

Becoming Culturally Competent - Effective Safeguarding of Children from Minority Ethnic, Cultural and Faith Communities, Groups and Families

SCOPE OF THIS CHAPTER

This practice guidance has been written to promote the effective safeguarding of children from minority ethnic, cultural and faith communities, groups and families.

Culturally competent practice places children's wellbeing and protection within their cultural context and, by being culturally competent, practitioners can better identify which aspects of the family's difficulties are 'cultural', which are neglectful, and which are a combination of factors.

'What parents do is more important than who they are... the right kind of parenting is a bigger influence on a child's future than faith, culture (wealth, class, education) or any other common social factor' (Korbin and Spillsbury: 1999 in Stevenson (2007))

1. Introduction

This practice guidance has been developed to support all practitioners with their knowledge and skills, and assist practitioners, whatever context, to be clear about what constitutes risks from neglect and/or abuse. At the same time, it aims to equip practitioners with the skills needed to identify strengths and challenges within the child and family's lived experience which are related or attributed to the culture and/or faith of the child, the family and the group or community within which the family lives and which might increase or decrease any risk of abuse.

The successful engagement of children and families depends largely on a respectful and culturally sensitive approach, rather than on the ethnicity and cultural/ religious background of the Practitioners. Cultural competence is being responsive to the beliefs, practices and cultural and linguistic needs of children and families.

Essential elements of cultural competence that promote positive engagement include:

- Valuing diversity and difference;
- Ability to recognise how our own cultural identity impacts on others;
- Being conscious of how cultures interact with each other and the significance and impact of this in practice (for example power imbalances and traditional boundaries within and between cultures);
- Acceptance and openness to differences among people;
- Commitment to develop specialised knowledge and understanding of the history, religions, traditions, values, family systems and languages represented in Bedford Borough, Central Bedfordshire and Luton;
- Develop an understanding of communities and resources within communities and be able to make appropriate connections with these; and
- Contributing to the development of practice in services that reflect understanding of diversity.

Reflecting on our own assumptions and stereotypes associated with any cultural, ethnic or religious group prior to engagement with children and families is essential.

2. What is Cultural Competence?

Culture is evidenced in human behaviour and relates to thoughts, communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group.

Competence means having the capacity to practice effectively when working with families from any ethnic, religious or cultural background.

Culturally competent practice acknowledges and aims to understand the meaning of cultural identity within each individual's and family's lives. It requires that all organisations and practitioners within them develop cultural knowledge and that the design and provision of services respond to culturally specific needs.

3. Culturally Competent Practitioner

A culturally competent practitioner can understand the world view and culture of a family. They should develop an understanding of the cultural diversity in Bedford Borough, Central Bedfordshire and Luton, and gain knowledge of the impact of relevant historical influences on the lives of children and families. For example, the impact of war and social unrest in the country of origin.

Practitioners should also recognise that different families from the same geographical area, cultural or religious group may have different language, beliefs and values. They should also recognise the importance of asking individuals and families about their experiences and what matters to them and not make assumptions.

This guidance sets out practice principles and an approach to support effective safeguarding of children across different ethnic group, religions and cultural background and communities. The framework comprises six competencies for Practitioners, which seek to assist the Practitioner to be clear about the risks from neglect and/or abuse to a child's health and development. At the same time, the framework should assist the Practitioner to correctly identify the positive and negative factors in the child and family's lived experience which increase or decrease that risk, which are related or attributed to the culture and/or faith of the child, the family and the group or community within which the family lives.

The framework should be applied by the Practitioner as a process integrated with and complementary to the Pan Bedfordshire Child Protection Procedures and any other locally approved procedures i.e., the Early Help Assessment or specialist assessments (e.g. for speech and language therapy (SALT), child and adolescent mental health services (CAMHs), disability or chronic ill health, youth offending etc.) and the case management, care planning and reviews which follow from these assessments. Practitioners should be supported in identifying the level of need and the appropriate service to refer to.

