**Cultural Competence:**

**Practice guidance, awareness and advice in the context of safeguarding.**

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**September 2018**



**Introduction**

This guidance has been produced by the Newcastle Safeguarding Children Board (NSCB) and the Newcastle Safeguarding Adults Board (NSAB). The guidance is designed to provide practitioners from across all agencies with a framework of best practice and support which can be deployed when working in circumstances where there are concerns that cultural factors may be influencing patterns of risk. This guidance pulls together best practice principles for assessment and includes a directory of organisations who can be called upon for further advice and support.

Knowledge and understanding of culture and faith is critical to effective assessments of harm through neglect and/or abuse. However, culture and faith should not be used as an excuse to abuse and must never take precedence over children’s rights.

*Safeguarding Children’s Rights Special Initiative: Final Evaluation Report* (Tavistock and Portman NHS Foundation Trust / University of East London Centre for Social Work Research, 2011).

With thanks to the London Safeguarding Children Board who developed this approach in 2010 and Peterborough Safeguarding Children Board who adapted this guidance in March 2016. This document draws upon both pieces of work and has been amended to include approaches to safeguarding both children and adults and adapted to ensure that information is of relevance to professionals working in Newcastle upon Tyne.

**Definitions**

* **Child –** is defined as any person up until their 18th birthday.
* **Adult at Risk –** is defined as someone who is;
* Aged 18 or over and;
* Has needs for care and support (whether these needs are being met); and
* Is experiencing, or is at risk of abuse or neglect; and
* As a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.

Care Act (2014)

* **Abuse** may be;
* a single act or repeated acts
* an opportunistic act or a form of serial abusing where the perpetrator seeks out and “grooms” individuals
* an act of neglect or a failure to act
* multiple in form (many situations involve more than one type of abuse)
* deliberate or the result of negligence or ignorance
* a crime
* **Professional** – any individual practitioner (whether qualified or not) working in a paid or voluntary capacity with a child or adult.
* **Ethnicity** – refers to a group of people whose members identify with each other through a common heritage, such as common language, culture, 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 minority.
* **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 may be recently immigrant or have been settled in the UK for many years. Furthermore, within a group or community different families will have different histories of settlement within the UK. Families will also differ; some born outside the UK whilst others were born in the UK. 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.
* **Safeguarding –** refers to the protection of children and adults at risk.
* **Carer –** a family who is caring for a family member

**How to use this guidance**

This document contains eight different sections:

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

The framework should be applied by the professional as a process integrated with and complementary to the Newcastle Safeguarding Children Board and the Newcastle Safeguarding Adults Board multi-agency policy and procedures as well as associated practice guidance issued by both boards.

1. **Six Competencies for Effective Safeguarding**

The six competencies in this cultural competence framework should be applied to any case where there are concerns that a child or adult at risk 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 professionals to maintain clarity about the different aspects of the child or adult at risks 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 professionals to the risk of harm to the child.

Professionals should use the information that they are signposted to in other key documents of this guidance as prompts to further inquiry.

**This section is designed for use when there are concerns that a child may need additional support, but the competencies outlined may be of equal relevance for those working with adults who may be at risk**.

