingualism in England has led, in many instances, to a degraded opinion of those who speak little or no English (Pugh & Jones, 1999). This attitude has bled into social care, where minority ethnic families are both under- and overrepresented in the reporting of social cases (Chand, 2005; 2008). Underrepresented, because the parenting of children is often simply ascribed to a difference in culture, and efforts to communicate are high and potentially infructuous. Overrepresented, because social workers' bias towards minority ethnic families may influence the decision to intervene. In both instances, not only are birth families unable to advocate for themselves, but social workers who are not prepared to engage with service users that are not proficient in English may resort to going over their heads.

One telling instance was the Victoria Climbié affair, a child of African descent who suffered prolonged neglect and physical abuse. Her case failed to reach social services multiple times, and, when visits were arranged, communication was significantly impaired with her caretaker. This ultimately led to Victoria's precocious death, before any action was undertaken (Lord Laming, 2003). This extreme example has led to major reviews of children's welfare and the social system (Chand, 2008; see also The Victoria Climbié Foundation). One consequence of this was a gradual shift in social workers' perspective towards diversity. In his metareview, Chand (2008) describes the two opposing views. The first is 'cultural deficit', the idea that those of other cultures and languages exhibit a sort of 'deficit' when compared to the majority. This view leads social workers to intervene more frequently in order to address this 'deficit', which may often be without a solid reason. In contrast, the 'cultural pluralism' approach seeks to celebrate and understand the differences between cultures. Social workers who ascribe to this view may be less reluctant to report minority ethnic families, but may also be more likely to engage with them extensively, so as to fully understand their situation before coming to a decision.

Križ and Skivenes (2010a; 2010b; 2010c; 2011; 2012) have indeed found the latter approach to be more prevalent in British social workers. In their qualitative investigations, they found that British social workers were more reluctant than their Norwegian counterpart to intervene in cases involving minority ethnic families. The authors describe English social workers as

'cultural learners', who emphasize providing social care to minority ethnic children without enforcing the majority culture upon their birth families. Norwegian social workers acted conversely, as 'cultural instructors' (2010b). Importantly, whilst Norwegian social workers gave more attention to children's multiculturalism and multilingualism as part of their 'instructive' approach, British social workers focused almost entirely on protecting children from immediate harm (2012). Thus, whilst both views present advantages and disadvantages, neither appear to directly address the problems perceived by social workers, and importantly, the concrete needs of the children, in a well-rounded manner.

Indeed, minority ethnic families continue to report feeling silenced, ashamed, and scared because of their inability to communicate with social workers, which appears to conjointly exacerbate the levels of perceived racism (Costa et al., 2015; Costa, 2015; 2017). Earner (2007) identified five main types of emotional distress that immigrant families in the US face when accessing social services. Firstly, they experienced fear regarding their immigration status should they seek help with social services. Secondly, they experienced powerlessness in their ability to provide evidence of their suitability to raise their children, specifically in terms of financial support and appropriate connections. Thirdly, immigrant families felt silenced due to their inability to communicate in the majority language. Importantly, the use of interpreters often exacerbated those feelings, as they were often not matched with professionally trained interpreters or could not ensure that the right message was being sent across. Fourthly, immigrant experienced a sense of vulnerability following their lack of knowledge regarding their rights to social services and potential instances of discrimination. Fifthly, they experienced feelings of loss of their children, but also of support in general, family connection, and culture where social services failed to place children in culturally matched foster families.

A similar picture can be seen within the BFS, where social workers have spoken about the difficulties they encounter when working with minority ethnic families. Križ and Skivenez (2010a; 2010b; 2010c; 2011; 2012) found that the two main difficulties social workers encountered were language barriers and cultural misunderstandings. Unsurprisingly, the systematic review by Chand (2008) highlighted racism, barriers to services, discrimination, and a lack of attention given to minority ethnic families in social work despite the proposed reforms. However, little is known about the experiences of minority ethnic families from their

own perspective. The present paper echoes these findings over ten years later (cf. sections 2.3.1 and 2.3.2).

2.3.3.2 Bilingual development

The main effect of bilingualism observed in the literature is the higher performance of bilinguals on executive control tasks when compared with monolinguals. Indeed, this difference is consistent throughout the lifespan, and there is even some evidence linking improved executive control and a reduced chance of developing Alzheimer's Disease (Bialystok, 2011). These effects are purported to result from increased demands on attentional resources following the continual activation of two languages in a bilingual's mind. As such, more experience with language inhibition and switching improves cognitive performance in bilinguals.

Recent evidence also points to a possible link between proficiency in the birth language and the subsequent learning of an L2. When children are proficient in their birth language, they appear to acquire a second language more easily (Scheele et al., 2010; Guglielmi, 2008) and perform better in school tasks than their monolingual peers (Broomes, 2013). Thus, it may be advisable to delay instruction in English for minority home language children until school-age to help foster the acquisition of the birth language. However, Halle et al. (2012) found a negative effect of later majority language instruction. In their study, multilingual children performed closer to the monolingual controls at school when instructed in English from Kindergarten than multilingual children who began instruction during primary years.

Indeed, more research is needed to determine the relationship between birth language proficiency and school performance. Crucially, though, instruction in the birth languages does seem to lead to increased school performance in multilingual children as compared to their monolingual peers. For minority home language foster children, the literature therefore suggests that fostering bi-/multilingualism may help with possible delays in cognitive development as well as fostering healthy relationships with birth parents, carers, and their peers (cf. Leve et al., 2012; Girard et al., 2017). This suggests an important revision for policies regarding majority language instruction and school performance.

Another important aspect of bilingualism is the identity one creates in each language. Monolingual standards lead to bilinguals being regarded as neither part of one culture nor the other. Neither proficient in one language, neither the other. In contrast, bilinguals themselves often feel as if they belong to two cultures, which they are proud to be a part of (Dewaele & Costa, 2013). However, bilinguals often construct different identities for each of their languages and may feel comfortable expressing different kinds of emotions depending on the language they are speaking in (Burck, 2004). This supports Dewaele (2010)'s proposal that emotional categories are reshaped for each language an individual speaks.

In light of this evidence, it becomes clear that multilingual foster children experience the world differently based on the language they are using. As such, they may feel significantly more comfortable speaking with their birth parents in their birth language during supervised visits, something which is not possible given the current legislation. Indeed, these children may not be able to express themselves fully and comfortably in English when visiting their birth parents. In contrast, should these children experience a significant amount of birth language attrition, the effects may be reversed, leaving them feeling unable to truly communicate in a language their birth parents are not proficient in.

Some studies have focused on the positive aspects of fostering multilingualism and multiculturalism. Kwon (2020) found that second-generation Korean-American migrant children who were schooled in both English and in Korean through ties with the Korean community placed great emphasis on the beneficial role of multiculturalism in their lives. In foster care, children have reported that maintaining ties with their language and culture in foster placements was more important than simply being placed with a culturally-matched foster family (Ni Raghallaigh & Sirriyeh, 2015).

2.3.3.3 The consequences of being denied one language

International adoptees may completely lose their birth language even when the adoption had occurred up to the age of ten, and may retain little to no re-learning ability of their birth language after immersion in the new language (Pierce, Genesee, & Klein, 2019; Oh et al., 2019;

Hyltenstam et al., 2009; Au et al., 2008; Pallier et al., 2003; Isurin, 2000). Whilst this 'sequential monolingualism' (Schmid, 2012) occurs in a scenario of exceptional, life-changing circumstances, when children who speak a minority home language are placed in foster care, similar conditions are met. The lack of exposure to the birth language during a foster placement may therefore severely affect how much foster children retain of it. This means that, should they be reunited with their birth parents, communication between them may remain impaired for the rest of their lives.

In addition to losing the ability to speak their birth language, children may encounter difficulties when constructing their sense of identity and belonging in society. Prescher (2007, p.194) states this perfectly:

> *In this respect, a life experience such as migration, connected with the notion*
> *of L1 attrition, can be seen as an emotional event that can have a*
> *considerable impact on the individual's life and may result in an alteration*
> *of the existing identity system.*

Prescher defines identity formation as a process which remains dynamic throughout the lifespan. Following on from this perspective, children may be susceptible to sudden and disruptive changes in how they perceive their own identity. Indeed, if they can no longer speak the home language they have grown up with, they may feel that they are 'less than' other members of their ethnic community, while still not being regarded as or feeling 'wholly' British. This may create additional vulnerabilities for looked-after children's mental health and prosocial behaviour (cf. Leve et al., 2012; Girard et al., 2017). Prescher's theory is also in line with other studies on identity within the context of multilingual therapy (cf. Burck, 2004; Dewaele, 2004; 2010; Dewaele & Costa, 2013), which consolidate the fact that language is an inseparable part of identity.

Research on language attrition has repeatedly shown that adults who lose parts of their birth language, even temporarily if they later on return to their birth country, most often feel confused, at a loss, and ashamed of themselves. This stigma is carried on by the community, where members often believe this loss is a 'choice' made by the individual or 'affectation' feigned in order to seek attention (Schmid et al., 2013; Schmid, 2011b; e.g., Ben-Rafel & Schmid, 2007). Such stereotypes within the ethnic community are then likely to affect children

who speak a minority home language, over and above the societal stigma of being ethnically and linguistically different from the majority population.

