



Practice guidance for the effective  
safeguarding of children from minority ethnic,  
cultural and faith communities, groups and families.

Cultural competence practice puts children's well-being and protection within the cultural context...cultural competence helps sort out which aspects of the family's difficulties are 'cultural', which are neglectful, and which are a combination of factors.

(Korbin and Spillsbury: 1999 in Stevenson (2007))

'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'

## Contents

Faith and Culture Safeguarding Children Checklist	3
Introduction	5
Six competencies for effective safeguarding children action	9
Faith & culture and the potential vulnerability of children	19
Cambridgeshire: Child Poverty	26
Other Specific issues and vulnerabilities	29
Cambridgeshire LSCB training	30
Appendix One and Bibliography	31

## Faith and Culture Safeguarding Children Checklist – for use by all practitioners involved in safeguarding children

BME families often live with circumstances that reduce or completely obstruct their ability, with or without a professional 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 s/he 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 s/he 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 s/he 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 s/he 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 s/he 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 s/he be too scared or ashamed to engage with statutory and other services for herself e.g. domestic violence, sexual abuse/rape, repudiating female genital mutilation or spirit possession, or for her 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 s/he 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 his/her faith or community leader as all powerful, will s/he put their child at risk of harm rather than questioning the leader?
10. Puts a very high value on preserving family honour, will s/he 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 his/her 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 s/he 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 him/her from seeking help from the community or statutory and other services, to stay safe?

# 1 Introduction

## 1.1 Purpose of this guidance and intended audience

- 1.1.1 This practice guidance has been developed to assist clear insight and effective action to protect and promote the welfare of children living in circumstances which appear to be complex because of their faith, culture, nationality and possible recent history.
- 1.1.2 This guidance is for use by all professionals (the term includes managers, staff and volunteers) who have contact with children living in families from minority ethnic groups and communities, and who therefore have responsibilities for safeguarding and promoting their welfare.
- 1.1.3 Locally in 2012, the Cambridgeshire LSCB identified challenges in practice through its case reviewing work arising from organisations being ill-equipped to work with diversity, culture, ethnicity and identity in safeguarding work. Additionally, the rapidly changing demography of Cambridgeshire presents challenges to practitioners which can be overcome through the development of knowledge and skills and an approach to safeguarding practice which supports an effective response to the complexity and changing nature of the needs of children and families.
- 1.1.4 The London Safeguarding Board developed this approach in 2010 (see [www.londonscb.gov.uk](http://www.londonscb.gov.uk)) after a series of projects were completed across various London Boroughs. This Cambridgeshire practice guidance and a new LSCB training plan for supporting culturally competent safeguarding practice draws upon this work, but has been adapted to be relevant to staff working across all agencies in Cambridgeshire. It has been developed with the support of practitioners and with the expertise of the Cambridgeshire County Council's Race Equality & Diversity Service (CREDS)
- 1.1.5 Dealing with the variety of need that children and young people in Cambridgeshire have is best achieved by professionals understanding the underlying principles of good practice, developing the expertise and confidence to apply them and doing so with knowledge, information and understanding of a child's specific circumstances - e.g. their and their family's culture and faith and relationship with the local community and wider UK society. This practice guidance seeks to support this.