The six competencies in this cultural competence framework should be applied to any case where there are concerns that a child is in need of additional support or of protection from harm and the child and/or his/her family are from a minority ethnic culture, faith group or community.

The six competencies should be re-applied continuously throughout the management of the case to assist Practitioners to maintain clarity about the different aspects of the child's health and development and the factors in the other domains of an Assessment.

Assessments of parenting will be influenced by the child / family's culture and / or faith. These influences can obscure or exacerbate the symptoms which would alert Practitioners to the risk of harm to the child.

4. Six Competencies for Effective Safeguarding Children Action

4.1 Competency 1: Child Development

When family circumstances appear complex, clarity of purpose comes from keeping the child and his or her needs in focus. To do this, Practitioners must:

- Be able to distinguish a healthy child from one who's health and development is being impaired due to abuse or neglect;
- Consider the child's behaviour and development as a possible indicator of the child's experience within the family;
- Be able to see past the child's culture to identify actual or potential impairment to his or her health and development.

Practitioners and their agencies should strive constantly to raise their level of knowledge and understanding of child development, the essential components of good parenting and the presentation of a child who needs help. This is the single most effective means of identifying and protecting a child at risk of harm through abuse or neglect. It provides the benchmark for recognising when a child is not thriving and developing as he or she should – compared to what could be reasonably expected of a similar child.

4.2 Competency

2: Listening to Children

Why do children not disclose abuse?

- Fear of not being believed;
- Fear of repercussions;
- Not being asked the question;
- Not knowing, when young, that the abusive behaviour is not normal.

A child has the right to have his or her views taken into account (Article 12). The single most consistent shortfall in safeguarding work with children in the UK has been the failure of all Practitioners to see and speak to the children, observe how they are, listen to them and take serious account of their views, and see the situation from their perspective and experience.

4.3 Competency 3: Sound Holistic Assessments

A key message from the Munro Review was that everyone working with children, parents and families must undertake good, proportionate assessments and make full use of their Practitioner expertise and that of others in the Practitioner multi-agency network.

Additionally, it is important to recognise children and young people as experts in their own lives.

Proportionate assessments are important. When there are concerns that a child may be at risk of or already experiencing neglect and/or abuse, an assessment needs to be undertaken. For some children, a brief assessment is all that is required prior to offering services and for others the assessment needs to be more in-depth, broader in scope, and take longer in order to get a sufficiently accurate understanding of the child's needs and circumstances to inform effective planning. Regardless of how in-depth the assessment is, practitioners should consider three areas in a child's life:

- The child's growth and development;
- The parent/s ability to meet the child's needs – including their capacity to keep the child safe from significant harm through neglect and/or abuse; and
- The amount of support the child can get from his or her wider networks.

Practitioner expertise – the Munro Review sought to address the issue that Practitioner practice should not be focused on compliance with guidance.

'...procedures can lull people into a passive mind set of just following the steps, and not really thinking about what they are doing.'

The Review argues that dealing with the variety of need which children and families present is better achieved by Practitioners understanding the underlying principles of good practice and developing the expertise to apply them, taking account of the specifics (in this context, the family's faith and culture) of a child's or young person's circumstances.

Religion or spirituality is an issue for all families whether white or black. A family who do not practice a religion, or who are agnostic or atheists, may still have a particular view about the spiritual upbringing and welfare of their children. For families where religion plays an important role in their lives, it will also be a vital part of their cultural traditions and beliefs. Some families may also have *specific mores or belief systems* that are not instantly obvious but may also impact upon their children's development.

Culturally competent assessment

It is crucial for Practitioners to work from culturally competent perspectives, particularly when an assessment is required. Practitioners should have a basic level of cultural understanding and awareness when working with children and families from minority ethnic culture and faith groups and communities. The absence may lead to an inaccurate outcome for individuals within the family as well as overlooking safeguarding issues. Assessments should always be undertaken using a variety of sources of information to support Practitioner decision-making, including the family, other Practitioner perspectives and historical information. The latter can often prove difficult to source due to the fact that families have moved from other countries.

