Parenting in a ‘Foreign’ Climate: the Experiences of Bangladeshi Mothers in Multi-racial Britain

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As European societies become increasingly multi-ethnic comprising diverse religious and cultural traditions, it is important that an adequate understanding is developed of the needs and concerns of racially and ethnically diverse groups. This paper is based on an empirical study which explored the health and social care needs of Bangladeshi mothers, and contrasting professional ideologies about need and service provision. This paper focuses on parental and professional perceptions in its exploration of parenting within a multi-racial environment.

Introduction

Europe is becoming increasingly multi-ethnic comprising diverse family formations and religious and cultural traditions (Williams, Soydan & Johnson, 1998). Such diversity requires a better and informed understanding of all citizens. In Britain, there is a growing literature on parenting and its constraints and effects in positive outcomes for families and children. Much of this literature, however, has failed to focus upon ‘ordinary’ families; and moreover has failed to incorporate the multi-racial component of today’s Britain. Consequently, a lack of research data and adequate analysis prevent the development of appropriate policy and practice initiatives which can be targeted at all sections of society (Boushel, 2000).

International research literature into cross-cultural studies of child rearing indicates important issues in relation to family dynamics, migration and identity, and the patterns of parenting (Korbin, 1981; McAdoo, 1997). Such research identifies useful issues and concerns regarding the contextual understanding of child-rearing, and child abuse and neglect in modern day multi-cultural societies.

Whilst we know something about family structures, disadvantage and discrimination experienced by minority ethnic families in Britain, we know relatively little about parenting within such communities. Our existing understanding is informed by studies which have not been directly about parenting, but which nevertheless have enhanced our understanding of the complexities of family life within minority communities (Drury, 1991; Barn, 1993; Tizard & Phoenix, 1993; Afshar, 1994). Such studies are useful in highlighting that in addition to ethnicity, variables such as social class, gender, generation and education serve to act as important determinants in our understanding.

Background to study

Our study was focused upon Bangladeshi women’s constructions of their health and social care needs, and the barriers they perceived to exist in accessing and using health and social care services. In addressing these concerns, the role of Bangladeshi women as mothers was also explored (Barn & Sidhu, 2000).

The data collection involved demographic profile questionnaires (subjected to SPSS analysis); and semi-structured interviews and focus groups. The interview and focus group schedules were designed to incorporate themes and issues identified by previous research and current literature and were initially piloted with Bangladeshi women and health and social care professionals outside of the research location.

Purposeful sampling was employed in the selection of Bangladeshi women for our study. The women were drawn from a range of voluntary community organisations. This initial contact then snowballed into access with informal networks. The strengths of this approach were that it provided a sample of women who were already engaged with some kind of health and social care intervention and could provide a useful reflection upon their experiences. This also helped to facilitate an easier dialogue with the women, which may not have been possible with a purely randomly selected sample. Importantly, the intention was not to produce a definitive account of the needs of Bangladeshi women, which would be a futile exercise given the dynamism of the different facets of health, but to ground these experiences within a specific context.

A total of thirty interviews with health and social care professionals shed light on professional
ideologies and practice and highlighted major areas of concern. Interviews with General Practitioners, Health Visitors, Social Work Practitioners and Community Workers documented factors of poverty, poor housing, and support networks which all had a significant impact upon Bangladeshi families ability to provide care for their children (Barn & Sidhu, 2002).

The subjects for the professional sample were contacted through initially approaching relevant committees and managers from whom approval was obtained to make further contact with individual practitioners. The final sample totalled 30 professionals, and comprised the following groups:

- General Practitioners (5);
- Social Workers (10);
- Health Visitors (7);
- Community Workers (8).

All professionals in our sample group had considerable numbers of Bangladeshi families on their workload. The majority of the health and social care professionals were Bangladeshi and women. There was a clear distinction between health and social care and the representation of Bangladeshi professional staff. The majority of the female Bangladeshi professionals were concentrated in statutory and community social and community work settings. Very few health professionals were Bangladeshi women.