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| **1** | **Needs** |
| When family circumstances appear complex, clarity of purpose comes from keeping the child and her or his needs in focus. To do this, professionals must:   * Be able to identify when a child’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 understand the child’s culture whilst identifying actual or potential impairment to her or his health and development. |
| **2** | **Listening to Children/Adults at Risk** |
| Listening is important in all aspects and not just in relation to abuse.  Why do children not disclose abuse?   * Fear of not being believed or their experiences not being understood * Fear of repercussions * Not being asked the question * Not knowing that the abusive behaviour is not normal * Not having the ability language or capacity to disclose concern |
| **3** | **Sound Holistic Assessments** |
| Assessment in this context may be by any agency who is working with the child.  ‘Knowledge and understanding of culture and faith is critical to effective assessments of harm through neglect and/or abuse. However, culture and faith must not be used as an excuse for abuse and must never take precedence over a child’s rights. [[1]](#footnote-1)  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 professional expertise and that of others in the professional 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, professionals 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 * The amount of support the child/family can get from her or his wider network   **Religion or spirituality** is a consideration for all families regardless of culture and ethnicity. A family who do not practice a religion, or who are agnostic or atheists, may still have a 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.  There may be additional risks if the child, young person or adult at risk holds beliefs which are different to the rest of their family.  **Culturally Competent Assessment**  It is crucial for professionals to work from culturally competent perspectives, particularly when an assessment is required. Professionals 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 professional decision-making, including the family, other professional perspectives and historical information. The latter can often prove difficult to source because families have moved from other countries.  **Focussing 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. It is important that support is made available to non-perpetrating parents.  Strong families share eight qualities:[[2]](#footnote-2)   1. Good communication and conflict resolution; 2. A sense of belonging, with shared values, beliefs and morals; 3. Shared activities; 4. Respect for family members individuality; 5. Affection; 6. Support and reassurance; 7. Commitment and prioritising the family’s wellbeing; 8. Resilience. |
| **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 professionals. 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 professional’s, and a whole service’s, ability to become more culturally competent. The professional 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. Communities are not static, there is a need for continual ongoing development to reflect emerging communities and changing needs. See training available listed in section ##; * 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. |
| **5** | **Informed Practice** |
| All professionals working with children, adults 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 enough knowledge of the relevant faith and/or culture to be able to effectively protect the children 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 allowing the family to give their account as well as researching such things by discussion with other professionals 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. Access training and support and use of professional reflection.  Professionals may choose to educate themselves about 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 professional may seek expert advice about a culture and/or faith on an ongoing basis throughout their work with the child and family – from a local, regional, or national source.  Professionals should also feel able to recognise bias within an organisation and have the confidence to challenge discrimination. |
| **6** | **Partnership** |
| Professionals working with children, adults 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 BAME communities, accessing appropriate services is a consistent barrier to them fully participating in society, increasing their exclusion and potential for victimisation.   Since the Children Act 2004, there is a responsibility on parents, communities, faith and community groups, and professionals to proactively safeguard and promote the welfare of children so that the need for action to protect them from harm is reduced, this message is re-enforced in Working Together (2018).  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. |

1. **Faith and Culture Safeguarding Risk Checklist**

Minority families can often live with circumstances that reduce or completely obstruct their ability, with or without a professional support plan, to do the things they need to do to keep their children and adults at risk safe. **Ask yourself the following questions to help identify risk factors and seek advice where appropriate:**

|  |  |
| --- | --- |
| **If the parent or carer** | |
| **1** | **Cannot speak, read or write English**, will she/he be able to:   * get a job * arrange suitable childcare * access health services including registering with a GP * pursue a legitimate asylum claim * understand the law or know their rights |
| **2** | **Fears that the state is authoritarian**, will she/he be able to:   * access health services including registering with a GP * engage with the local community organisations * engage with social care services including those offering care and support * talk to the school about their child’s progress/difficulties * call social care or the police if necessary |
| **3** | **Lacks strong social networks**, will she/he be able to;   * cope with the stresses of child rearing * cope with the stresses of providing unpaid care * cope with the tensions and emergencies of everyday living |
| **4** | **Lives in temporary housing**, will she/he be:   * unsettled * moving at irregular intervals to new and unfamiliar areas * not be able to begin to build strong social networks * coping with practicalities of moving including changing of utility bills and changing addresses * not able to build up necessary assets including white goods etc. * needing to constantly engage with new services including GP, education, social care. |
| **5** | **Is living below the poverty line**, will she/he be able to:   * buy enough food and clothing * keep warm * travel as required (e.g. to appointments) * provide for the child or people they care for |
| **6** | **Has a child/family member who is a different appearance, identity or culture to them**:   * For example, 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? * Will the person or their family be ostracised from their community? |
| **7** | **Is living in a close-knit community**, will she/he be:   * too scared or ashamed to engage with services * unable to report rape, domestic violence or abuse, Female Genital Mutilation, spirit possession or honour-based violence. |
| **8** | **Has a perspective on parenting practices underpinned by culture or faith which are not in line with UK law and cultural norms**, will she/he:   * put their child at risk of harm * leave young children at home alone * exercise robust physical punishment * force a child or adult into marriage * not care for a vulnerable family member appropriately |
| **9** | **Places too much authority on community or faith leaders,** will she/he be able to**:**   * Recognise her or his faith or community leader as all powerful and incapable of being abusive? * Put children or people they care for at risk of harm rather than questioning the faith or community leader? * Failing to follow advice of professionals |
| **10** | **Puts a very high value on preserving family honour**, will she/he:   * put or cause the child or people they care for at risk of harm rather than exposing the family to shame in the eyes of their community. * Cover up abuse or neglect rather than exposing the family to shame |
| **If the child, young person or adult** | |
| **11** | **Is discriminated or disapproved by her or his community, through not conforming to cultural norms for example:**   * being sexually active * having a relationship with somebody from a different culture or community * experience of something which is stigmatised within the community including having a disability, mental ill health or being a victim of sexual abuse * Use of drugs and alcohol |
| **12** | **Sexuality and gender identity:**   * Different interpretations of faith can increase risks to Lesbian, Gay, Bi-sexual, Transgender (LGBTQ) people * Will the person be able to identify as LGBTQ within their own family/community? * If the person is identified as LGBTQ will they face ostracism from their family or community? |
| **13** | **Has a strong allegiance to a group or gang:**   * Will this stop her or him from seeking help from the community or services? |