Focusing on family strengths and resilience

In the areas of family strengths, community strengths, and cultural strengths, the way people live their lives are much more similar than different. These similarities are solid common ground on which to build partnerships to nurture and protect our children.

4.4 Competency 4: Cultural Competence

Successful engagement depends largely on a respectful and culturally sensitive approach, rather than on the ethnicity and cultural/ religious background of the outreach workers.

Cultural competence is respectful of and responsive to the beliefs, practices and cultural and linguistic needs of diverse communities. There are five essential elements that contribute to an individual Practitioner's, and a whole service's, ability to become more culturally competent. The Practitioner or service must:

- **Value diversity** – valuing diversity means accepting and respecting differences. Even how one chooses to define family is determined by culture. Diversity between cultures must be recognised, but also the diversity within them. People generally assume a common culture is shared between members of racial, linguistic, and religious groups, but individuals may share nothing beyond similar physical appearance, language, or spiritual beliefs;
- **Cultural self-assessment** – through the cultural self-assessment process, staff are better able to see how their actions affect people from other cultures. The most important actions to be conscious of are usually taken for granted;
- **Consciousness of the dynamics of cultural interactions** – there are many factors that can affect cross-cultural interactions. There often exists an understandable mistrust towards members of the majority culture by historically oppressed groups;
- **Institutionalisation of cultural knowledge** – the knowledge developed regarding culture and cultural dynamics must be integrated into every facet of a service or agency. Fully integrated cultural knowledge is the only way to achieve sustained changes in service delivery;
- **Adapt to diversity** – the fifth element of cultural competence specifically focuses on changing activities to fit cultural norms. Cultural practices can be adapted to develop new tools for treatment – i.e., a child or family's cultural background provides traditional values that can be used to create new interventions.

4.5 Competency 5: Informed Practice

All Practitioners working with children, parents or families whose faith, culture, nationality and possibly recent history differs significantly from that of the majority culture, must take personal responsibility for informing their work with sufficient knowledge of the relevant faith and/or culture to be able to effectively protect the child/ren and promote their welfare.

They must be 'Professionally curious' about situations or information that arising in the course of their work. They should investigate these both by allow the family to give their account as well as researching such things by discussion with other Practitioners or by researching the evidence base. Examples of this might be around attitudes towards and acceptance of services e.g., health; dietary choices; choice of education provision or school attendance.

Practitioners may choose to educate themselves about particular faiths or cultures, perhaps if they anticipate working with significantly more children and families from that background. Alternatively, or in addition to their own learning, a Practitioner may seek expert advice about a particular culture and/or faith on an ongoing basis throughout their work with the child and family – from a local, regional, or national source.

4.6 Competency 6: Partnership with Specialist Services and Parent, Communities and Faith Groups

Practitioners working with children, adults with caring responsibilities and families whose faith, culture, nationality and possibly recent history differs significantly from that of the majority culture, must take personal responsibility for utilising specialist services' knowledge to inform their practice in individual cases. This includes:

- Knowing which agencies are available to access;
- Having contact details to hand;
- Timing requests for expert support and information appropriately to ensure that assessments, care planning and review are sound and holistic. For specific ethnic communities, accessing appropriate services is a consistent barrier to them fully participating in society, increasing their exclusion and potential for victimisation.

Effective safeguarding children activity means not only partnership between the majority population and minority ethnic culture and faith groups and communities, but also between the different minority groups and communities.

5. Culturally Competent Practice in Assessment

Practitioner curiosity, respectful uncertainty, listening to the family, understanding our own unconscious bias, and treating each person and family as unique is the basis of any good assessment.

All assessments need to explore both the strengths and challenges that faith, culture, nationality, language and history may have on family functioning and child welfare.

The absence of cultural competence when working with children and families from minority ethnic cultures, faith groups or communities may lead to inaccurate assessments and decision making.

Information about newly arrived families can often prove difficult to source. Listening to the family perspective and having an understanding of the family journey can help to support Practitioner judgement where other sources of information are not available.