It is important to note that the perceptions of social work practitioners are discussed in this paper alongside Bangladeshi mothers’ own experiences of parenting.

Our study included a group 54 women of Muslim Bangladeshi origin ranging in age from 18-55, with dependent children. The majority of the women were between the age of 25-45 (67%). All women had dependent children ranging in age from 4 months to 18 years. A small minority of the women were mothers to children who ranged in age from teenagers to young adults. Over half of our sample group (52%) had four or more children.

Most of the women had lived in Britain for more than ten years (57%). However, very few were fluent in English. Over 80% spoke very little or no English at all. The majority of the women were married (82%). The average age of the women in our sample was 38 compared to 47 for the husband. Thirty-six women (67%) from our sample were married to men who were ten years older than the women themselves. The small number of women who were single were widowed/separated/divorced or were single due to immigration problems (that is, they were waiting for their husband to join them from Bangladesh).

**Mother Perspectives**

There is a general paucity of literature on the impact of migration and its associated influence upon parental practices and behaviour. Our study of Bangladeshi mothers highlights some interesting issues and concerns which have wider implications for multi-cultural societies. We found that raising children in a racially and culturally different and ‘hostile’ environment presented numerous and difficult challenges for the mothers.

Parenting is a socially and historically constructed concept, which is not biologically determined but is a constantly changing ideology. It constitutes an ongoing process which is created and re-created culturally (Valentine, 1977). To most individuals, parenting as a task involves essential responsibilities - providing for maternal and/or paternal needs, offering guidance and instruction, and exercising authority in the lives of offspring. It also involves the satisfaction of sharing everyday experiences with children that provides them with a foundation for affection, mutual understanding, and developing relationships (Thompson & Laible, 1999). Whilst there is a sense in which the parent-child relationships form the core of many societies, the particular shape and form which they take vary considerably cross-culturally. It is important to focus upon parent-child interactions and the ways in which parenting practices and behaviour are determined by such an equation. Equally, it is crucial to understand the macro factors - that is the economic, social and political location in which the parents reside - and the ways in which parental practices and behaviour are influenced by contextual location.

A number of factors concerning their children were frequently voiced which highlighted feelings of alienation and social exclusion. Poverty and poor housing, racial harassment and bullying, low educational attainment, ‘western’ lifestyle favoured by their children, and child drug use were some of the common themes identified by the mothers. These concerns were based on personal and social experiences. Whilst some of the issues were individualised to personal situations, others were
presented as deep and pervasive problems within the neighbourhood. Also, whilst some of the issues were described in a light-hearted manner as possible concerns, others were clearly seen as highly problematic.

Poverty
The Bangladeshi community represents one of the most socially and economically deprived communities in the UK (Eade, Vamphew & Peach, 1996; Modood et al., 1997; Saggar et al., 2002). Nearly half (43%) of the London Bangladeshi are found in the single London borough of Tower Hamlets (our chosen research site). This means that nearly a quarter (23%) of the total British Bangladeshi population lives in a single London borough.

The interface between ethnicity and socio-economic deprivation is evident in the experiences of the Bangladeshi population in Tower Hamlets (Tower Hamlets Health Strategy Group, 1994; Eade et al., 1996).

There is very low participation of Muslim women in the formal labour market only 22% of Bangladeshi women aged 16 and over are economically active compared with the national average of 50%. Pakistani women have a similarly low participation rate of 27%. By comparison, 55% of the Indian women are economically active.

Sly et al. (1999) point out the variations in economic activity between ethnic groups, and argue that these variations are greatest amongst women. In 1998/9, working age White, Black Caribbean and other Black women had economic activity rates of between 72 and 77 per cent compared with 20-30 per cent for Bangladeshi and Pakistani women. Sly et al. (1999) argue that these “extremely low figures partly reflect cultural tendencies within these two ethnic groups” (p. 633).