Indeed, while engaging with the social services, children may too often be exposed to negative attitudes towards their own multilingualism and multiculturalism. This may lead them to form degraded opinions of their family and background, but especially of their own self-worth. Adverse experiences during childhood have been linked to poorer mental health outcomes (Garcia et al., 2015), and this could be extended to the language in which children have had these experienced (cf. Dewaele & Costa, 2013).

Importantly, then, when children receive care in a language used to communicate negative attitudes and opinions, or which has constituted the medium of significantly adverse experiences, they may be less able to be fully receptive to receiving mental health support, and may even feel threatened by it. The 'affective filter' towards a language, as it is called in linguistic research (see Krashen, 1981), may thus interfere with how successfully care is administered and received by children, both in regards to mental health outcomes and day to day wellbeing. In a similar vein, the affective associations one has with their birth language undoubtedly play a crucial role for the medium in which care is received (Dewaele & Costa, 2013; Prescher, 2007; Schmid, 2002; 2004). Schmid et al. (2013, p.676) exemplify this with a strikingly poignant affirmation:

> *[...] the language that was used in parent-child interactions, that is linked with the earliest memories, and that was acquired at the same time that other important early cognitive developments took place, is unique in that it is irrevocably tied into fundamental aspects of a speaker's personality and memory in complex ways.*

It is, of course, noteworthy to mention that traumatic experiences may be linked to any language that may have been used in a context adversity, and as such, choosing the language in which care is to be administered is highly dependent on each child's personal experiences (Schmid, 2002; 2004; Dewaele, 2010; van der Kolk, 1994). Such factors may therefore interlink with children's retention of their birth language during extended foster placements.

Indeed, in her seminal study, Schmid (2002; see also 2004) found that Jewish-German refugees who emigrated from Nazi Germany during their childhood and early teens experienced varying levels of birth language loss, i.e., attrition, depending on the experiences they had had prior to their emigration. Participants with adverse experiences in German reported a strong aversion towards the language, and insisted on fully rupturing their current identity in English from their old identity in German. They felt deeply uncomfortable speaking and hearing German. In contrast, English provided a safe medium for them to express their sense of self fully. This finding linking identity to experience in a particular language is corroborated by Dewaele & Costa (2013)'s study of multilingual therapy, and is in line with the theories on language and emotion purported by Dewaele (2010).

Research on language and trauma becomes especially pertinent when providing care for unaccompanied asylum-seeking children. Indeed, their experiences may mirror, in many ways, those of the refugees in Schmid's (2002) study. However, this issue becomes more complex when considering the attitudes towards minority languages described in Section 2.3.3.1. UASCs may, as such, encounter adverse experiences in both their birth language, prior to their emigration, and in the new majority language, i.e., English, upon their arrival in Britain. Concerns have, and are still, being raised about the quality of support UASCs receive when encountering language barriers, bullying, and racism (Wade, 2019; Wright, 2014; Groark et al., 2011; Barrie & Mendes, 2011; Wade et al., 2005; Hopkins & Hill, 2010). The support available to UASCs in the foster system regarding ethnic and linguistic matters is, as such, instrumental to a healthy integration in the host country.

In a similar vein, Ben-Rafael & Schmid (2007) found that migrants who are driven to acquire the majority language based on identity affiliation show increased levels of birth language attrition when compared to migrants wishing to preserve their L1 identity. This emotional, and for adults often ideological, motivation may be extended to how looked-after children experience the link to their birth language in foster care. Consequently, if children perceive themselves to be at risk of discrimination due to their home language, they may consciously or unconsciously strive to 'shed' it as quickly as possible in order to integrate within the new community. In contrast, if their multilingualism is celebrated and nurtured as an integral part of their identity, children may not feel pressured to 'shed' this part of themselves. This may

potentially help children retain their birth language despite lack of input for an extended period of time (Paradis, 2007; Köpke, 2007; Schmid, 2011a; 2011b; Schmid & Dusseldorp, 2010).

It follows, then, that the attitude children and the wider community foster towards language have impacts how experiences are navigated in the minority and majority languages. Consequently, providing children with the care they need in the *language of their choice* is essential to improving mental health outcomes in foster care (Leve et al., 2012; Dewaele & Costa, 2013; van der Kolk, 1994). Crucially, however, it is an essential part of how children experience not just care, but their own sense of self in their day to day lives as they grow up and prepare for independence.

2.3.3.4 Interim conclusion

To summarise, attitudes towards minority language speakers are predominantly negative in Britain. Both the 'cultural deficit' and 'cultural pluralism' approaches fail to address the barriers to services and discrimination that minority ethnic families face. Including the perspective of minority ethnic families in Britain would therefore provide invaluable insight into how language policies interplay with social workers' attitudes to provide care for at-risk children.

Multilingualism is far from a deficit that children suffer from. When celebrated, it can support children to develop their cognitive skills, emotional understanding, sense of identity and belonging to the community, cultural and social awareness, and self-confidence. However, when children are denied their birth language, they may lose the ability to communicate with their birth parents for life. This can negatively impact their mental health, understanding of self, as well as how they integrate themselves into their communities.

Furthermore, language functions as a lens through which emotions, experiences, and memories are processed. This association, unique to each language it is experienced in, is inseverable from identity formation throughout the lifespan. Crucially, then, traumatic experiences may be tied to either the home or majority language, and may impact how children receive the care administered to them in these languages, respectively. This reality must be considered when decisions are made regarding the child's best interest.

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2.4 Discussion

To answer the first and second research questions set out in this review rather briefly, there are currently no policies or statutory guidelines which regulate how languages other than English are to be approached. This monolingual approach in the British foster care system has created a culture of silence, or perhaps inattention, to multilingual and minority language matters. Indeed, whilst efforts are made to uphold the standards outlined by the Equality Act 2010 when it comes to anti-discriminatory practice, there is considerably less attention given to providing support to looked-after children on these sensitive matters. Thus, whilst a child may, in most cases, have relatively easy access to interpreting and translation services, as well as be granted full access to social services, they may not receive any additional support following the initial assessment (Department for Children, Schools, and Families, 2010; Fostering Standards: NMS, 2011). As both policy and the literature have shown, language is not considered with the rest of the support children are required to receive, such as education, medical care, mental health, and leisure (Fostering Inquiry Report, 2019; FSR, 2011, part 4, par.16).

In the first instance, minority language support appears to be lacking. In the second, however, this lack of support may in itself be considered a driver of discrimination. How can it be ensured that minority ethnic children receive the same level of support as all other looked-after children? Specifically, if something as fundamental as language is not taken into consideration, how can decisions be made properly with regards to their care? How can children's voices, wishes, and desires be fully heard and respected? When those who are responsible for the wellbeing of looked-after children are not trained to understand what to look for during assessments, the chances of unconscious bias may be rather high.

In contrast to policy and official guidance, a review of the practice reveals many small-scale instances or mentions of language practices. For example, whilst the IRO Handbook (Department for Children, Schools, and Families, 2010) highlights language backgrounds as an intrinsic part of children's needs during assessment, Lawson and Cann (2019) have found that thorough assessment in this area is lacking. Importantly, Lawson and Cann also identified a need for foster carers to receive more specialised training, such as, but not limited to, language matters. However, this is not currently being administered.

Indeed, where policy fails to make a statement, it appears to be up to the individual foster carer to make the decisions. In and of its own, it is a commendable practice, which is encouraged by the regulating bodies and policies (Children Act 1989; FSR, 2011; Fostering Services: NMS, 2011; Narey & Owers, 2018; Fostering Inquiry Report, 2019). However, in practice it is often stunted by matters of bureaucracy, so that even such simple decisions as taking a foster child out for a haircut may not be within the legal scope of the foster carer (e.g., Fostering Inquiry Report, 2019, s.3, par.61-65; Lawson & Cann, 2019; Costa et al., 2015). Allowing foster carers to take on a more active role in the decisions surrounding the care looked-after children receive is an important step in increasing the quality and provision of fostering services. Moreover, it would encourage foster carers to have a more proactive attitude towards understanding and respecting the individual needs of the children in their care.

For example, one direct outcome would be the potential of increasing placement stability, which has been identified as an important factor in predicting mental health outcomes later on (Narey & Owers, 2018; Garcia et al., 2015; Leve et al., 2012). Crucially, foster carers may then be able to directly consider the wishes expressed by looked-after children and work as a unit to best respect them where appropriate, including such 'small-scale' decisions as whether children would like to maintain active ties with their culture and minority language, and the medium through which they would prefer to do so (e.g., Sunday school, foster family activities, or engagement with peers from the same background). These 'small-scale' decisions would ultimately create an environment where foster children can feel supported in the entirety of their identity, and not a singular aspect of it (e.g., only race, only religion, only preferred language).

However, it is noteworthy to mention that this may lead to a fragmented approach to care. With no regulations in place to govern foster carers' actions, some foster children may receive little to no support, whether due to lack of knowledge, training, or proactivity from the foster carers, whilst others may be very well supported indeed. Thus, whilst foster carers should be encouraged and supported to make decisions in the best interest of the child regarding daily support with the minority language, this should not be the norm.