Culturally competent assessments completed with families should include:

- Acknowledgement and understanding of how language, cultural identity and belief systems impact on the children and adults within the family;
- Analysis of how this impacts on the family's ability to safeguard their children;
- Explicit links between the family's cultural beliefs and the safeguarding concerns. This requires analysis of the family's perception and understanding of the safeguarding concerns and whether these accord with wider cultural/religious values about child up bringing the family might have;

- Analysis of the family's engagement with Children's Social Care and the degree of recognition of agency concerns;
- Analysis of the family's response to agency involvement, taking into consideration gender and cultural factors;
- Consideration of the extent that any presenting behaviour or problem relates to the impact of social transition such as migration, lack of extended family support, discrimination, trauma etc.;
- Utilising appropriate interpretation and translation services which take account of the specific geography of an individuals' origin language (see also [Working with Interpreters Procedure](#));
- Exploration of whether any behaviour linked to safeguarding concerns may be considered 'acceptable' within the family's own culture;
- Consideration of whether any difficulties in the family a result of lack of access to or knowledge of appropriate services or resources; and
- Exploration of any cultural conflict within the family around identity, values or relationships of the individual members.

Reflecting on our own assumptions; stereotypes and unconscious bias associated with any cultural, ethnic or religious group prior to engagement with children and families is essential.

6. Faith & Culture and the Potential Vulnerability of Children

Culture can be understood as the social heritage of a group, organised community or society. It is a pattern of responses discovered, developed, or invented during the group's history of handling problems which arise from interactions among its members, and between them and their environment. These responses are considered the correct way to perceive, feel, think, and act, and are passed on to the new members through immersion and teaching. Culture determines what is acceptable or unacceptable, important or unimportant, right or wrong, workable or unworkable. It encompasses all learned and shared, explicit or tacit, assumptions, beliefs, knowledge, norms, and values, as well as attitudes, behaviour, dress, and language.

Culture changes, reflecting a group's responses to new experiences between each other and between them and their environment. However, this usually takes time because changes become embedded only through being passed on to new generations.

Faith is a belief system which forms attitudes and behaviours but crucially informs one's identity over a period of time. It can be understood as 'spirituality' – defined as searching for purpose, meaning and morality, which can often, but not always, be expressed as a 'religion' – which may include regular public worship such as church attendance.

Faith very often underpins culture. However, people from different cultures can have a strong allegiance through the same faith. If a parent is behaving / expressing attitudes towards children which raise serious concerns based on beliefs, to what extent is this behaviour supported by the faith group? If the individual behaviour is not being reinforced by the wider group, then might joint working with the faith group to help the parent prove a productive way forward? On the other hand, if such practices / attitudes are being fed by the faith group who are essentially therefore part of the problem (with the potential for other parents being

likewise influenced) can this be addressed more widely by engaging on the issues with faith leaders?

For children and their families whose faith, culture, nationality and possibly recent history, differs significantly from that of majority culture families, there are a range of issues which can potentially obstruct their ability to seek help, protect themselves or fulfil their role as protective adults. The majority of these issues have their basis in the culture and/or faith of the family and their community. However, there also issues relating to the families' recent history and current living circumstances.

Children and their parents may be newly immigrant and unable to speak, read or write English, at all or well. Some parents may have been in the UK for some time, but have not had the opportunity to learn English, for a range of reasons. The consequences of this are that the parent may not be able to, for example, get a job, arrange suitable childcare, register with a GP, understand the law etc. The child may not be able to seek help if he or she is being neglected, harmed or fearful of being harmed, be it at home, school, a sports or faith group etc.

Families can struggle when different generations within a family have different levels of proficiency in the different languages spoken. The parents' lack of fluency in the new language and the children's lack of fluency in the 'mother-tongue' may subvert authority in the family.

The power of children is increased because they become 'cultural brokers', while the power of parents is decreased because they depend on their children's assistance to survive in the new world. The inordinate amount of power children may acquire because of their language proficiency can be at the source of conflicts over authority issues. It also magnifies children's conscious or unconscious fears that their parents are now unable to protect them.