1. **Faith, Culture and Vulnerability**

Cultural identity based on ethnicity is not necessarily exclusive. People may identify themselves as British in some circumstances and as part of a 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 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. The vulnerability of young people should be considered around their own sense of identity and why it might be a risk.

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. 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, adults at risk 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. Most 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, adults at risk and their families may have recently migrated and may not be able to speak, read or write English, at all or well, may not understand safeguarding laws or know their rights. Some families 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 or adult at risk 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 change the dynamics within 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.

As a reminder children or adults at risk should never be used as interpreters or messengers.

All agencies need to ensure that they can communicate fully with parents, children and adults at risk when they have concerns about abuse and neglect and ensure that family members and professionals fully understand the exchanges that take place. Agencies should make arrangements to ensure that children and adults at risk 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 fearful to engage 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 care or the police if necessary.

Families and individuals who are newly arrived are likely to have weak or non-existent social networks, they 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, unpaid caring and family life for parents and children. There may be no ‘significant others’ for a child or adult at risk to confide in, or to advocate for or advise.

Children, families and individuals 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. People 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 families, or where literacy issues may 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, adults at risk 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.

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.

Parents and children who are mixed race or duel heritage may face similar challenges. People of mixed race may face the challenge of duel rejection from communities and may be additionally vulnerable to grooming as they attempt to fit into communities.

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 professionals 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 disapproved of or discriminated against in relation to their community, through not confirming to cultural norms. 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.

1. **Poverty**

In the UK, poverty rates vary enormously according to the ethnicity of the household. Within black or black British households, 48% of children are living in poverty. This rises to 67% in Pakistani and Bangladeshi households, 51% of black and black British children and 48% of children in Chinese or other ethnic groups live in poverty – compared with 27% of White children. Worklessness is a key driver for poverty, 72% of White women are economically active compared with just 27% of Bangladeshi and 30% of Pakistani women.

Work is not a guaranteed route out of poverty – 54% of Pakistani and Bangladeshi children in working households are in poverty compared to just 12% of White Children. Other contributing factors to household poverty are where there are Lone parent households, large families and families with a disabled family member.

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.

Families or individuals may also have No Recourse to Public Funds, exasperating challenges in relation to accessing health, housing, social care and support services.

Children living in poor housing face several 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 Newcastle, there are children and young people living in houses with multiple occupants including other families and individual adults. The risk arising from this for children and young people should always be considered by professionals working with children and young people.

**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[[3]](#footnote-3).

1. **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:

* Highly mobile families / insecure accommodation
* Being newly arrived in this country
* Language barrier
* Family structure and position in 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 or experience of multiple traumas
* Being a looked after child

And specific safeguarding concerns related to diversity and culture:

* Forced Marriage
* Female Genital Mutilation
* Honour Bases Violence
* Human Trafficking

1. **Abuse Linked to Spiritual and Religious Practices**

The belief in “possession" or “witchcraft” is widespread. It is not confined to countries, cultures or religions, nor is it confined to new immigrant communities in this country.

The definition which is commonly accepted across faith–based organisations, non-governmental organisations and the public sector is the term ‘possession by evil spirits’ or ‘witchcraft’.

Any concerns about a child which arise in this context must be taken seriously.

Where the concerns relate to several children, consideration should be given to whether the Investigating Complex (Organised and Multiple) Abuse Procedure should be implemented.

A number of faith groups have beliefs which affect how they use health services and specifically treatment and immunisations for children. Several churches and faith groups believe in the power of prayers and faith in God and as a result may refuse medical interventions and treatments including assistance at child births, health checks and immunisations.

Where a practitioner becomes aware of a belief held by the parents, where it may impact on the health and development of the child, the practitioner should consult with other professionals to assess the potential risks of significant harm to the child.

The NSCB have produced additional guidance on abuse which is linked to spiritual and religious practices. [**This guidance can be accessed here**](http://newcastlescb.proceduresonline.com/chapters/p_spiritual_rel_bel.html?zoom_highlight=religious).

These issues may also be of concern for adults at risk and referrals should be made into safeguarding adults procedures where appropriate.