To answer the third research question, the empirical evidence reviewed in this paper vastly supports a multilingual approach to care. Thus far we have learnt that children have a

fundamental right not to be discriminated against based on their ethnic origin or nationality and that they have the right to preserve their identity (UK Equality Act 2010). However, it has become increasingly apparent in the literature that identity cannot be separated from language (Prescher, 2007). Bilinguals report a strong sense of self in both of their languages, often as a dichotomy in their identity. In circumstances where bilingualism is seen as a negative trait by the community, this may lead to bilinguals feeling like they belong to neither their L1 nor their L2 group (Burck, 2004). Minority home language children may experience a similar state of dissociation from themselves and their communities, which could hinder the development of a healthy sense of identity and belonging.

However, when bilingualism is celebrated, bilinguals feel like they belong to both communities (Burck, 2004). 'Biculturalism' has been shown to have numerous benefits for children and adolescents, such as higher self-esteem, improved academic self-efficacy, and better social and cultural awareness (Green et al., 2005; Buriel et al., 1998). In a similar vein, adults report that being able to freely use code-switching, i.e., changing back and forth from one of their languages to the other, during therapy allows them to express parts of their identity that could not be brought forth in only one of their languages. Code-switching is especially beneficial when employed as a tool to manage strong emotions or trauma, either by allowing a bilingual to create distance between their memories through recounting them in a different language, or by establishing a deeper link when expressing strong feelings in the language they are associated with (Dewaele & Costa, 2013; Dewaele, 2010). Furthermore, evidence has shown that adverse or traumatic childhood experiences (cf. Leve et al., 2012) may be deeply interlinked with the language in which they were experienced, which may impact how care and mental health support are received depending on the language it is administered in (Schmid, 2002; 2004; Schmid et al., 2013).

Thus, in order to ensure that looked-after children are supported throughout their time spent in foster care, one must go above and beyond language as an ethnographic factor. Chand (2005; 2008) and Križ and Skivenez (2010a; 2010b; 2010c; 2011; 2012) have highlighted that English social workers respond to the immediate harm children may face, but may fail to consider the impact of day-to-day decisions on children's wellbeing in the long term, past the initial assessment (e.g., Department for Children, Schools, and Families, 2010; Lawson & Cann, 2019). The findings of this review suggest that a change of perspective is needed. Namely,

social services should focus on maintaining children's wellbeing throughout the entire period of fostering and into adulthood, and not just removing them from harm's way in the present moment. Supporting minority ethnic languages, where the child desires to maintain contact with this aspect of their identity, is an important aspect to consider when taking this step. Indeed, in light of the evidence presented in this review, lack of linguistic support, leading to the loss of the birth language, is a violation to children's right to preserve their identity and may have serious consequences to how they can be cared for and supported throughout their lives.

3. QUALITATIVE INVESTIGATION

3.1 Research Questions

A qualitative investigation was conducted in order to compare the practice and personal experiences of professionals working in the BFS with the findings of the systematic review in Part I. For this purpose, semi-structured interviews were conducted to answer the following research questions:

1. How do the current language policies and approach to multilingualism in the BFS affect minority ethnic families and their multilingual children? Specifically, what kind of challenges may birth language attrition pose to:
   a. the wellbeing of minority home language children?
   b. birth family reunification?

2. How can assessments of parental fitness be streamlined when the use of English is not possible or is not representative of the birth parents' abilities to serve the best interest of the child?

3. How can we, if necessary, improve language policies and their implementation to respect children's right to preserve their identity and culture?

3.2 Methods

Ethical approval for the project was obtained from the University of Essex in compliance with the GDPR. Copies of the ethical approval application and consent and participant information forms are available upon request.

3.2.1 Participants

Participants were recruited via word of mouth, social media, local authorities, independent fostering agencies, and relevant organisations (e.g., Pasalo Project, formerly known as Mothertongue; Bilingualism Matters; Victoria Climbié Foundation; The Fostering Network).

Contact was first established with the managers of the fostering teams, who decided whether any of their team members met the required criteria of the study. They then proceeded to disseminate the call for participants (see Appendix 8.2) and contact details of the researcher. The professionals interested in participating in the study contacted the researcher of their own accord.

Repeatedly, the fostering team managers highlighted the current lack of resources available to them. This has been made especially prevalent by the current pandemic, with many local authorities and IFAs reporting that they are understaffed and overworked. Accordingly, the researcher made the decision to conduct the present study with a minimal number of participants, so as to lessen the burden on these essential services. Consequently, the interviews conducted focused more deeply on the personal experiences of the participants, rather on producing generalisable results. Finally, it is also noteworthy to mention that despite the invaluable insight that could have been gained from speaking with minority ethnic families themselves, the author has made the ethical decision not to include them as participants. It is the stance of the author that the risk of placing minority ethnic families in a vulnerable position is too high. This decision was also further influenced by concerns of the current pandemic placing an even bigger strain on these families.

The participants recruited for this study consisted of 4 female professionals working in the British foster care system. These included two foster carers and two interpreters. In order to anonymise the participants' background, the author decided to assign anglicized nicknames to each individual and only describe the broader region in which they are located. The four participants are presented below.

Anne is a foster carer looking after unaccompanied asylum-seeking children in the Southwest of England. She has fostered UASCs from a variety of backgrounds. At the moment she is fostering 3 children between the ages of 15-16, and has maintained contact with many of her fostered unaccompanied asylum-seeking children.

Catherine is a foster carer in the Southeast of England. She has fostered both unaccompanied asylum-seeking children and children from mixed backgrounds. She is currently fostering an asylum-seeking child of 16 and is going to be fostering a second one soon.

Tracey is an interpreter who has moved to England from Eastern Europe. She works in a wide range of interpreting services but has had specific experience interpreting in foster care, specifically during supervised contact sessions.

Wendy is an interpreter who has moved to England from Southern Europe. She has specific experience working with mental health assessments, child protection case conferences (CPCC), and supervised contact sessions.

3.2.2 Materials

A series of in-depth, semi-structured interviews were conducted. This particular structure was chosen in order to place the primary focus of the data collection on the personal experiences and opinions of professionals working in the BFS. Questions were designed to remain open and participant-dependant, given that a range of professionals were interviewed. They specifically addressed working with minority ethnic families and children who speak a minority home language from the point of view of each professional. This included any difficulties, advantages, and or disadvantages they may have come across with the current approach to language policies and multilingualism in the British Foster System. The structure of the interviews thus allowed participants to speak freely, whilst the interviewer ensured that all relevant themes were touched upon. Copies of the prompt questions and themes for each professional are provided in Appendix 8.1.

For example, foster carers were asked an opening question such as, "What is your experience with fostering children whose first language is not English?" which then included optional follow-up questions on topics such as training, working with interpreters, or language policies, depending on the participant's answer. Interpreters were asked an opening question such as, "What is your experience working with minority ethnic families and the social services?" which then included optional follow-up questions on topics such as supervised contact, decision boards, parental fitness assessments. At the end of the interview, each participant was asked the concluding question, "If you could, what would you change about how things are currently being done?".

3.2.3 Procedure

Participants were given an information sheet detailing the study. They were given the opportunity to express any concerns, ask for clarification, or pose any questions they may have had via E-mail. Consent was obtained online via a document that participants were required to sign and return per E-mail prior to commencing the interviews. The interview then commenced once they were satisfied with the information they had received and were happy to proceed with the study.

As per COVID-19 regulations, the interviews were conducted online by the researcher via Zoom. Participants were contacted prior to scheduling the interview and given instructions on installing Zoom on an appropriate device (e.g., mobile phone, tablet, laptop, computer). The interviews lasted between 30 to 60 minutes and participants were free to withdraw at any time. The sessions were recorded via the relevant software (Zoom).

3.2.4 Data collection

Data was collected via recordings of the interviews through the Zoom. These were subsequently transcribed in full, orthographically, by the researcher for analysis. Following transcription, the recordings were destroyed in compliance with the GDPR.

3.2.5 Analysis and coding

The anonymised transcriptions were analysed qualitatively via the Nvivo software. Coding was conducted by the main researcher and followed a bottom-up approach. This ensured that transcript data was perused in-depth and lead naturally to the discovery of relevant codes, as they related to the three research questions of the empirical investigation. Specific codes were extracted from relevant quotes in the transcript data (examples of specific codes are given in Table 1). The data was ultimately coded for four main themes, 'external regulation', 'internal regulation', 'interpreting as a resource', and 'change'. The specific codes, categories, and overarching themes are summarised in Table 1 below.

Table 1. Interview coding table.