All agencies need to ensure that they are able to communicate fully with parents and children when they have concerns about child abuse and neglect and ensure that family members and Practitioners fully understand the exchanges that take place. Agencies should make arrangements to ensure that children are seen with an interpreter within the same timescales for assessment or investigation as for any other intervention.

Newly arrived families may be reluctant or averse to engaging with statutory services. This may be because they are not confident in navigating the UK public services system, or it may be as a result of their experience of state authoritarianism in their home country. Some Gypsy and Traveller families may respond in the same way, owing to negative life experiences. The consequences of this are that both adults and children may be unforthcoming when approached by statutory services, or actively avoid any engagement, e.g., registering with a GP, engaging with the local children's centre, talking to the school about their child's progress/difficulties, calling social services or the police if necessary.

Children and their parents who are newly arrived are likely to have weak or non-existent social networks. Families may also lack extended family in the UK. This means that there is limited, if any, support for the stresses, tensions and emergencies of child rearing and family

life for parents and children. There may be no 'significant others' for a child to confide in, or to advocate for or advise a parent.

Children and families who are either newly arrived or have been in the UK for some time, but still living below the poverty line, may be in temporary and/or overcrowded/ multi-occupancy housing. Families in this situation are unlikely to feel safe. Parents may leave their children at home with other tenants, either because of work demands, or because this practice was common in their home communities. Families may be unsettled if they are moved at irregular intervals to new and unfamiliar areas. This means that they are not able to begin building supportive social networks to mitigate stress and isolation in any local area, and will need constantly to engage with a new GP, children's centre, school etc. The children will not have established routines and activities to stimulate their development and confidence.

In addition to housing issues, the family may be struggling to buy enough food and clothing, keep warm enough, travel as needed or give things to their child as they would like.

For insecurely accommodated Gypsy and Traveller families, or where literacy issues exist, the impact of frequent movement and/or limited information about local services is likely to have a negative impact on the ability to seek help by children, mothers or any other family members who need support, who are being harmed or who are aware that it is occurring. This exacerbates a situation similar to that of other ethnic minority groups and communities, in which families struggle with the stress of low incomes, feeling excluded, being subject to racism, having a distrust of statutory services and the services being ignorant of their culture and cultural strengths.

"Many Gypsies and Travellers are caught between an insufficient supply of suitable accommodation on the one hand, and the insecurity of unauthorised encampments and developments on the other: they then face a cycle of evictions, typically linked to violent and threatening behaviour from private bailiff companies. Roadside stopping places, with no facilities and continued instability and trauma, become part of the way of life. Health deteriorates, while severe disruptions occur to access to education for children, healthcare services and employment opportunities."

Children and families from minority ethnic communities may be experiencing racism and harassment. If they are newly arrived in this country this may be their first experience of racism and harassment. It is likely to exacerbate feelings of distrust, particularly if some of the racism is perpetrated by individuals in public services.

The parent and child may have a different appearance and culture to each other, e.g., a single mother whose child has inherited their father's appearance (and as a young person chooses their father's culture). In some cases, the mother's skills and the child's identity and self-esteem may not be sufficiently resilient.

Cultural identity based on ethnicity is not necessarily exclusive. People may identify themselves as British in some circumstances and as part of a particular culture (e.g., Gypsy/Roma, Pakistani or Bangladeshi) in other circumstances. They may also identify with more than one culture.

Cultural identity is an important contributor to people's wellbeing. Identifying with a particular culture helps people feel they belong and gives them a sense of security.

Having two cultural identities is common among the second and third generations and people may switch between identities in different contexts. The older generation often worry about the younger generation losing their cultural and ethnic identity, and parents may strive to instil traditional values from their country of origin in their British born children. www.coi.gov.uk/aboutcoi.php?page=326

The parent/s may have a perspective on child rearing practices underpinned by culture or faith which are not in line with UK law and cultural norms, and they may put their child at risk of harm through actions such as leaving young children at home alone, exercising harsh physical punishment, forcing a child into marriage etc.