Unemployment rates among the Bangladeshi population are very high. The unemployment rates for Pakistani/Bangladeshi men (18 per cent) was three times that for white men (6 per cent) in 1998/99. Sly et al. (1999) point out that “the fact that a high proportion of Pakistanis/Bangladeshis have no qualifications is likely to contribute to their high unemployment rate” (p. 633).

Not surprisingly, poverty and disadvantage were presented as major obstacles in families’ ability to cope with day to day life. Interestingly, in discussing their own health needs, poverty and poor housing were perceived as the major underlying factors (Barn & Sidhu, 2002). Mothers highlighted concerns about financial costs, and yet attempted to ensure (through provision of material goods) that their children felt a sense of ‘inclusion’ in society. It was evident that families’ poor financial circumstances were heightening tensions between parents and children.

“Sometimes there’s behavioural problems - my daughter is going to Secondary school and I need to get her a uniform, but she wants the expensive type which I can’t afford. Now she’s sulking because I won’t let her get the expensive one, she’s stopped eating and talking to me” (Mother).

“Boys give us more headache and worry. Boys want to wear the latest designer labels which we can’t afford ” (Mother).

Education
The link between poverty, poor housing and education was understood by the mothers. They worried about the lack of suitable space for their children to study and their inability to purchase and/or provide direct help. The lower educational attainment of some minority children in Britain, notably, African-Caribbean, Pakistani and Bangladeshi has been well documented in the education research literature (Swann, 1985). The link between poverty, social class and educational attainment is well established. Our study documents that Bangladeshi mothers gave expression to this in their concerns about their children’s education.

“We have a lot of concerns, that’s only natural. These days when you want to educate your children, it’s very hard to do it if you are on income support. Grants are not available any more and I find it a struggle to educate my kids. Soon they won’t be able to study because we can’t afford books, expenses, etc. It’s a big worry. How am I going to survive with the children on income support. They are growing up fast and we need lots of school material for them. My middle child is going on a school trip, I’m worried because I have to find money for that trip. I don’t know how we’re going to do that”. (37 year old woman with 3 teenage children).

Schooling was a constant source of concern for the women. They wished for their children to get a good education to secure a better future for themselves. Lack of discipline at school, inadequate homework, and their own lack of fluency in English
were identified as sources of concern by the women:

“I feel stressed when my teenage son and daughter misbehave, when they don’t study for their exams. I worry a lot and think of what will happen to them in the future.”

“I’m worried about my teenage son, because he failed his GCSE, then started on a GNVQ training course. However, he is not attending college. He’s playing truant and I don’t know how to control him.”

“I don’t know how to read English so I can’t help my children with reading, that is a problem I face while raising my children in this country. I don’t know how to explain the story to them, they say mummy read us this story but I don’t know how. I can read Bengali and explain a story to them but they ask me to read it in English.”

“I’m concerned about my daughter. She is going to be three soon. I want her to have a good education from the beginning.”

The value placed on good education, and the importance of this in securing suitable employment was a common theme. However, the impact of a poor financial situation, and inadequate and overcrowded housing, coupled with their lack of English language skills was recognised by the women. Interestingly, many of the women were striving hard to combat their particular circumstances by involving themselves in community welfare organisations. The important role played by such organisations was being recognised by some sections of the statutory sector.

**Health**

The health of their children was another source of concern for the women. Asthma, disability, and substance misuse amongst Bangladeshi youth were highlighted as constant sources of worry and stress. Moreover, the threat and actuality of racial harassment and racial attacks was ever present. Again, the links between poor housing and ill-health were vocalised. However, mothers reported that health and social care professionals often failed to involve themselves, as advocates, to ameliorate family housing difficulties. It was evident that women conceptualised their poor and overcrowded housing situation as a major underlying cause of many other problems and concerns; but felt that professionals often lacked this understanding.

“My son suffers from bad asthma. He’s on steroids. When he gets an acute attack, I become very distressed. He has been hospitalised once as he was turning blue and not being able to breathe” (Mother).