Specific theme	Broad theme	Code	RQ Tag
UASCs	Language policies	External Regulation	1a
Foster children	Language policies	External Regulation	1a
Professionals	Language policies	External Regulation	3
Agencies	Guidance	External Regulation	3
Ad hoc	Guidance	External Regulation	3
Regulated	Training	External Regulation	3
Ad hoc	Training	External Regulation	3
Social Media	Individual engagement	Internal Regulation	1a
Opportunities	Individual engagement	Internal Regulation	1a
Social Services	Support	Internal Regulation	1a
Education and schooling	Support	Internal Regulation	1a
English skills	Assessment	Interpreting as a Resource	2
Unconscious bias	Assessment	Interpreting as a Resource	1b
Cultural differences	Assessment	Interpreting as a Resource	2
Language attrition	Assessment	Interpreting as a Resource	1
"Lost in translation"	Assessment	Interpreting as a Resource	2
Language preference	Assessment	Interpreting as a Resource	2
Inconsistency of work	Working together	Interpreting as a Resource	2
Cultural awareness	Working together	Interpreting as a Resource	2
Linguistic awareness	Working together	Interpreting as a Resource	2
Duty of care	Working together	Interpreting as a Resource	2
Funding	Working together	Interpreting as a Resource	2
Home Office	Regulation	Change	2, 3
Funding	Regulation	Change	2, 3
Culture	Regulation	Change	2, 3
Language support	Initiative	Change	1, 3

3.3 Results

The themes emerging from the qualitative investigation were separated into four larger categories. All mentions of policy, guidance, or training were grouped under the category 'External Regulation'. In contrast, any examples of personal initiative or variation by local authority were grouped under the category 'Internal Regulation'. The category 'Interpreting as a Resource' was used to group any mentions of working with interpreters or professionals working as interpreters in foster care. In the final category 'Change', the answers to the open question, "If you could, what would you change about how things are currently being done?" are presented.

3.3.1 Theme 1: External Regulation

3.3.1.1 Policy

When asked about whether they were aware of any policy regulating minority languages, foster carers replied they had no knowledge of any policy. Anne explains that:

> *Well, I don't know if there is a policy [...] Oh, possibly not or it's passed me by. [...] I'm not sure anyone would've thought about it.*

This is also echoed by Catherine:

> *No, I wouldn't say, no. I mean, I, no, there isn't any*

Anne does highlight one policy which may be relevant to supporting children whose first language is not English:

> *[...] there is a policy that once they get to be 18, they are all (on) the same team of leaving care workers, which is really good and then and this particular team they encourage them to meet up with each other [...]*

However, she ultimately concludes that:

> *And it is very ad hoc [...] As foster carers we are left to our own devices, I think, and I would do it in a completely different way to the man down the*

road. And how we do it, and I think some people, probably do it better than others [..] I don't think there's a policy.

Interestingly, Catherine mentions that placement matching is often based on resources, rather than training or suitability. This is in line with the findings of the review:

[...] as our supervising social worker [...] says, you know, she has pulls on her line manager saying, look at, you know, foster carers creatively, can you push up if someone's got a bed available, let's see what we can, you know, put people, you know, into their placement and things. So, everybody has people above them pushing them. [...] our supervising social workers, we've had two, and they've been very supportive. But you do realize that ultimately you don't matter, it's a tickboxing exercise.

3.3.1.2 Guidance

Interpreters were asked about the guidance they receive from the agencies they work with. Wendy puts it succinctly:

But the agencies don't provide any guidance. (laughs) They don't even know who you are (laughs). [...] As long as they've got somebody to cover that booking.

However, this can vary greatly depending on the agencies themselves:

I mean, not all agencies. I've got say that one agency I worked for, I work for, they're still paying me what they did when I first started, eight years ago, or nine years ago. They provide wellness sessions, and especially since lockdown, and make sure that they look after their interpreters. They create sessions online and that's the only agency that I know that does that

For Wendy, the organisation *Mothertongue* was a particularly good example of good practice from an agency:

Of course, working for Mothertongue was totally different, they spoiled us completely.

Tracey further highlights the importance of receiving more supervision and support from the agencies she works with, particularly during difficult assignments:

> *[...] So, it was in some way I may have been judgmental myself. Because I have my own view [...] looking back, maybe wasn't as good as I thought. [...] It was good that I had [...] supervisions. Because it's helped me a lot.*

3.3.1.3 Training

Foster carers were asked about the kind of training they received. As both fostered UASCs, the questions were focused specifically on the relevant training. In Anne's opinion, there were plenty of opportunities for specialised UASC training:

> *[...] they do do courses a lot on working with unaccompanied asylum-seekers. [....] religion [...] they do all these bits and pieces [...] there is a fairly healthy training thing [...] I went on one of those that they work with unaccompanied trafficked children, in (remain). But they send, what do you call it, flyers and stuff like that, and they let us know how they're getting on [...] the county put on stuff. I have been to training in [location], been to training in [location], but not (for a) very long time.*

In contrast, Catherine mentions very little specialised training for UASC foster carers:

> *Not as such. I mean, we do all the training that's all mandatory training in foster care. It's also interesting [...] because we're specialists with just asylum children, there is no special training for us. There's, we're general, you know, foster carer. And it's like, but the needs of asylum children are totally different to the, sort of, the British children who are in the care system. So, we haven't we haven't really experienced that. No, no, I can't say that we've had any specialist training*

To their knowledge, neither foster carer had received specialised language training, despite thinking it would have been a valuable resource. Anne explains:

> *I don't recall (laughs) [...] I'm not quite sure how they would have [...] Maintenance, it's so important. I think it's up to you, you do it (laughs) it's*

> *your job [...] I think that would be really good, I think I'll hand that on to*
> *you. That would be interesting.*

Finally, Catherine mentions that she has received some specialised training from independent organisations:

> *[...] there's an organization called the Asylum Council, something like that.*
> *I remember seeing videos that, just before we were passed a panel, I*
> *remember seeing videos from them about, it was like a cartoon, how they're*
> *perceived and how they'd like to be perceived and everything. So, I think that*
> *was quite helpful*

When asked about what kind of training she would like to receive, Catherine highlights the importance of better understanding the Home Office:

> *I mean, it would be really good to have more training on how the Home*
> *Office works, because the Home Office is something that's very much part of*
> *our life, because, you know, we're aware that he's there, [Child] is here at*
> *their discretion. So we have to make sure that he abides by, you know, our*
> *country rules and everything. But, you know, the process of actually applying*
> *for asylum and everything is quite complex*

This feeling is also echoed by Anne:

> *[...] they have to (laughs) I'm going to say liaise, I really mean fight, with*
> *the Home Office for the rights of children who end up on our shores, because*
> *the Home Office do not particularly want them to stay here so, so there is*
> *always an issue*

Interpreters were also asked about the training they have received. Both stated that they received very little to no training from the agencies that employed them with regards to working in foster care cases. Tracey explains:

> *When people, I think when people do this Interpreting for Community*
> *Diploma Level 3, Community interpreting, I all DBS I. So, maybe they get*
> *some training. But I, when I think about this, I don't think that that is like*
> *proper training, how to interpret that for social workers*

Once again, Tracey mentions *Mothertongue* as a source of general training and support:

> *So only, it is the training which I go for Mothertongue, how to go, but it was like a general training, how to interpret for mental health assignments.*

In a similar vein, Wendy highlights the general training opportunities she's had with *Mothertongue*:

> *And also, we had a lot of ongoing training when with Mothertongue. And that involved as well, a lot of mental health interpreting so because these situations, although they are to do with social services, a lot of them become mental health issues or can become mental health, or are the result of mental health issues.*

Wendy highlights the ad hoc nature of training and working with various agencies:

> *And some services are very good about hiring interpreters and some services and very bad about requesting interpreters [...] the big agencies started appearing and they started recruiting anyone and everyone and there's no way of checking whether these people have any qualifications, any training. [...] And I had a couple of clients complaining because they had one interpreter who was trying to sell them insurances and another thing to do was trying to indoctrinate them. And they can't complain to anybody because they don't speak the language.*

3.3.2 Theme 2: Internal Regulation

3.3.2.1 Support

Foster carers were asked about the level of support they received from the social services in their local authority. For Anne, social services were particularly helpful in ensuring that her fostered unaccompanied asylum-seeking children stayed in contact with their identity. This was mainly achieved through facilitated contact between the children and other members of their community. Subsequently, finding speakers of the same language was a priority. For one particular child, this included maintaining his religion:

The social services were very keen on him not losing his religion and hence not losing his mother tongue. So, first of all to find a religion, he was an Orthodox Christian and we tried various different Orthodox churches, then (in) the end found one near [location]. [...] And he started to go up to [location] on Sundays and then was speaking his mother tongue there [...] and he was also in touch with his parents who were in [home country]. So was able to speak to them, and there was a family friend who lived in [location] and social services arranged for him to spend the occasional holiday in [location] with the family friend, so he was always supported to speak [minority language],

The other UASCs Anne fostered were not interested in maintaining a strong tie with their religion. As such, social services focused on putting them in contact with other members of their community. Anne comments:

[...] so the social services are really good at putting children who are speaking the same language together and encouraging them. And they used to actually have a really good team which we haven't got any more sadly, and we used to go and meet other children who were sort of in the same situation.

Catherine notes how difficult it was for the social services to find any contacts for her fostered unaccompanied asylum-seeking child, who spoke a very uncommon dialect:

[...] his mother tongue is [minority language]. And it's quite an unusual dialect. We all searched high and low for other [minority language] speakers. His social worker did, our social worker did, we did, because of the [minority] community we're in, we try, but we couldn't find anybody who spoke it. It is really frustrating. [...] that's probably the only area that we haven't been able to fulfil.