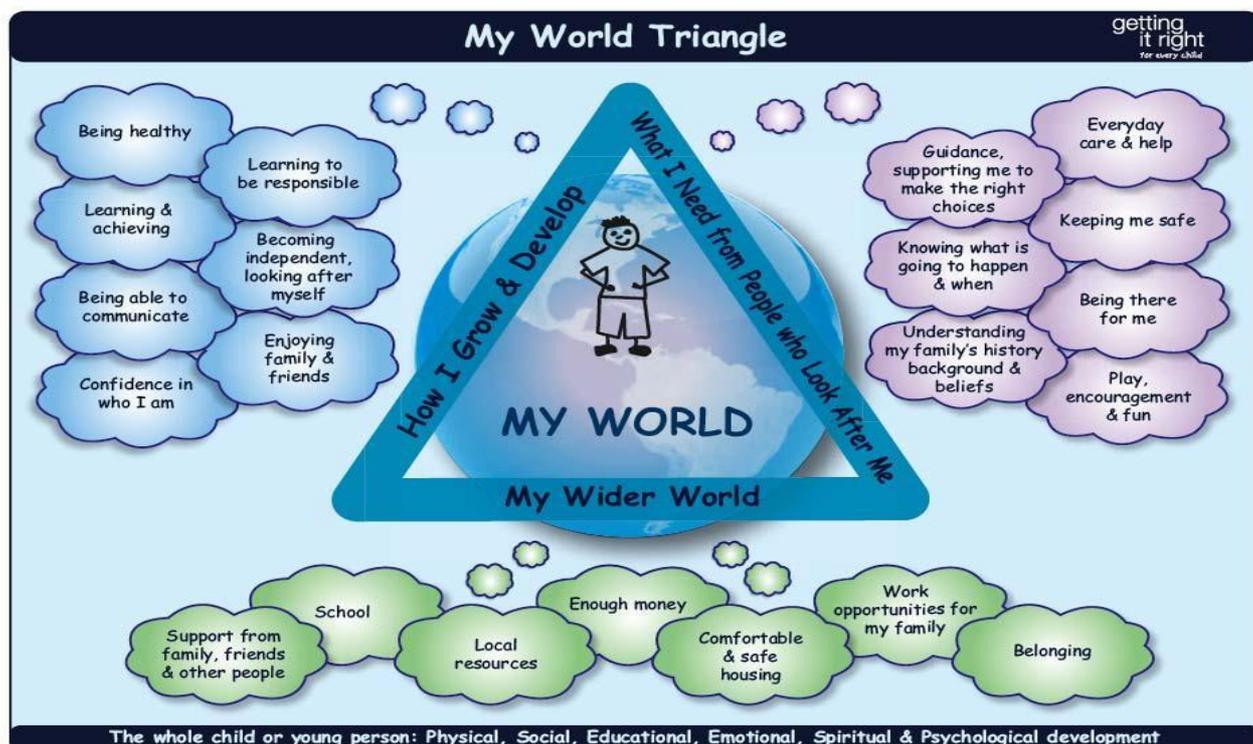
## 1.2 Professional responses

- 1.2.1 Working Together 2013 which identifies physical, sexual, emotional abuse and neglect, provides the statutory framework for protecting children and promoting their wellbeing regardless of their faith, culture and circumstances.
- 1.2.2 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 professionals, which seek to assist the professional 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 professional 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.

- 1.2.3 The framework should be applied by the professional as a process integrated with and complementary to the Cambridgeshire LSCB Child Protection Procedures, and any other locally approved procedures i.e. the EHA 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 by the use of the Model of Staged Intervention (see [Cambridgeshire Threshold Document](#)).
- 1.2.4 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.
- 1.2.5 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's health and development and the factors in the other domains of the Assessment Triangle

Figure 1



- 1.2.6 The domains relating to parenting ('what I need from people who look after me') and environment ('my wider world' – see Fig 1) 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.
- 1.2.7 The rest of this guidance provides information, quotes from individuals who have been, or been at risk of, being harmed, descriptions of cases and lessons to be learned – in relation to responding to child health and wellbeing concerns in minority ethnic families. These descriptions may trigger recognition of situations of risk, signpost areas which may need further investigation in an assessment of risk or flag issues which need to be addressed in care planning.
- 1.2.8 Professionals should use the information that they are signposted to in other key documents of this guidance as prompts to further inquiry. They describe the type of issue which would underpin steps 1 – 3 in the Framework and which should prompt the actions in steps 5 and 6. These 6 key areas are outlined in figure 2 below and expanded on in section 2.