A mother may have low status in her family and community because she is a woman and may not have the power or confidence to easily protect herself and her child from harm.

Sensitivity toward other cultures does not imply unquestioning acceptance of patriarchal definitions of cultural identities and behaviours. The challenge for Practitioners is how to preserve sensitivity and respect for others and their cultural differences while working to achieve family functioning which accommodates women's and children's rights.

The parent/s may recognise their faith or community leader as all powerful and may put their child at risk of harm rather than questioning the leaders, as do to so could cause further isolation, rejection and even in some cases, total banishment from the community that they are dependent upon.

The parent/s may put a very high value on preserving family honour and may put their child at risk of harm rather than 'exposing the family to shame' in their community. In addition, young people may be compromised in relation to their community, through being 'westernised' e.g., sexually active (incl. teenage motherhood), having a girl/boyfriend not from the same community; or by having a stigmatising experience e.g., sexual abuse, mental ill health or a disability. She/he may not feel or be able to seek help to keep safe from the community or statutory and other services.

7. Child Poverty

In the UK, poverty rates vary enormously according to the ethnicity of the household. Asylum seeking families – asylum seeking families and their children are among the most disadvantaged groups in the country. Asylum seeking families are not allowed to apply for permission to work for the first 12 months of their application. This means that they are reliant on state benefits, makes it more difficult for them to integrate into their community and reduces the chances of them finding employment if they are given refugee status.

Children living in poor housing face a number of consequential difficulties– there is a shortage of affordable housing due to high rents in the private sector and a lack of investment in maintaining a good standard of social housing. Children who live in bad housing are more likely to suffer from poor health, and to suffer from disability or long-term illness. They are also less likely to settle into the area they live in and more likely to run away from home.

Children living in poor housing are more likely to have poor educational attainment, to have been excluded from school and to leave school with no GCSEs. In Bedford Borough, Central Bedfordshire and Luton, there are children living in houses with multiple occupants including other families and individual adults. The risk arising from this for children should always be considered by Practitioners working with them.

The Impact of Poverty

- Increases the incidence of racial, ethnic and religious hatred;
- Increases abuse against women and children;
- Is directly linked to violence;
- Dampens the human spirit creating despair & hopelessness;
- Underlies multiple problems facing children and families;
- Directly affects infant mortality, impairs mental development, exacerbates learning disabilities and drug & alcohol abuse;
- Results in suicide, depression, and severe mental illness;
- Is a major factor in homelessness?

The Relationship between Poverty and Abuse and Neglect

There is an association between poverty and an increased risk of neglect and physical abuse. The most widely accepted explanation for the link focuses on stress. The multitude of factors associated with poverty and social deprivation (especially if they are compounded by drug misuse or mental health problems), increase vulnerability to stress and make good parenting difficult.

There is a strong correlation between poverty and neglect. One study found that 98% of the families whose children were at risk of emotional maltreatment or neglect were characterised by the extreme poverty of their material environment – reflected in the fact that 59% lived in over-crowded housing conditions, with 56% of parents reporting high levels of emotional stress.

8. Other Specific Issues and Vulnerabilities

There are many different issues that practitioners need to be aware of both in terms of the additional vulnerabilities that children and young people face arising from diversity or where their background means they are more likely to experience the situations:

- Poverty;
- Highly mobile families/ Insecurely accommodation;
- Being newly arrived in this country;
- Language barrier;
- Family structure and position in the family;
- Private fostering;
- Spirit possession and witchcraft – especially where there is a poor bond between child and parent or where there is a child with a difference;
- Child with a disability;
- Traumatic recent history;
- Being a looked after child.

And specific safeguarding concerns related to diversity and culture:

- Forced Marriage;

- Female Genital Mutilation;
- Honour Based violence;
- Trafficked children.

Where there is a cultural explanation given in relation to significant harm, The Children Act 1989 is clear that the welfare of the child is paramount and should remain the focus of any Practitioner intervention. Whilst an understanding of cultural context is necessary, this should not get in the way of measures to protect the child from significant harm.