Fostered unaccompanied asylum-seeking children also received support in their education and schooling. Although this was focused on encouraging them to learn English, they were also generally supported to maintain their minority language. Both Anne and Catherine highlight how putting the children a year back was beneficial to their development. Anne notes:

Although he was 15, instead of putting him into year 11, the school put him into year 10. So, he had two years to learn English at school and then he was speaking English all the time here. [...] they're very good at school, they found him a dictionary and he would be writing English words and [minority language] words side by side. So, that that also helped him to by learning the English helped him and words that he didn't know, for example, science words he did GCSE science and so he would also write the words side by side. So that even the new [minority language] word alongside an English word [...] they're coming from this dictionary that the school had funded.

This was the case for all her fostered children, with similarly good results. In particular, she mentions the availability of GCSEs and A Levels in the children's minority languages as a resource:

Again, he did English and [minority language] side by side, he had his dictionary and he also studied, I think he did GCSE [related language], which he passed with good marks. He had to study, he had to do reading and writing, you know, he had to do [related language] as a foreign language, so we had to do all [...] after he'd done this GCSE. And he went to a school where they encouraged him to do his A level in [related language], but he was in the hands of the modern foreign language teacher. [...] so he never really actually was in any danger of losing his [minority language] because he was studying it as a foreign language as well [...] I think I think doing A Level [related language] was particularly useful for him.

However, this was unfortunately not possible for all languages:

[...] there is no GCSE or A Level in [minority language], which is a pity, otherwise they would have had to learn literature and all sorts of other stuff and it's like a free A Level.

3.3.2.2 Individual engagement

Aside from schooling and contact facilitated by the social services, foster carers and their unaccompanied asylum-seeking children undertook a number of initiatives to maintain contact

with the children's identity. Catherine explains the complexities of helping her fostered UASC maintain his language and identity in a predominantly white environment:

> *I would say, for the first 18 months to two years, he did want to identify with his culture [...] because he's a Muslim, would buy him a new [cultural] outfit, and he wore that. But then the second year he definitely didn't want to wear that. He did observe, he has observed Ramadan twice, where he's fasted. And he definitely loves his cultural food, so we have a lot of curries and chicken and things like that. [...] but he would, if you talk to him, he'd identify as [home country]. [...] Early on, we would look at Google maps and we'd look about where he said he was from and we'd go right into seeing, you know, if we can identify where he was from, and things like that. So, we did do that in those first two years and, but he has really grown into this culture.*

Once again, she mentions how difficult it has been to find speakers of her child's particular dialect:

> *It's just, you know, his particular dialect, and it just was not available. And, I mean, even online, he hasn't been able to find it.*

Catherine explains that it was ultimately her child's choice:

> *[...] then it wasn't an issue for him, because he's like, I'm here, I need to learn English, I need to do this, this is what my focus needs to be on. So, that priority, you know, faded, really, even though we all wanted it to happen. Because all our inquiries came to a dead end and it was just like, okay, right we can't pursue this, let's keep going as we are. And he wasn't pushing it as an issue either. I don't think he was doing it out of, oh I don't want to cause any hassle, I think he was like, look, really, it's okay.*

However, she concludes that:

> *[...] we would have enjoyed being able to learn more his language and support him with that and to be able to actually have a network.*

In contrast, Anne's children proactively sought contact with other members of their communities, both in person and online. First of all, they were able to speak related minority languages with each other, so that the dominant language in the household was not English.

The children also made friends both in school and outside of school who spoke the same minority language:

> *[...] we have met nearly every [minority language speaking] person who lives and walks in the area, so they have [minority language speaking] friends still. There's [minority language speaking] boys in [nearby location]. [Minority language speaking] adults, they meet people who speak [minority language], they go and talk to anybody speaking [minority language], they've now got friends [...]*

Interestingly, Anne quotes social media as an important resource in this endeavour:

> *[...] they meet people on social media, you don't know who they are, could be worrying, but they're going to be [minority language] speakers [...] And they chat with people, they're always on their phones [...]*

Similarly, the children often use streaming platforms in their minority languages:

> *[...] YouTube all the time on the main television. They sit with their feet up watching [minority language] films. You can get it all and get it dubbed so that it comes either (.) they speak [minority language] dub it into English or vice versa, and it's everything nowadays is done properly on a computer. If I was to go now on to Netflix or whatever YouTube probably there would be a whole screen of [minority language] things that I could choose (.) on screens full of films, comedies, tragedies, the whole lot everything is there, so yeah, they are lucky with that as well.*

3.3.3 Theme 3: Interpreting as a Resource

Foster carers were asked about their experiences with using interpreting services. For Catherine, there was minimal need, as her fostered child learnt English very quickly. However, she comments on the creativity of the professionals that had worked with them:

> *[...] his comprehension, and his, you know, his language skills were so good that he didn't need that [...] the reviewing officer, rather than all verbally, she would actually use paper, and we do a picture of things and say, okay,*

spider graph, how would that work? You know, so did it in creative ways as well, so it wasn't just spoken word.

Anne regards her experience of interpreting as generally positive, but laments the changes brought on by the current pandemic and their potential impact on UASCs:

Before the lockdown [...] they would come with an interpreter [...] but more recently, it, since the lockdown [...] it's usually done by telephone. Now sort of a distant interpreter, which isn't the same, it's not as nice. Lockdown's got a lot to answer for. [...] it's such a pity, because the other nice thing about having a real-life person is the same person tends to come for meetings. They get a bond with them, they get to know these people, but as a person on the end of a phone isn't ever going to be the same, and I think that bond is quite important. [...] you feel their support when they're there.

Interpreters were asked about their experience working with social services and fostered children whose first language is not English. Both interpreted for contact sessions and parental fitness assessments. During these assessments, the interpreters highlighted a number of issues which may affect the decisions taken. Firstly, they commented on the importance of understanding the English skills of the parents and children. For Tracey, the main issue revolves around the misinterpretations that may arise when moderate to low English skills are not taken into account:

So often, the social workers pretend, so that they communicate in English with the clients [...] Which can make the speakers of the minority languages not being properly understood. Because very often people who don't speak English, they can nod, pretending that they understand what is being said. Though actually they don't understand. But they try to please the professionals.

Indeed, in Tracey's opinion, this may have a direct impact on assessments:

[...] with the [...] parenting assessment, it is very important [...] to have an interpreter also too, to be involved during the whole process because the limitation of English language can affect very significantly, the processes, that the outcome of the assessment. [...] for example, people can speak limited English and the way how they communicate without using this word,

please, they can present themselves as being unpolite. And quite rude, even.
So, in fact doesn't to it is not true.

Similarly, Wendy comments on how assumptions regarding the clients' English skills may lead to incorrect assessments:

You're just speaking, you're not actually thinking about these nuances. And if the other person understands a little bit of English and then suddenly get these sentences thrown at them, it totally throws them. [...] One of the worst assumptions that a lot of people make is if somebody comes in and he's able to, say, book an appointment at the doctor's and then requests an interpreter and (they) say, but your English is perfectly good enough, you don't need an interpreter. [...] Coming in and asking to make an appointment is not the same as then being with a doctor and trying to explain your symptoms.

These issues may be further exacerbated by the cultural differences between birth families and social workers during the assessment. Wendy describes it as:

Well, the feel I got was that they were treating the whole situation as if it was a British environment and that everyone knew and was talking about the same things when obviously they weren't. [...] There's a lot of assumptions being made. And it doesn't even occur to them to actually ask first, but then, how would you do this, how is it done in your country, how is it done in your culture? And then [...] remembering that what they've learned are guidelines, that might need to be adapted.

In a similar vein, Tracey says how such differences may interfere with the assessment of birth parents' ability to care for their children:

[...] people behave in different way in different cultures. And also, the communication different cultures is very different, for example, Polish culture is very direct. [...] in many European countries, people can say directly what they want, what they don't want. In English culture, I think it is more common is non direct communication. [...] you can imagine how non English speaker can be misjudged and misunderstood.

Interestingly, Wendy gives an interesting example of cultural misunderstandings which may have a root in linguistic differences:

> *[...] who have had encounters with the police because of how they speak [...] when [minority culture] people get excited about something, they're not being violent, they're not being cross or anything, that their volume of their voices goes up. They speak very, very fast, very loudly, and because the language in itself has a lot of [x] and [ʃ], to somebody else hearing, say, from next door, it sounds like somebody having a right go with somebody. And then, what they do, they pick up the phone and call the police.*

For Wendy, training in cultural awareness is essential not only in foster care, but in any line of work with vulnerable people:

> *[...] every profession should have like a part of their training on how, not know about every what other cultures are like, but just cultural awareness, that not everyone has the same background that they have [...] I think if it were that cultural awareness and that thought, that maybe people know things in a different way, that would be a huge step in the right direction.*

However, Wendy concludes on a more positive note:

> *[...] I've got to put my hands up that they, most of the services, especially NHS will have interpreters. [...] I've got to say that here they will look after you first, and then try and find out if you are entitled to the free service or not. They won't put things on hold until they decide, oh yes, yes, you are entitled to that service. No, they do it the other way around. So, in general it's still that duty of care still comes first.*

Both interpreters commented on their experiences working with foster children who were in the process of losing their minority home language. Wendy interpreted regularly for a contact session with a young child who had been taken into foster care. Unfortunately, she was not employed during the final sessions, so she does not know whether the birth family was reunited in the end:

> *[...] it was quite heartbreaking watching this child over the period of about three years, going from a very loving little boy with his mom, to the point*

where he just kept saying, I don't understand you. [...] the mother couldn't understand the child, the child couldn't understand the mother. And after a while, the child wanted to go, but didn't want to go. Still wanted to spend time with the mom, but I think that child then became really, really confused. [...] It was a very sort of artificial conversation. [...] it just didn't feel natural at all to her to be having a conversation in English. And when she couldn't have the natural flow of conversation, the child would just sort of move away.