“I worry all the time. Last year, my youngest son had a kidney operation. I’m very concerned about him. I don’t get much support from my doctor” (Mother).

“My son was the victim of a racial attack and was in the intensive care unit for nine months. He is now mentally subnormal because he was hit by five white youths repeatedly on the head. I worry about my son’s future and the day-to-day living with a son who was healthy one minute and an invalid the next, due to racial hatred. I feel faint, and have fainted several times” (Mother).

Substance misuse amongst Bangladeshi youth was highlighted by many of the women. Our interviews with one of the major drugs agencies in the area revealed the nature and extent of the problem. Statistical information collated over a 12 month period showed that over two thirds of under 18s referred to this drugs agency were those of Bangladeshi background, mostly boys. These youngsters were at times as young as 12. It was alarming to note that the primary drug of choice was the class A drug - heroin. Poor and overcrowded housing, lack of educational and employment aspirations, and experimentation were suggested as possible factors for the spread of heroin use amongst Bangladeshi youth.

Interestingly, mothers became aware of the risk factors associated with problematic and illegal drug use, but felt powerless to intervene. In the absence of appropriate informal and formal support, it was suggested that situations escalated leading to family violence, criminal activity and serious health problems. The need to raise understanding and awareness of service provision for families and young people was palpable. Mothers often lacked an understanding and awareness of the availability of service provision in their locality.

“I know a family, the Mother gets income support and the son takes drugs and steals money from his mother to buy drugs and designer labels. One day the mother hit the boy over the head with a broom and fractured his head. This is not the mother’s fault, some things can be blamed to society and the culture in this country. Children watch TV and get influenced, they want to be ‘up-to-date’ with everything. They want to buy the latest things, this is not good for English people.
or Muslims.”

“The main weakness of the Bengali community is that there’s a lot of drug dealing going on which is making Bengali children turn bad, if you could do something about that we would be very grateful. Drugs have taken kids in Tower Hamlets onto the street, even the girls are at it now.”

“My son can’t even eat, when the police came around they say they can’t do anything, unless they see him use drugs. My son is in jail now, he used to be good at school, he is a good looking kid, I can’t believe this has happened to him, he’s lost his ability to think properly.”

Motherhood
The role of women as mothers, wives, daughters and daughters-in-law brought many conflicts and constraints. This was heightened by their social class, and location in British society. Wilson (1995), in a study of female immigrants in the United States, highlights three major roles women are expected to play in their new environment - bearing and raising children, maintaining a household, and generating resources for the household. Wilson focuses upon the impact of these roles on women’s health. Although the vast majority of women in our study were not economically active, they were engaged in the roles described by Wilson. It was of concern to note that some women felt very alone in the task of parenting in a foreign culture:

“I talk to my husband about some matters but not all because he is a man, he doesn’t understand. My husband doesn’t really understand how much pressure there is bringing up teenage children in this foreign culture.”

“I do talk to my husband, but I think he lives on a different planet. Half the stress in my life is created by him. He doesn’t take much interest in the children’s education.”

“I don’t want to bother my husband with my problems. He’s already under pressure from his mother, his other two wives, children, and his business.”

Whilst some women felt alone in a two-parent household, others talked about the difficulties of parenting alone as result of being single, or their husband working away from home during the week, for example, as a restaurant waiter.

“When there’s a mother and father, the mother takes care of everything in the house and the father can take an outside role but when you’re on your own, you have to do everything even if your health is not good.”

“I talk to my auntie and a cousin sometimes, but mostly to the four walls in my flat. Who will listen to my worries and burden. I’m a widow.”

The pressures upon women who feel isolated and marginalised due to their social, economic and minority position are immense. The impact of such circumstances upon their ability to parent are called into question by the women themselves. We found that women shared a deep sense of commitment and responsibility towards their children, but often felt unsupported in that role.

Social worker perspectives
The difficulties encountered by Bangladeshi mothers were being reflected in the child care referrals to the local Social Services Department. Interviews with social work practitioners illustrate the professional concerns and anxieties about the situation of Bangladeshi mothers and their children.