Figure 2

This practice guidance sets out a framework of six competencies for effective safeguarding children practice. These are based on professionals being competent in:

1. Knowing how a healthy child or young person presents and behaves – so that the professional can recognise signs of distress and impaired development and intervene as early as possible to protect and promote wellbeing; acted on quickly and appropriately;
2. Listening to children and taking what they say seriously – so that their distress can be understood
3. Knowing how to undertake a really good holistic assessment. Depending on the circumstances the assessment can be brief or in-depth, but it must address all three Assessment Framework domains in order not to miss a key factor;
4. Cultural competence – so that the professional is self-aware enough not to alienate the child or family and avoids being blinded or prejudiced by faith or cultural practices (and loses sight of harm or potential harm to the child);
5. Knowing, learning about or seeking expert advice on the particular culture and/or faith by which the child and family lives their daily life;
6. Knowing about and using services available locally to provide relevant cultural and faith-related input to prevention, support and rehabilitation services for the child (and their family)

### 1.3 National and local guidance

1.3.1 In recent years, a number of national and local practice guides and resource packs have been produced to assist professionals intervene to protect and support children as appropriately as possible. These provide detail on specific issues and should be read in conjunction with this guidance wherever possible. All of these can be accessed on the Cambridgeshire LSCB website, along with the local multi-agency procedures for safeguarding children; [www.cambslscb.org.uk](http://www.cambslscb.org.uk). It is important to note that this site is regularly updated to reflect the latest national guidance and advice. The website also has information about LSCB training: from 2013-4 there are two training courses which will support practitioners in developing their skills in culturally competent safeguarding practice.

1.3.2 As mentioned above, the work that has taken place is the work in to safeguarding children in ethnic minority, culture and faith communities on the London safeguarding board website: [www.londonscb.gov.uk](http://www.londonscb.gov.uk) is of great use to practitioners. This practice guidance focuses on some of the specific types of abuse and harmful situations to children from particular minority ethnic groups. The need for this focus arose from a study of the lessons arising from practice in various London boroughs and from recommendations in London serious case reviews. The nominal focus was on four abusive practices – harm to children linked to a belief in spirit possession, honour-based violence, female genital mutilation, and the trafficking and exploitation of children. These safeguarding concerns, although not known to be commonplace in the context of Cambridgeshire, are still possibilities and so professionals must be aware of the

signs and indicators of these. Therefore, it is advised that practitioners access the link to the London SCB to access more information about this.

- 1.3.3 During the London SCB project, community groups were encouraged to identify their own priority issues and experiences. These included: poverty and related issues, domestic violence, truancy, discipline and problems arising from the tensions between the first and second generations of immigrant families (i.e. parents struggling with their children's 'lack of respect' for their mother culture's values and norms; children struggling with 'strict or restrictive' parenting), sexual promiscuity and exploitation, especially for girls, substance misuse, gangs and weapons. These issues are relevant to the Cambridgeshire context to varying degrees and so should be considered. The checklist at Appendix 1 of this document supports practitioners to consider these in the assessment of and practice with children.

#### 1.4 Terminology used:

- 1.4.1 'Child' is defined as children up to their 18th birthday, and a 'professional' as any individual working in a voluntary, employed, professional or unqualified capacity, including foster carers and approved adopters. 'Parents' refers to parents and carers.
- 1.4.2 '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.
- 1.4.3 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
- 1.4.4 The term 'safeguarding and promoting the welfare of children' is defined as:
- Protecting children from maltreatment
  - Preventing impairment of children's health or development
  - Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
  - Enabling children to have optimum life chances and enter adulthood successfully
- 1.4.5 See section 3 on 'Faith & culture and the potential vulnerability of children' for detailed definitions of 'culture' and 'faith'.

## 2. Six competencies for effective safeguarding children action

### 2.1 Competency 1: child development

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

2.1.2 Professionals 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.

2.1.3 To keep the child's needs – including in particular his or her safety and wellbeing – clearly in mind, each professional should also regularly ask themselves whether the family and/or services are meeting the child's needs, as set out in the United Nations Convention on the Rights of the Child (UNCRC)<sup>8</sup>. In particular, the child's right to:

- Life and promotion of his/her development (Article 6)
- Protection from harm through violence, abuse and neglect (Article 19)
- Physical and psychological recovery (Article 39)

2.1.4 The Children Act 1989 makes it clear that the child's welfare is paramount, i.e. that the UNCRC, above, must always be upheld before consideration of the rights (and traditional cultural and faith related practices) of adult family members and/or the child's community.