Tracey gives a similar example of a child who had forgotten her minority home language entirely:

I remember quite vividly actually when it was for me, it was quite shocking when I needed to interpret for a girl, who [...] fostered by English family. So, she completely forgot the [minority] language and the father didn't speak any English and I interpreted for the contact.

Tracey also interpreted during a contact session where the child in foster care refused to speak her minority language after spending a longer period of time in foster care and was subsequently adopted:

[...] she doesn't want to speak [minority language] with her foster family, she prefers to speak English. It was quite interesting that during the contact, so she spoke with (parents) with her father, because the father was able to speak English. But [...] her birth mother didn't speak English, so she tried to communicate with the daughter in [minority language], but that was very difficult because she, the girl, didn't understand what the mother was speaking about. So, that's why they need the interpreter to be involved in the communication between them.

Interestingly, Wendy comments on the social services' focus on immediate removal from harm rather than ongoing assessment during contact sessions:

We're making decisions in the best interest of the child, in their view. But not necessarily the in the actual best interest of the child. Because [...] they were short term trying to solve the situation, but actually creating, long term, a crisis. So, they had removed this child because of an alleged problem that was never confirmed. The police didn't carry through, so that's what I can't

understand. So, if there is no problem, the allegations weren't proven, why aren't you doing something to revert these decisions?

Wendy describes the effect this approach had on the birth mother and child as follows:

[...] in the end, (the mother) was practically threatening, one of these days I'm just gonna grab him and take home. [...] in her mind, social services, or social work, was supposed to be helping her and the child to stay together and putting in place whatever needed doing for them to stay together. And they were actually doing the opposite and were creating the division and aggravating by creating more problems because of the language, of the communication, the relationship, the interaction. [...] if you weighed up all this with what had initiated the situation, it was definitely a lot heavier now

Tracey describes a similar situation of loss due to prolonged division:

[...] it seems that this girl has been brought in a quite big family. [...] Some she remembered, some of those members, some she didn't [...] it seems like the child is losing from the contact, not only with her language, but also with the, with like a network or with family [...]

3.3.4 Theme 4: Change

At the end of each interview, the question "If you could, what would you change about how things are currently being done?" was asked.

Anne responded:

[...] the Home Office are very slow [...] when they go to the Home Office, they will get proper interpreters [...] when they get to this and visitors, but it is slow and it's not a particularly nice atmosphere. And it's very scary [...]

Catherine responded:

[…] we had a British child who was mixed culture or mixed heritage rather. And it, what I'd like to see change is that […] we are a blame culture, so if

somebody does something wrong, they aren't the one that's done it wrong. It's everybody else that they blame, whilst that person's decided to [...] go against what they should be doing. [...] I've experienced social services, recently, you know, a lot of sort of animosity and blame towards us with the way we conducted (ourselves) and I said [...] you gave us no training and also we didn't do anything, it was the child that did it and then you blame us.

Tracey responded:

The language and also culture should be taken into consideration, whenever making a decision about the about fostering or adopting the child. [...] as frequent contact with the birth parents as possible [...] the contact should be mandatory, should be in the first language of the child. Children also whenever it is possible, shouldn't be cut from the extended family members. Of course, if it is safe and if it is possible because also it can help children to keep their first language [...] also wish that children can attend some classes in the first language.

Tracey also highlighted that, ultimately, the decision of the parents and children themselves must be respected:

But [...] it is difficult to say, because sometimes [...] minority families don't want their children to speak their first language, they prefer children to learn English and to develop English skills, so they don't even. So, they don't want children to keep the language of the of parents. Again, it should be, according to the parents' wish.

Wendy responded:

There's all these things that still need breaking down and back and support in that area, but I think it would be that people were more sensitive that these things are like that, that people might not know how things (are) done here. So, knowledge on both sides would be very helpful, so as to open the communication.

Wendy also reprised her earlier point on how a heavy focus on cutting costs may affect how the duty of care is enforced:

But, yes, there's still a lot of things that could be done, and I would say, probably is them stop thinking that money first and care second. Because long term, you could be creating a lot more expense, because he didn't do it right in the first place.

3.4 Discussion

3.4.1 Language policies, reprised

At the beginning of this dissertation, I set out to review and discuss the policies regulating minority home language support in the British foster care system. These have turned out to be scant and indirect. The foster carers and interpreters in the qualitative study were thus interviewed to help flesh out a picture of the support minority ethnic children receive in maintaining their identity.

The interviewees firstly supplemented the primary research question of the systematic review, "What are the current policies regarding multilingualism in the British foster care system?". In their experience, no policies had been communicated with them. As such, decisions to support fostered children with their minority home language were left to the individual foster carer. However, in some instances, support was available to them from the respective social services and education system. Voluntary language classes at GCSE and A Level, networking with other members of the minority community and UASCs, and the use of social media and streaming platforms were amongst the most frequent types of support identified by the interviewees.

It seems, then, that foster carers and their children are to some degree free and able to follow their own initiative, without being blocked by top-down management. This appears to be especially apparent with UASCs. However, this ad hoc approach means that each individual may vary in their level of engagement, thus providing some children with great support whilst leaving others without any. Indeed, individual engagement cannot and should not be relied upon solely to provide the support children need and are entitled to. Only via a Government issued policy can it be ensured that all children who speak a minority home language can be equally supported to maintain their language and identity.

The interviewees also commented on the type of training and guidance they received. Once again, they highlighted an ad hoc system, whereby the training dispensed was dependent on the local authority in the case of foster carers, or employing agency in the case of interpreters. This is in line with the findings from he Fostering Inquiry Report (2019) and Lawson and Cann (2019), who found this area to be continually lacking. Given that concerned academics and charities have spoken up for the need for specialised linguistic and cultural training for over a

decade (Chand, 2005; 2008; Križ & Skivenes, 2010a; 2011; 2012; Costa et al., 2015; Costa, 2015; 2017; see also the Victoria Climbié Foundation), this is an issue which needs to be tackled sooner rather than later.

3.4.2 Supporting foster children who speak a minority home language

The first research question of the empirical investigation has been met with a rather alarming answer. Firstly, the support available to minority ethnic children is entirely dependent on the particular local authority, foster carer, and individual engagement, where the child is old enough to make these decisions. Secondly, however, a lack of support with maintaining the minority home language may have drastic consequences for the decisions made in the best interest of the child. The interviewees identified instances where children were quickly removed from their birth families and placed in an English speaking foster home, only to be left without language support until family reunification was considered. One interpreter's account of how a child became so confused and reluctant to speak with his birth mother, after losing the ability to understand her, raises the issue of whether professionals can truly assess if birth parents have improved enough to be reunited with their children, when other, less understood, factors such as language attrition are at play.

Indeed, assessments of parental fitness may be based on a stunted understanding of the communication between the birth parents and their children. Poor command of English skills may not only impact how well the birth parent may connect with their child, but also how they are perceived by the relevant professionals. Small differences, such as not being aware of the importance of the word 'please' in the English language, or misunderstanding what food one should bring their child for 'tea', may lead to vastly different assessments of the parenting skills than if these linguistic and cultural differences had been addressed and breached early on.

The second research question of the empirical investigation addresses this very issue. The interviewees identified cultural awareness as the number one impediment to accurate assessments which best represent the interest of the child. In their view, professionals should be more receptive to cultural differences and steer clear of assumptions regarding the birth parents' understanding of British culture. Clearly defined cultural boundaries should be established prior to any assessment taking place. Thus, social and contact workers should be

made aware of the cultural particularities of the birth parent(s) they are assessing, so that they can gather a full picture of the situation. More importantly, however, British norms should be communicated to the birth parents so that they can truly understand what is being asked and required of them.

This finding highlights a gap in Križ and Skivenes (2010a)'s conclusions of British social workers exhibiting a 'cultural pluralism' approach. Indeed, even if professionals are open to the cultural differences of minority ethnic families, they may not always able to identify them. Moreover, they may not be aware that they also need to communicate their own cultural particularities to the services users to ensure successful communication. Importantly, this should be done whether service users have been judged to need an interpreter or not. Indeed, linguistic and cultural awareness are not mutually inclusive, so that even a person with good English skills may still not have fully grasped the subtleties of British culture.