Social services have a statutory twin duty to provide support to families, and to investigate incidents of reported child abuse and neglect (The Children Act 1989). Interestingly, our study found evidence of a high incidence of child protection cases. This was conceptualised by practitioners as a consequence of differing child rearing practices, generational conflict, poor/overcrowded housing, mother’s mental health problems, and domestic violence. Mother’s mental health problems were said to cause them to neglect their children. Such neglect came to the attention of social services via health professionals when young children were felt to be undernourished and underdeveloped.

“... quite a lot of women were neglecting themselves and their children, not taking an interest in what was going on around them, losing the ability to function on a daily level, looking after the children, getting up, following a routine, apathy, unable to muster any motivation to face the day, take the children to school, look after their appearance” (Social worker).

The loneliness and isolation experienced by Bangladeshi women following migration was understood by the practitioners. The disintegration of a wider family network and friends, combined with non-employment outside of the home added to
the isolation experiences of the women. Social workers suggested that the impact of these factors in conjunction with poverty, poor housing, and a lack of perceived or actual support from husbands exacerbated the situation, and reduced the parental capacity of women to adequately care for their children.

Views on child rearing and discipline were fairly consistent amongst social workers who felt that there was a high level of discipline in the Bangladeshi community. It was stated that children were valued and loved, but that Bangladeshi parents had high expectations of them. Areas which were causing difficulties were cited as parental control and authority and the young person’s desire for greater freedom.

Physical abuse/punishment was said to arise in desperate situations where Bangladeshi parents tried to curb the ‘westernisation’ of their adolescents.

“... what we get is more physical abuse; and the parents argument on that would be that they are trying to discipline a child because he or she is going with the western ways and they are trying to hang on to them and so on. And when I say that is not right and the law does not allow that in this country they will want to know how else do they discipline.” (Social worker)

“There are issues around parental control, taking drugs - boys in the family - child protection issues where people feel a child is not behaving that they can hit the child, it’s an acceptable way of disciplining the child”. (Social worker).

Social workers expressed concern about differing expectations between parents and older children which often led to an escalation and breakdown in family communication and structure. Issues of conflict were said to be young girls’ desire to study and enjoy freedom in the form of ‘western dress’, ‘socialising with friends’ etc.; and parental desire to maintain boundaries to preserve authority, and ensure cultural continuity. Obvious manifestations of such ‘cultural conflict’ from a parental perspective were ‘dress’, and freedom to socialise with friends outside of the family home, especially boys.

“She said the parents were too traditional even though they had changed, it wasn’t enough for her to stay in the family because she wanted the best of both worlds, she wanted the traditional culture and all the festivals, yet she wanted her own freedom to do her studies and do everything she wanted to do outside. Her parents felt they couldn’t cope with that, they have younger children who would follow the pattern of the oldest child.” (Social worker).

There were enormous compromises made by parents in order not to alienate and lose their children. Parents recognised the desire of their daughters to study and understood and accepted the link between education, employment and independence. There were also compromises made concerning socialising and going out with friends. However, there were some issues which became the impetus for a battle between some parents and young girls. One common example was conflict over one the most obvious manifestations of culture and ethnicity, namely dress. Parents objected to their daughters wearing western dress. This often escalated into a full-blown conflict between parents and young girls. Referrals to social services were often via schools, the police, or by the young girls themselves. More often than not, the presenting problem was physical abuse.

“... this was a family who wanted their daughter to study well, this wasn’t an issue. What was an issue for the parents was the fact that she wanted to go out late at night, although they were flexible because they had allowed her to go away with a school friend’s family, not Bengali, I think they were a Chinese family, they felt there was no reason for her not to go. But what they couldn’t accept was her wearing western clothes when she was at home, because there were older brothers and brothers-in-law.” (Social worker).