Questions to consider which may help understanding of a family's cultural position in relation to safeguarding concerns.

Assessing safeguarding concerns where cultural issues may be a reason/ excuse (e.g., physical chastisement justified through beliefs about child rearing)

- Is there evidence that the safeguarding concerns will cause significant harm to the child?
- Is there evidence that the safeguarding concerns are illegal or outside of UK legal parameters?
- Do the adults in the family see the safeguarding concerns as a cultural norm?
- Are the family demonstrating a willingness to change practices?
- Does the child see the safeguarding concerns as a cultural norm?
- Does the child want things to change?
- Are there organisations/ people in the community trying to affect change in the family?

7. Seeking Specialist Support / Advice

All practitioners working with children, parents or families whose faith, culture, nationality and possibly recent history differs significantly from that of the majority culture, must take personal responsibility for informing their work with sufficient knowledge of the relevant faith and/or culture to be able to effectively protect the child/ren and promote their welfare. Having an understanding of when and where to go for expert / specialist advice on a particular culture and/or faith by which the child and family lives their daily life is one way in which practitioners can do this.

Section 11 of the Children Act 2004, places a responsibility on all communities, faith and community groups, and practitioners to proactively safeguard and promote the welfare of children so that the need for action to protect them from harm is reduced.

Effective safeguarding children activity means not only partnership between the majority population and minority ethnic culture and faith groups and communities, but also between the different minority groups and communities.

Appendix 1: Terminology

'Ethnicity' refers to a group of people whose members identify with each other through a common heritage, such as a common language, culture (often including a shared religion) and ideology that stresses common ancestry and/or endogamy (the practice of marrying within a specific ethnic group, class, or social group.) Everyone belongs to an ethnic group, whether it is the ethnic majority or ethnic minority.

A **'minority'** is a sociological group which does not make up a dominant majority in terms of social status, education, employment, wealth and political power. An ethnic minority group or community may be recently immigrant or have been settled in the UK for quite a few years. Furthermore, within a group or community different families will have different histories of settlement in the UK. Families will also differ; some born outside the UK whilst others were born here. Minority status may reflect their faith-related or travelling culture. The group or community may have a long history of having lived in the UK.

The term **'safeguarding and promoting the welfare of children'** is defined in Working Together to Safeguard Children as:

- Protecting children from maltreatment;
- Preventing impairment of children's mental and physical health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- Taking action to enable all children to have the best outcomes.

'Culture' can be understood as the social heritage of a group, organised community or society. It is a pattern of responses discovered, developed, or invented during the group's history of handling problems which arise from interactions among its members, and between them and their environment.

These responses are considered the correct way to perceive, feel, think, and act, and are passed on to the new members through immersion and teaching.

Culture determines what is acceptable or unacceptable, important or unimportant, right or wrong, workable or unworkable. It encompasses all learned and shared, explicit or tacit, assumptions, beliefs, knowledge, norms, and values, as well as attitudes, behaviour, dress, and language.

Culture changes, reflecting a group's responses to new experiences between each other and between them and their environment. However, this usually takes time because changes become embedded only through being passed on to new generations.

Cultural identity based on ethnicity is not necessarily exclusive. People may identify themselves as British in some circumstances and as part of a particular culture (e.g., Gypsy/Roma, Pakistani or Bangladeshi) in other circumstances. They may also identify with more than one culture.

Cultural identity is an important contributor to people's wellbeing. Identifying with a particular culture helps people feel they belong and gives them a sense of security.

'Faith' is a belief system which forms attitudes and behaviours but crucially informs one's identity over a period of time. It can be understood as 'spirituality' - defined as searching for purpose, meaning and morality, which can often, but not always, be expressed as a 'religion' - which may include regular public worship such as church attendance.