### 2.2 Vulnerability of children throughout their childhood:

2.2.1 In each the four biennial studies of Serious Case reviews commissioned by Department for Education (formerly the Department for Children, Schools and Families) there was a breakdown of the age distribution of the subject children of each Serious Case review. The table demonstrates the vulnerability particularly of infants under the age of one, but also of pre-school children. In the overview of 2009-11, 64 children aged under one year: 26 of the 64 (41%) were under three months of age, 24 (38%) were aged three to five months, 9 (14%) were aged six to eight months, and the remaining 5 children (8%) were between nine months and one year. The attachment of children to their carers in infancy is central to their healthy development – this process between child and carer does not vary according to ethnicity or religion.

Table 1

	Frequency 2003-05 (n=161)	Frequency 2005-07 (n=189)	Frequency 2007-09 (n=280)	Frequency 2009-11 (n=178)
<1yr	76 (47%)	86 (46%)	123 (44%)	64 (36%)
1-5yrs	33 (21%)	44 (23%)	60 (22%)	51 (29%)
6-10yrs	11 (7%)	18 (10%)	26 (9%)	21 (12%)
11-15yrs	26 (16%)	20 (11%)	40 (14%)	27 (15%)
16-17yrs	15 (9%)	21 (11%)	31 (11%)	15 (8%)

2.2.2 Brandon et al (2011) developed a further paper arising from their study of the review of Serious Case Reviews of 2009-11: '[Child and family practitioners' understanding of child development](#)' demonstrating the key learning from these reviews of the centrality of child development knowledge to effective safeguarding practice. The authors use 6 cases to demonstrate the importance of identifying potential warning signs of abuse and neglect that could be seen to link to the child's development, or to an understanding of the child's likely developmental capacity. The 2009-2011 overview also contains key learning in terms of the stages of child development. These include:

- Younger children and indicators such as bruising and other minor injuries, focussing on bruising in pre-school aged children; bruising in disabled children; emotional development and faltering weight in young children
- Middle childhood (5-10 years) and what the authors call "hidden adversity": Parental separation; domestic abuse; parental self-harm; physical and emotional abuse may all be hard to see, but may manifest itself in behavioural difficulties which is then tackled within schools etc without an investigation of the underlying sources. A recent Serious Case review in Cambridgeshire demonstrated this point: a child was seen by a specialist who did not use the wider family and environmental evidence to understand the child's behaviour and took the mother's explanation at face value.
- Older children and their distress. Often manifesting in risky and difficult behaviour, the response was often not appropriate, thus escalating the distress further.

2.2.3 Two recent independent national reviews, by Frank Field (2011) and Graham Allen (2010), reported that there is overwhelming evidence that a child's life chances depend on healthy development in the first five years. They recommend a focus on good parenting to equip children to make the most of their life chances. They also make the link between deprivations.

2.2.4 The stress it places on parents to provide good parenting and the potential for good parenting to interrupt inter-generational cycles of deprivation.

2.2.5 Graham Allen wrote this about deprivation: 'It has been heartbreaking to see so many children's lives and potential wasted [in one of the most deprived constituencies in the UK], all the more so for knowing that this could have been prevented by small investments in the early years of those lives. Getting this