In some situations, practitioners were able to mediate to maintain some contact between the young person and their family in spite of the young person moving away from the family home. This was felt to be important for both parties. The use of physical punishment was recognised in the Bangladeshi community, and social workers tried hard to engage families to protect children to maintain them in their own families.

In most cases of physical abuse, the father was said to be the perpetrator who used violence to maintain control and authority. The underlying issues of domestic violence was also raised by social workers who believed the wider context needed to be understood. One social worker described an incident where the mother had hit out at a child, but this was understood in the context of
transference, and anger at the husband. The child had become the victim of parental conflict and tensions.

It was of concern to note that general practitioners often failed to attend case conferences investigating cases of child abuse and neglect. The majority of the general practitioners were of Asian background and were described as ‘too busy’ in this poor and deprived London borough. Social workers felt that the perspective of these professionals was missed on such important occasions.

In addition to an understanding of child abuse and neglect within the family setting, social workers (supported by an organisational policy framework) recognised that ‘racist bullying and abuse’ was an important additional category in the detection and treatment of child abuse. This had come about as a recognition of racial abuse experienced by Bangladeshi children at the hands of neighbours, foster carers, teachers, and others. Child mental health amongst Bangladeshi was a concern to social workers who perceived it as a child protection issue which required recognition and adequate support services. Racist bullying of children at school, and mental distress amongst young girls of Bangladeshi background was of concern. Recognition of these situations was considered an essential pre-requisite in the development of adequate preventative child mental health services. However, it was of concern to note that this development had not been accompanied by adequate training for social workers and other professionals involved in child protection work.

In addition to the concerns around child abuse and neglect, and racial bullying, social workers highlighted incidents of child sexual abuse. Practitioners made links between childhood experiences of sexual abuse and depression in Bangladeshi women. Sexual abuse within the family was often at the hands of a known and trusted male relative, such as, father, brother, cousin, uncle or grandfather.

“Abuse within the family, for a lot of the older women they found it particularly difficult to talk about sexual abuse as a child, certainly one of the issues that would lead to depression. For women who had grown up and been educated here, it was coming to terms with any kind of abuse, especially sexual abuse. I think they found it very painful, and it manifested itself later on in terms of them having a breakdown or suffering depression or emotional distress of one form or another.” (Social Worker).

On the other hand, it was felt that some Bangladeshi young girls were exploiting situations by alleging sexual abuse; and that practitioners had a very difficult task on their hands.

Social work intervention to challenge male dominance and empower Bangladeshi women to create a safe environment for the children was described by practitioners as an effective method of working. Social work practitioners strove hard to adapt the European model of social work to incorporate Asian culture and religion and to develop more ethnically sensitive practice. The power women wield in the home was recognised by some workers, and utilised to its full extent to empower women to take important decisions to protect their children from abuse:

“One culturally women are the most powerful people within the household, men are powerful outside, women are powerful inside.”(Social worker).

It was felt that practitioners needed to move beyond the stereotypes of passivity, and powerlessness to engage women in a useful dialogue to bring about positive change.

“She may be wearing traditional clothes, she may be covering her face up, she may not be able to speak the language, she has made the transition from Bangladesh to this country, she is surviving, if she can do that she can protect her children, she can look after herself.”(Social worker).

Workers who shared the same ethnicity were able to work jointly with families to bring about positive change. Their understanding of cultural/religious elements of clients’ lives facilitated a good working relationship.

Raising awareness of taboo subjects was considered to be essential in the Bangladeshi community. One social worker raised the issue of gender in discussions about child sexual abuse and the differing response of Bangladeshi males and female foster carers to training in this area:

“... we showed a video on sexual abuse to a group of about 20 women, their ages ranged from older women to younger women, and they sat there and watched it and covered their faces up because it was so shameful to them, but afterwards we had a good discussion about it.
They said we had heard these things happened but we never knew until we saw this video that it was real. There was no shame at all in that, and I remember doing a training session with a group of Bangladeshi male and female foster carers and we had to separate them into two groups when we talked about the different kinds of abuse. When we encountered sexual abuse the men wrote one line of what they thought sexual abuse was, but the women had a whole list, two pages together, so I think you can have those discussions but it’s difficult when men are involved - a cultural thing.” (Social worker).