Linguistic awareness was the second impediment identified by the interviewees. This related, in the first instance, to how an unconscious bias towards a person's English skills can lead to misunderstandings. Indeed, the interpreters mentioned several instances where individuals with moderate English skills were denied an interpreter, even though the context they had needed one for required far superior English skills than, for example, going to a shop or asking for a doctor's appointment. Individuals placed in this situation may simply nod or agree with whatever is being said to them out of fear or bewilderment, without understanding what has been asked of them. A birth parent in this situation may have agreed to take certain actions to facilitate being reunited with their child without ever performing them, as they had not actually understood what was being asked. Those situations may have negative consequences on their assessment later on. In the second instance, the interviewees mentioned cases of animosity towards less fluent speakers of English. This bias may, later on, also have a negative impact on professionals' opinion of birth parents' fitness and desire to be reunited with their children. A better understanding of the process of language learning as well as general awareness of multilingualism may therefore greatly improve the chances of a correct, unbiased assessment.

The third impediment identified related to interpreting itself. Firstly, the outsourcing of interpreters may lead to a high degree of discontinuity in the service. Thus, social or contact workers, birth families, children, and interpreters may have to continually reacquaint

themselves with one another. This may negatively impact how well a social worker can assess a case, given that the birth parents or children may find it difficult to speak to yet another stranger in such a distressing situation. Furthermore, interpreters themselves must work on minimal knowledge of the situation, and may thus be unable to fully and accurately convey what is being said. It should be made a priority in foster care that those requiring an interpreter are assigned one for the duration of the case, in the same way they are assigned a case worker. The interpreters interviewed also suggested that an allocated time to debrief pre- and post-session would greatly improve their understanding of the situation, and thus ability to interpret well. Although stated as a requirement, these crucial five to ten minutes have been found more often than not to be lacking in practice.

To answer the final research question of the empirical investigation, one must first state: we should draft policies that explicitly state how looked-after children are to be supported to maintain their minority home language. Secondly, such a policy would have to consider the wider implications of regulating the varied level of access and resources the current decentralized, local authority dependent system of foster care in Britain. Indeed, attention should be primarily given to resources available to all, such as mandatory training in special needs, cultural and linguistic awareness, and a general standard of quality and support applicable to all local authorities. Furthermore, academic research must be given a primary focus to ensure that children's language needs are fully understood, and the steps taken to support them are in adequation with the most recent empirical evidence. Finally, both the review and qualitative investigation have found that more attention is being given to UASCs rather than British minority ethnic children whose first language is not English. A policy regulating minority language support should not discriminate between those two cohorts.

4. GENERAL DISCUSSION

4.1 Limitations

This Master's Dissertation has, first and foremost, focused on identifying the current language policies regulating the support children who speak a minority home language receive in foster care. Of the 17 of policies and statutory guidance documents reviewed here, there were no direct mentions of minority home languages. This limitation has therefore impacted the reviewing process of the policy survey. Information was, in consequence, extrapolated from these limited and often contextually restricted mentions of language to form a general picture of the Government's approach to language in foster care. In addition, indirect sources, such as local authority and IFA drafted fostering handbooks, were used to supplement the policy survey.

A second limitation of this dissertation has been, undeniably, the ongoing COVID-19 pandemic. Specifically, at the time the qualitative investigation in Chapter 3 was conducted, local authorities and IFAs were repeatedly highlighting that they were understaffed and overworked. This has led, naturally, to a very small participant pool. As such, the author made the conscious decision not to place additional strain on these essential services. The qualitative investigation thus gathered data from a very small number of participants. The interviews focused on the experiences of these participants in greater depth, and produced rich, personal data, at the expense of the potentially more generalisable, but less detailed, results from a larger cohort.

4.2 Notable findings

4.2.1 Anti-discriminatory policies as a substitute for language policies

The systematic review in Chapter 2 has identified a clear stance against discrimination in the policy and statutory guidance. This is also the only type of policy mentioning language. Being a legal requirement following the Equality Act 2010, it is drafted and enforced centrally. However, there are local variations in how thoroughly this policy is enforced. The interviews in Chapter 3 highlighted that not all children had a similar access to interpreting and translation

services, a finding which echoes those of Chand (2005; 2008), Costa et al. (2015), and Lawson and Cann (2019). However, the focus of this enforcement is on providing initial support to children who may not have otherwise been able to access to service, ignoring what happens to these same children once they are taken into care.

The question arises, therefore, of whether one-time or early access to linguistic support, such as during initial needs assessments, does ensure that children who speak a minority home language are not discriminated against throughout the time they are in foster care. Indeed, when support is lacking in the long term, they may face challenges and hardships that are only pertinent to their cohort, a marker of discrimination. Indeed, interpreting and translation services are not mutually inclusive of linguistic support. Children may be granted access to the service, but may ultimately lose their language and identity throughout the process. This fundamental right to maintain their identity is separate from being able to communicate during an initial needs assessment. Thus, a misunderstanding of what this support entails and its significance throughout the entire duration of a placement may, despite all noble intentions, ultimately lead to an unconscious bias and, thus, the potential covert discrimination of these children. It cannot, therefore, be concluded that children who speak a minority home language are not currently being discriminated against in the *long term*.

Ensuring that children who speak a minority home language are, in the first instance, not discriminated against, and in the second, supported throughout their time in care must therefore entail a comprehensive understanding of how language matters shape their needs. Social services should consider the full extent of the long-term impact of care beyond immediate removal from harm. They have a long-term duty of care to ensure the welfare of these children. This should not stop at offering an interpreter during an initial needs assessment. Language support in the long term is not verbatim translation which facilitates the use of English as the official language. It is support with maintaining one's identity, sense of community, mental health, aspirations, and self-efficacy. It is allowing the self to grow in a multicultural and multilingual environment where all aspects of one's self are celebrated to thrive. It is an undeniable human right.

4.2.2 A question of centrality

The ad hoc approach to foster care outlined in this dissertation is an echo of the larger, systemic decentralisation of social care in England. As discussed in Section 2.4, there are some advantages and disadvantages to this approach with regards to supporting foster children. On a micro level, social workers, foster carers, and interpreters may go above and beyond basic care requirements. However, this is entirely up to their individual commitment. As *Anne* poignantly expressed, "[...] I would do it in a completely different way to the man down the road". Moreover, the resources and training that would empower these individuals may themselves be unpredictable.

For example, unaccompanied asylum-seeking children found in an area which has a higher proportion of UASCs may be more likely to find placements with foster carers who have received an adequate level of training. They may even find themselves placed together with other children with a similar background, or have easy access to others from their community. This experience is portrayed by the foster carer *Anne* in this paper. In contrast, others may be placed with foster carers who have not had access to specialised training and live in an area where awareness of and resources for UASCs are much scarcer, as was exemplified by the foster carer *Catherine*. A similar scenario may be hypothesized for British minority ethnic children whose first language is not English, so that the level of support they receive in foster may be entirely dependent on the local authority in which they are located.

In consequence, foster children may find themselves without this invaluable support through nobody's fault but the 'postcode lottery'. The Fostering Inquiry Report (2019) urges the Government to begin a reform of social care in England. This paper supports this endeavour. However, whether this reform will be carried forward in the near future or not, one must be always seeking to improve the delivery of care to vulnerable children in the present moment. This paper therefore endeavours to present such suggestions following in-depth interviews with those working closest with the children.

It has been repeatedly found throughout this dissertation that specialised training is decentralised, and at best, minimally available to those working in foster care. These results support the findings from Lawson and Cann (2019) and the Fostering Inquiry Report (2019) that social workers, foster carers, and interpreters have a need for more consistent specialised

training. Indeed, out of the four professionals interviewed, only *Anne* mentioned receiving some level of specialised training, but only for fostering UASCs in general. Training on linguistic awareness and minority language support was not something any of the participants had encountered, and they expressed some level of enthusiasm at the possibility.

One concrete way in which an equal level of support for all children can be ensured is, therefore, providing adequate training for social workers, foster carers, and interpreters. Indeed, raising the awareness of these vital issues may help foster an individual engagement where some services may be lacking. As such, even if social services may not be able to identify other members of the child's ethnic community or provide language classes, an informed foster carer may find more creative ways of encouraging language maintenance. This could be a step forward in ensuring that children feel that their needs are understood and acknowledged, even if they may not be able to put those needs into words themselves.

Another point of inconsistency in the delivery of support found in this dissertation is the variation in language resources for different cohorts. Older children seem to have better chances of maintaining their minority language. They can engage with other members of their community on social medial, enjoy streaming platforms, or take classes at GCSE and A Level. In contrast, despite being more vulnerable to language loss, younger children are not able to enjoy these resources. Indeed, the interpreters interviewed consistently highlighted that younger children who had been taken into care by English monolingual foster carers had been given no resources to maintain their language, or that these resources had ultimately come too late, when they were older and the language had already been lost. In contrast, the foster carers indicated a commendable level of engagement from the educational system to provide language classes for older UASCs.

This division further points to a potentially differential approach in how UASCs and British minority ethnic children whose first language is not English are supported. Indeed, *Anne* and *Catherine* made several mentions on the dedication of the social services to maintain the UASCs' identity, religion, and language. In contrast, this did not appear to be a priority for the social services looking after British minority ethnic children. Whether this distinction was due to decentralization, such as different local authorities' approaches, or a larger underlying distinction in how these two cohorts are viewed, remains unclear.