1. **Service Directory**

Please find below a list of organisations who may be able to provide advice and support if you are working with a child, young person or family and require advice around a culture.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Local** | | | | | | | | | |
|  | **Organisation Details** | | | | | **Areas of specialism** | | **Services** | |
| **1** | **The Angelou Centre** | | | | | ***Black-led women’s centre based in Newcastle upon Tyne offering a range of holistic services for Black and Minority women from across the North East.*** | | | |
|  | **Website** | | <http://angelou-centre.org.uk/> | | | * Empowering black and Minority Ethnic women and girls * Promoting self-determination * Support for survivors of violence and abuse * Support and advice in relation to FGM | | * Individual support and advocacy for women and girls affected by FGM * Awareness raising training and support to women’s community organisations affected by FGM * The development of FGM community champions from affected communities * Awareness raising events and activities with professionals * Development of a network for women and girls affected by FGM | |
| **Email** | | [admin@angelou-centre.org.uk](http://angelou-centre.org.uk/admin@angelou-centre.org.uk) | | |
| **Telephone** | | 0191 226 0394 | | |
| **Email** | | panah.stonham@homegroup.org.uk | | |
| **Telephone** | | 0191 284 6998 | | |
| **2** | **West End Refugee Service** | | | | | ***Providing support services for asylum seekers and refugees. The range of integrated services aims to address the disadvantage of exclusion and poverty which affect asylum seekers.*** | | | |
|  | **Website** | | | <http://www.wers.org.uk/> | | * Practical help and advice * Advocacy * Home visits * Clothing store * Hardship fund | | | * Education and training * Befriending |
| **Email** | | | [info@wers.org.uk](mailto:info@wers.org.uk) | |
| **Telephone** | | | 0191 273 7482 | |
| **3** | **Riverside Community Health Project** | | | | | ***Works according to community development principles to improve the health and wellbeing of disadvantaged communities by acting with others to ensure appropriate service provision.*** | | | |
|  | **Website** | | http://riversidechp.co.uk/ | | | * Supporting children to raise our aspirations, make informed choices and improve our life chances * Supporting parents to counter disadvantage * Supporting women from diverse communities to counter disadvantage and influence decisions that will affect them, their families and communities. * Supporting local communities to build their capacity in making a positive difference to the lives of individuals and their communities | | * Migrant support project (works with individuals, families and groups of people from non-EU countries who are experiencing crisis). * Community cohesion * Early Years services | |
| **Email** | | n/a | | |
| **Telephone** | | 01912 260754 | | |
|  | | | | | | | | | |
| **National** | | | | | | | | | |
|  | **Organisation Details** | | | | | **Areas of specialism** | | **Services** | |
| **4** | **Afruca** | | | | | ***Afruca’s vision is to see a world in which Black and African children can live free of cruelty and abuse at the hands of others.*** | | | |
|  | **Website** | | <http://www.afruca.org> | | | * Support for children, young people and families from Black and African families. * Promoting positive parenting * Ensuring that children are aware of the risks of abuse, know their rights, and have the skills to protect themselves. | | * Awareness raising and sensitisation * Information, education and advisory services * Advocacy and policy development * Community and internal development * Support for children, young people and families. | |
| **Email** | | n/a | | |
| **Telephone** | | 0207 704 2261 | | |
| **5** | **The Roma Support Group** | | | | | ***Roma led charity working with East European Roma refugees and migrants.*** | | | |
|  | **Website** | | <http://romasupportgroup.org.uk> | | | * Promote understanding of Roma culture within the UK * Improving quality of life for Roma refugees and migrants * Linguistic expertise | | * Advice and Advocacy on various issues including poverty, housing, homelessness and health. * Training for professionals and the community * One to one support for clients in understanding mental health issues | |
| **Email** | | [info@romasupportgroup.org.uk](mailto:info@romasupportgroup.org.uk) | | |
| **Telephone** | | 0797 908 9778  020 7511 8245 | | |
| **6** | **Karma Nirvana** | | | | | ***Supporting victims of honour-based abuse and forced marriage.*** | | | |