The growing problem of substance misuse amongst Bengali boys was described as a major concern by social work practitioners. Social worker conceptualisations of drug misuse ranged from drug experimentation, peer group pressure, to availability and opportunity. An additional factor was located within the social and cultural milieu of the Bangladeshi community, that is the problem of older fathers. As a consequence of the death of older fathers, it was felt that there was a high rate of bereavement and older boys were having to shoulder family responsibilities before they were mature enough to handle such a burden.

“... the eldest son of the family is burdened... Although the burden may not be material, it is quite a strong emotional burden, and these boys are having to be husbands and fathers to families at the age of 13 or 14. I found that 14 year old boys were disciplining 10 year old brothers, were taking on the responsibility of disciplining the sisters, were taking on the responsibility of going with mother to ... in the housing department or DSS, and ... these boys couldn’t concentrate in school, they were aware of the racial stereotypes, they were talking about how other children in the school would say they smell of curry, anger at everything was coming to the fore.” (Social worker).

The role of the father in the parenting of boys in particular was seen as crucial by Bangladeshi social workers. In the absence of this influence due to illness or death of the father and generational/communication difficulties, mothers were left to cope with young people’s drug use. Pressures on mothers of their sons’ substance misuse were highlighted by the social workers.

“I see more than three people in one family using, maybe because they’re sharing a room with three other brothers with only a year between them ... often see quite old fathers who they find it hard to talk to.”(social worker).

“... that there are young mothers with boys and no fathers in the household or the fathers are so old and infirm that they cannot take on a parenting role.”(social worker).

“I find a good relationship with their mother, mothers supporting their sons, their drug use, because they don’t want to see them hurting or withdrawing.”(social worker).

“Mothers often bear the brunt of it at home, I’ve been in houses where literally nothing is left, not even a sofa, only a television set in the middle of the room; young people taking everything and mothers just being so sad about their children and not really knowing what’s going on or what it means, it’s important that we get the education within the home and get support for what’s happening.”(social worker).

Discussion

Little is known about cultural differences in child rearing, and the relevance of such differences to concepts such as ‘good enough parenting’. Whilst it may be argued that there is no universal standard for optimal child rearing, the exploration of difference and diversity in child rearing within the
context of ‘good enough parenting’ is essential to prevent being entangled in the ethnocentric position (Korbin, 1981; Korbin, 2002).

Our study identifies conflicts and tensions around child rearing perspectives between parents and social work practitioners. Since most of our practitioners shared a similar ethnicity with their Bangladeshi clients, there are important questions to be raised about the eurocentric nature of social work education and training (Garcia, 1991); difference in class position, and accepted norms and values of white British society.

Child abuse and neglect is a socially constructed phenomenon of the late twentieth century. It is increasingly governed by a legal framework but remains contested and contentious. Much of the literature is based upon western societies’ views about the best way to raise children, and is predominantly eurocentric and middle class. In the absence of a lack of consensus between different groups within societies, certain basic principles are highlighted as important variables in the protection of children. Arguably, there is implicit agreement about such principles as ‘protecting children from harm’, and ‘nurturing them to become emotionally stable individuals in society’. Nevertheless, there are no overall agreements about the actuality of ‘good enough parenting’ as these are determined by social and economic circumstances, and possibly cultural specificities which are themselves determined by individuals’ social and economic circumstances and experiences.

There is a growing emphasis on the concept of cultural competence in Western multi-racial societies (Green, 1982; Lum, 1996). Whilst ethnic or cultural competence and the ability to work cross-culturally is crucial, it is important that a competence based approach takes account of the variable, dynamic and contextual nature of culture. Culture is not monolithic or static. Minority families in western countries are experiencing a great deal of change. Currently, we lack adequate research-based understanding of the ways in which dynamic concepts such as culture are being operationalised within social work practice. It has been suggested that classifications of minority groups as a homogenous mass within census categories does not reflect cultural reality and may, in fact, mask rather than illuminate culture (Abney, 1996).