Faith very often underpins culture. However, people from different cultures can have a strong allegiance through the same faith. If a parent is behaving / expressing attitudes towards children which raise serious concerns based on beliefs, to what extent is this behaviour supported by the faith group? If the individual behaviour is not being reinforced by the wider group, then might joint working with the faith group to help the parent prove a productive way forward?

On the other hand, if such practices/attitudes are being fed by the faith group who are essentially therefore part of the problem (with the potential for other parents being likewise influenced) can this be addressed more widely by engaging on the issues with faith leaders?

For children and their families whose faith, culture, nationality and possibly recent history, differs significantly from that of majority culture families, there are a range of issues which can potentially obstruct their ability to seek help, protect themselves or fulfil their role as protective adults. The majority of these issues have their basis in the culture and/or faith of the family and their community. However, there also issues relating to the families' recent history and current living circumstances.

'Religion or spirituality' is an issue for all families whatever the culture. A family who do not practice a religion, or who are agnostic or atheists, may still have a particular view about the spiritual upbringing and welfare of their children. For families where religion plays an important role in their lives, it will also be a vital part of their cultural traditions and beliefs.

Some families may also have specific mores or belief systems that are not instantly obvious but may also impact upon their children's development.

'Unconscious (implicit) bias' refers to a bias that we are unaware of, and which happens outside of our control. It is a bias that happens automatically and is triggered by our brain making quick judgements and assessments of people and situations, influenced by our background, cultural environment and personal experiences. We can counter this by being aware, questioning ourselves (and others), using inclusive language and use supervision to reflect.

Appendix 2: Faith and Culture Safeguarding Children Checklist

Families from minority groups can live with circumstances that reduce or completely obstruct their ability, with or without a Practitioner safeguarding support plan, to do the things they need to do to keep their children safe.

Ask yourself the following questions:

If this parent...

1. Cannot speak, read or write English, will they be able to e.g., get a job, arrange suitable childcare, register with a GP, pursue a legitimate asylum claim, understand the law etc.?
2. Fears that the 'State' is authoritarian, will they be able to register with a GP, engage with the local children's centre, talk to the school about their child's progress/difficulties, call social services or the police if necessary e.g., for help with domestic violence?
3. Lacks strong social networks; will they be able to cope with the stresses of child rearing and the tensions and emergencies of everyday living?
4. Lives in temporary housing, e.g., B&B, will they be unsettled, moving at [irregular] intervals to new and unfamiliar areas, not able to begin building a supportive social network, needing constantly to engage with a new GP, children's centre, school etc.?
5. Is living below the poverty line, will they have the added burden of not being able to buy enough food and clothing, keep warm enough, travel as needed or give things to their child as they would like, to add to the stresses of child rearing and the tensions and emergencies of everyday living?
6. Has a child who is of a different appearance and culture to them, e.g., a single mother whose child has inherited their father's appearance (and as a young person chooses their father's culture), will the mother's skills and the child's identity and self-esteem be sufficiently resilient?
7. Is living in a close-knit community, will they be too scared or ashamed to engage with statutory and other services for herself e.g., domestic abuse, sexual abuse/rape, repudiating female genital mutilation or spirit possession, or for their child e.g., honour-based violence or sexual promiscuity?
8. Has a perspective on parenting practices underpinned by culture or faith which are not in line with UK law and cultural norms, will they put their child at risk of harm through e.g., leaving young children at home alone, exercising robust physical punishment, forcing a child into marriage etc.?
9. Recognises their faith or community leader as all powerful, will they put their child at risk of harm rather than questioning the leader?
10. Puts a very high value on preserving family honour, will they put their child at risk of harm rather than 'exposing the family to shame' in their community?
and, if this young person...
11. Is compromised in relation to their community, through being 'westernised' e.g., sexually active (incl. teenage motherhood), having a girl/boyfriend not from the same community; or by having a stigmatising experience e.g., sexual abuse, mental ill health or a disability, will they be able to seek help to keep safe from the community or statutory and other services?
12. Has strong allegiance to a group or gang, e.g., radicalised, will this stop them from seeking help from the community or statutory and other services, to stay safe?