|  | **Website** | | <https://karmanirvana.org.uk/> | | | * Forced marriage * Honour Based Violence * Support for both male and female victims * Support for victims of all ages * Muslim, Sikh, Hindu, Orthodox Jewish and Traveller Communities. | | * Face to face support * Confidential emotional support * Experts that recognise the risks of these issues and can assess accordingly * Assistance accessing relevant services/organisations * A professional who can advocate to professionals in order to ensure specific risks are understood and handled correctly | |
| **Email** | | [info@karmanirvana.org.uk](mailto:info@karmanirvana.org.uk) | | |
| **Tel** | | 0800 5999 247 | | |
| **7** | **Halo Project** | | | | | ***National project that will support victims of honour-based violence, forced marriages and FGM.*** | | | |
|  | **Website** | | <http://www.haloproject.org.uk/> | | | * Support for victims of FGM * Support for victims of Honour Based Violence * Advice for professionals | | * Community education | |
| **Email** | | [info@haloproject.org.uk](mailto:info@haloproject.org.uk;) | | |
| **Telephone** | | 01642 683 045 | | |
| **8** | **Imkaan** | | | | | ***UK based Black feminist organisation dedicated to addressing violence against Black and minoritized women girls*** | | | |
|  | **Website** | | https://www.imkaan.org.uk/ | | | * Violence against Black and minoritized women and girls * Policy and practice | | * Quality assurance * Training * Peer education * Policy and research | |
| **Email** | | info@imkaan.org.uk | | |
| **Telephone** | | 020 7842 8525 | | |
| **9** | **FORWARD** | | | | | ***Gender equality and safeguarding the rights of African women and girls.*** | | | |
|  | **Website** | | http://forwarduk.org.uk/ | | | * Human Rights violations * Health implications * The Law * FGM * Forced Marriage * Obstetric Fistula | | * Services for schools * Community engagement and awareness raising * FGM Training * Support for women and girls * Advice for professionals | |
| **Email** | | support@forwarduk.org.uk | | |
| **Telephone** | | 020 8960 4000 | | |
| **10** | **Victoria Climbie Foundation** | | | | | ***Campaign for improvements in child protection policies and practices and advocate for the right of every child to be protected from abuse.*** | | | |
|  | **Website** | |  | | | * Community Education Service * Active Listening Programme * Victim Support Service * Practice Consultancy | | * Campaigning * Protecting children across culture and faith * Addressing child abuse linked to faith or belief across all ethnicities | |
| **Email** | |  | | |
| **Telephone** | |  | | |
|  |  | |  | | |  | | | |
| **Resources** | | | | | | | | | |
| **1** | | ***Practice Guidance for the Effective Safeguarding of Children from Minority Ethnic Cultural and Faith Communities, Groups and Families*** | | | | | | | |
| **Produced by** | | | | | **Link** | |  | | |
| Peterborough Safeguarding Children Board | | | | | <http://www.safeguardingpeterborough.org.uk/wp-content/uploads/2016/03/Safeguarding-children-from-minority-ethnic-cultural-communities.pdf> | | | | |
| **2** | | ***Dementia and Diversity: A guide for managers and leaders (2016)*** | | | | | | | |
| **Produced by** | | | | | Link | |  | | |
| Skills for Care | | | | | <https://www.skillsforcare.org.uk/Documents/Topics/Dementia/Dementia-and-diversity-a-guide-for-leaders-and-managers.pdf> | | | | |
| **3** | | ***Dementia, Culture and Ethnicity: Issues for All?*** | | | | | | | |
| **Produced by** | | | | | **Link** | |  | | |
| Dementia UK | | | | | <https://www.dementiauk.org/dementia-across-cultures-and-ethnicities/> | | | | |
| **4** | | ***NSPCC Briefings (Variety of Topics)*** | | | | | | | |
| **Produced by** | | | | | **Link** | |  | | |
| NSPCC | | | | | <https://www.nspcc.org.uk/services-and-resources/research-and-resources/factsheet-and-briefings/> | | | | |
| **5** | | ***How Should I Discipline My Child?*** | | | | | | | |
| **Produced by** | | | | | **Link** | |  | | |
| Thirty-One: Eight  (Previously known as Churches’ Child Protection Advisory Service) 31 8 | | | | | <https://thirtyoneeight.org/news-and-events/> | | | | |
| **6** | | ***Safeguarding people in faith communities*** | | | | | | | |
| **Produced by** | | | | | **Link** | |  | | |
| Social Care Institute for Excellence | | | | | <https://www.scie.org.uk/safeguarding/faith-groups/communities> | | | | |

1. *Safeguarding Children’s Rights Special Initiative: Final Evaluation Report* (Tavistock and Portman NHS Foundation Trust / University of East London Centre for Social Work Research, 2011). [↑](#footnote-ref-1)
2. Silberberg S. Searching for Family Resilience (2001). [↑](#footnote-ref-2)
3. *Sharma. N., It doesn't happen here - The reality of child poverty in the UK*. [↑](#footnote-ref-3)