In the context of Britain, Bangladeshi families are experiencing new situations in relation to their youngsters for which there are no or few precedents about the best way to manage situations. Indeed, it is suggested that social workers’ focus upon child protection (whilst crucial) means that areas ‘around parenting difficulties and issues of control remain significantly underdeveloped’ (Thompson, 2000: p.27). In our study, whilst we found that individual social workers attempted to engage families and act as mediators, there was little evidence at organisational level to specifically address adolescent and parenting conflicts (Lutz, 1993). That is, there were few specific initiatives such as Suffolk Social Services’ ‘Adolescent outreach team’ model designed to prevent teenagers coming into the care system as a result of family relationship breakdowns (Thompson, 2000). It is encouraging to note that social workers were developing important insights to understand parental difficulties which may lead to child abuse and neglect. It is crucial that such understandings are supported at an organisational level by making provisions to work preventatively with families and children.

There were some examples of good practice. Multi-disciplinary preventive measures were seen to be crucial, and identified as important in working jointly with other professionals and with families. One such initiative involved health, education and social services and was designed to target young Bangladeshi boys considered to be ‘in need’ (Multi-Agency Preventative Project - MAP, 2000). Issues of concerns were the low educational achievement, family dysfunction (‘lacking a father’, ‘physical abuse towards mother’, ‘sexual abuse’) and drug use. This multi-agency preventative initiative targeted at Bangladeshi boys was proving to be effective in managing emotional and mental health problems (Valios, 2000; Barn, Lee & Loewenthal, 2001). Whilst this initiative attempted to involve families wherever possible, there appeared to be lack of a service specifically set up to identify and address parent/adolescent difficulties, and work with both parties to bring about positive change and obviate young people’s admission into the care system; and/or escalation into drug use and criminal activity.

Our study shows that the very difficult issues facing minority mothers are leading them to turn to welfare agencies for help and advice. We found that Bangladeshi mothers were keen to work alongside professionals, and this was increasingly being recognised by the professionals themselves.
Interestingly, other qualitative research with Bangladeshi and Pakistani mothers living outside London also documents this trend (Qureshi, Berridge & Wenman, 2000). It is important that initiatives are developed which seek the active involvement of families.

Our study also highlights three other very important factors. Firstly, that there was an absence of service provision particularly targeted to meet the needs of Bangladeshi families within a supportive framework. Secondly, although women expressed the need and willingness to seek help and advice in difficult circumstances, there was a general lack of understanding and awareness of the availability of service. Thirdly, the women in our sample were accessing help via the Bangladeshi community organisations. The last point is crucial in the formulation of adequate and appropriate policy, practice and provision. Given the poor resources experienced by minority community agencies, it is evident that statutory agencies must collaborate with the minority community agencies to begin to address needs and concerns of families. Since it is the minority community agencies which possess the knowledge and skills, it is important that steps are taken to work in collaboration leading to ‘capacity building’ of community organisations. A failure to do this is likely to result in ‘short-termism’ which does nothing to bring about long-term sustainable change and improvement.

This paper has explored the conceptualisations of Bangladeshi mothers of parenting in a difficult and different climate, a climate which is presenting new and demanding challenges. In the absence of accumulated knowledge and insight about how best to raise children in a ‘foreign’ climate, minority parents are in urgent need of useful and effective community networks and services. Crucially, as minority communities develop and as cultural dynamics evolve, it is important that welfare services undergo a parallel development to prevent alienation and marginalisation of minority groups. Services which align themselves to rigid notions of minority identity could potentially not only serve to perpetuate stereotypes, but also exclude minority individuals who do not conceive of their culture as defined by community and statutory organisations. Moreover, it is crucial that the variable, dynamic and contextual nature of culture is understood alongside an understanding of the structural inequalities experienced by minority ethnic families.

References