Importantly, then, support for foster children who speak a minority home language may be greatly increased by centralising the creation and distribution of resources, such as those outlined above, across location, age, and demographic. Ultimately, open communication on what works and what does not work well on a centralised level, as well as an acknowledgement of the creativity and individual engagement of professionals in foster care, could play an instrumental role in improving the delivery and quality of the service.

4.2.3 Examples of good and bad practice

Throughout this dissertation, one must acknowledge and commend the incredible engagement of those working in foster care. Social workers, foster carers, and interpreters, among many others, both named here and unnamed, continue to raise the standard of care that is being delivered to children in need. It is these individuals that go above and beyond the bare minimum every single day, who look at social care creatively, who give their time, energy, and love that shapes the lives of so many children. No policy can replace a foster carer's love, no formal guidance can stand in for the dedication of an interpreter to make the voice of their client heard, and certainly no quota can speak for the change a social worker has made in a vulnerable child's life. One must also acknowledge the local authorities that are leading in engagement, going beyond the National Minimum Standards, and taking into consideration each and every child's individual needs.

Another commendable practice highlighted by both the systematic review and the subsequent empirical investigation has been the commitment of the British foster care system to their duty of care. Indeed, the BFS always strive to provide immediate access to the service, regardless of a child's background, socioeconomic status, or ability to speak English. They work on the principle of provide care first and ask questions later. In practice, this means that all resources are dedicated to providing a safe and secure environment for the child whilst their situation is being assessed. The BFS will do their best to find an interpreter when needed and match the child with adequate foster carers. In addition, they will look to place the child in need with other children of a similar background, if relevant, and ensure that contact can be, at least minimally, maintained with the birth parents. This enables the social services to go past any markers of discrimination in order to focus on the welfare of the child.

In contrast, one practice which has been found to be in need of review is the current approach to safeguarding in the BFS. Following the current standards, such as the Children Act 1989 and the Fostering Services (England) Regulations 2011, social services may be led to content themselves with having 'done their job' by providing safeguarding in the short term. Removing a child from immediate harm, providing an interpreter where necessary, or ensuring a contact meeting is set up are among the practices outlined by these standards. However, in practice less attention is given to the harm that can be caused by not addressing safeguarding in the long term, or to whether children may continue to need support with maintaining their minority language throughout their placement, or even whether the contact meeting proceeds in a manner that is nurturing of the child's wellbeing. Aside from a change in perspective, social services may simply not have the capacity to increase the level of support they can deliver in the long term. As the COVID-19 pandemic has made remarkably clear, this service is under a tremendous amount of stress. Unfortunately, this highlights a larger issue surrounding areas such as funding, which is outside the scope of this paper.

The interviews in Chapter 3 provide key examples of the consequences of this short-term approach. Indeed, *Wendy* mentions a striking example of how a young child become more and more estranged from his birth mother during the process of losing his language and thereby the ability to understand her. In her story, *Wendy* also comments on the fact that, whilst the child had been removed from harm initially, no subsequent reviews were conducted to investigate whether the claim had been in fact true, nor were there any attempts at family reunification in the early stages. *Wendy* wished, ultimately, that the rift that had been created between the birth mother and child during that time had been, if not prevented, at least acknowledged as a serious consequence of the short-term vision of the social services. Furthermore, if children are not supported during the early stages of removal, there may be an increased risk of family breakdown, resulting in the child being more likely to become traumatised, as was the case in *Wendy's* story.

Indeed, children who are not supported during their time in care may be more likely to need social care later on as adults, specifically with regards to mental health and navigating trauma (Leve, 2012). Supporting children from the get-go is a vital step in ensuring they are empowered to grow into healthy adults. We can begin to address this vicious circle by shifting

our view of care as an ongoing and constantly evolving process that delivers support long term, not just immediate removal from harm.

4.3 Future Research

This dissertation has introduced a preliminary picture of the minority language support available to foster children. We have also seen that it is important to understand why this support is essential for children in the British foster care system. If the BFS fails to provide language support in the early formative years, in an environment that is already considered a last resort for their protection, then it ultimately fails these children overall. The results discussed here therefore serve as a foundation for and an urge to future research. The question must now be raised, how can we better support minority ethnic children whose first language is not English that are currently in or have been in foster care?

To tackle this, more research needs to be conducted on how we can extend the support we have seen UASCs receive to all British minority ethnic children. Similarly, future studies could investigate how the resources currently used for older children who speak a minority language could be adapted to younger children who do not yet have access to them, such as the use social media and networking, or GCSEs and A Levels. Importantly, future research might address whether there is indeed a difference in the support UASCs and British minority ethnic children receive, and what the reasons for this discrepancy would be.

Future research should also focus on identifying further areas of improvement, as well as discovering ways to better implement minority language support in the British foster care system centrally. Finally, as little is known about how this lack of support is affecting foster children who speak a minority home language, future research should focus on filling this gap. Indeed, the impact of birth language attrition, as well as the linguistic and cultural barriers outlined above, have not been researched in the foster children whom these services are for. For example, little is known about how foster children who speak a minority home language experience living with linguistically and culturally mismatched foster carers, or how they are impacted by the difficulties their parents face when communication is impaired. These experiences may have a lasting impact on how foster children view their own culture, identity, and language. Future research should therefore focus on answering these vital questions.

5. CONCLUSION

The primary aim of the author has been to identify the support that is delivered to foster children who speak a minority home language and to justify why this is important based on empirical research. The systematic review in this paper has highlighted that there is currently no policy which outlines if support should be given to children who speak a minority home language, or what kind of support this should be. Focus is placed, instead, on ensuring equal access to the service by providing services such as interpreting and translation. However, the long term needs of children who speak a minority home language are ignored, which may consequentially give rise to unintended, covert discrimination later on. Indeed, children who have lost their minority home language may lose the ability to communicate with their birth parents and ethnic communities for the rest of their lives. This may have consequences for how they view and construct their own identity, their mental health, and how they navigate the world later on. Supporting children with their minority language means supporting their cognitive skills, emotional development, identity, cultural and social awareness, and self-efficacy.

The results from the interviews suggest several areas which can be improved upon to begin delivering this essential support. Firstly, training for foster carers, social workers, and interpreters should be centralised, ongoing, and tailored to the specific context and needs of these children. Secondly, it should be ensured that there is equal access to the support available for foster children, such as networking or language classes in school, both during their early formative years, up until, and during the time they become care leavers. Crucially, this support should be available be they unaccompanied asylum-seeking children or British minority ethnic children. Thirdly, a shift in focus from immediate, short term removal from harm to providing long term support is needed in order to ensure healthy development and better mental health prospects for this vulnerable cohort.

This paper presents a very preliminary picture of the current state of multilingualism and language policies in the British foster care system. It further introduces a number of suggestions for improving the delivery of support to children who speak a minority home language. Ultimately, it encourages policymakers to draft a policy detailing this very support and to implement it centrally in order to ensure equal access to it by all vulnerable children.

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7. APPENDIX

7.1 Examples of interview prompts

7.1.1 Foster carers

"What is your experience with fostering children whose first language is not English?"

"Tell me a little about how you got into fostering minority ethnic children/UASCs."

"Anecdote?"

Themes:
- Training (type/availability/preparedness)
- Support
- Language policies
- Interpreting
- Social media
- Language opportunities
- Personal initiative

"If you could, what would you change about how things are currently being done?"

7.1.2 Interpreters

"What is your experience working with minority ethnic families and the social services?"

"Tell me a little about a time when you interpreted in foster care."

"Anecdote?"

Themes:
- Training (type/availability/preparedness)
- Language policies
- Visits with birth families + supervised contact
- Decision board meetings + assessments (e.g., parental fitness)
- Discrimination + unconscious bias
- Linguistic and cultural awareness

"If you could, what would you change about how things are currently being done?"

7.2 Example of disseminated call for participants

University of Essex — CALL FOR PARTICIPANTS

MULTILINGUAL CHILDREN IN FOSTER CARE

DO YOU WORK IN FOSTER CARE?

⇒ Do you work with minority ethnic families and children?

⇒ Have you had experience with children who speak a minority home language?

⇒ Are you a social worker, link worker, foster carer, or similar positions?

⇒ Would you like to discuss your experiences?

ARE YOU AN INTERPRETER?

⇒ Have you interpreted for minority ethnics families and the social services in foster care?

⇒ Have you interpreted during a supervised contact session?

⇒ Have you interpreted for unaccompanied asylum-seeking children?

⇒ Would you like to discuss your experiences?

PARTICIPATE NOW IN AN ONLINE INTERVIEW!

FAQ

When is the interview?
We can pick a date and time of your choosing, no pressure.

Will I remain anonymous?
Yes. Your name, area, and background will not be shared under any circumstances.

What if I want to withdraw?
You are free to do so at any point, no questions asked.

What happens to the data?
The anonymised results of this study will be published at the University of Essex.

Will I have access to the results?
We will be happy to provide you with a copy or summary of the project upon request!

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