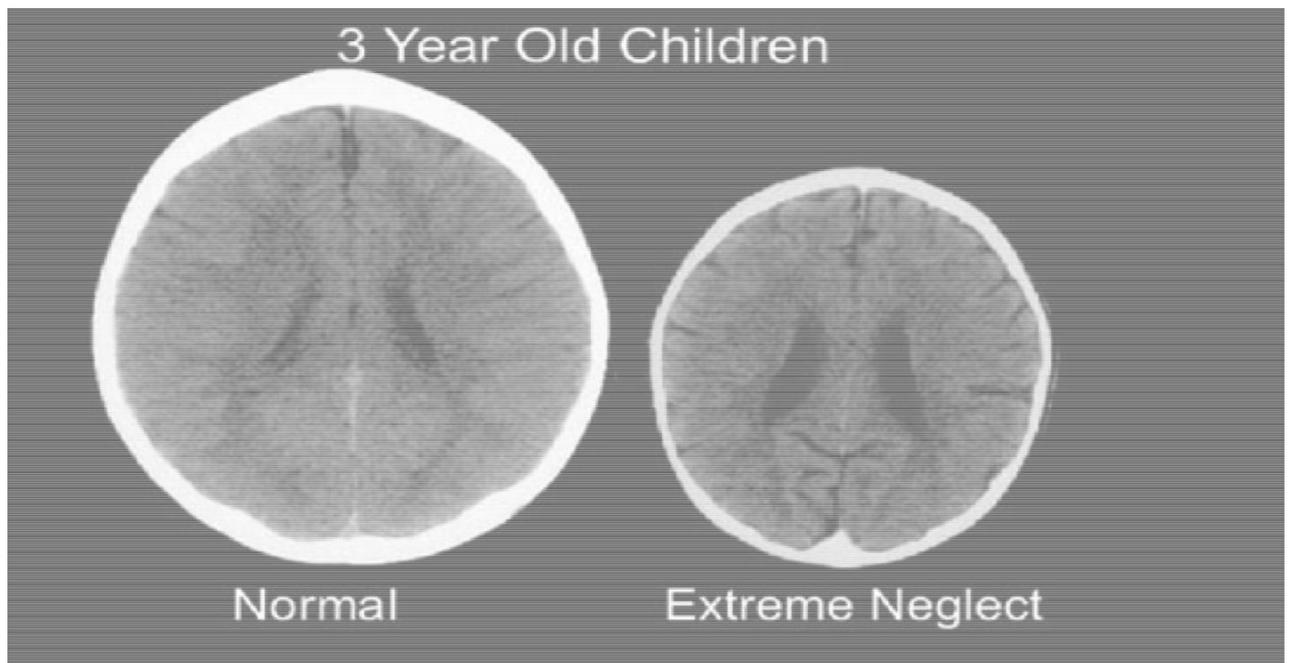
wrong has impacts way beyond the individual and family concerned: every taxpayer pays the cost of low educational achievement, poor work aspirations, drink and drug misuse, teenage pregnancy, criminality and unfulfilled lifetimes on benefits. But it is not just about money – important as this is, especially now – it is about social disruption, fractured lives, broken families and sheer human waste.'

Early Intervention: The Next Steps (Graham Allen MP, 2011)

2.2.6 Frank Field wrote this about the early development of children: 'A child's life chances depend on healthy development in the first five years, the things that matter most are a healthy pregnancy; good maternal mental health; secure bonding with the child; love and responsiveness of parents along with clear boundaries, as well as opportunities for a child's cognitive, language and social and emotional development.' The report of the Independent Review on Poverty and Life Chances (Frank Field MP, 2010).

2.2.6 In Figure 3, Graham Allen reminds us of the irreparable harm which can be inflicted on babies through neglect. This is extreme neglect – however, all neglect will have some harmful consequences for a developing child; as will interrupted attachment and cold/uncaring, non-nurturing parenting and harsh disciplining.

Figure 3



2.2.7 Figure 4 reveals some key data about the importance of child development to the outcome.

Figure 4

Improving healthy development in the first five years is particularly important in minority ethnic culture and faith groups and communities in the light of the outcomes for these children as young people.

In Cambridgeshire in 2012 (national data in brackets), 44% (62%) of Bangladeshi, 43% (58%) of Black African, 24% (50%) of Black Caribbean, 10% (9%) of Gypsy/Roma, 48% (53%) mixed heritage and 45% (54%) of Pakistani pupils achieved 5A\* - C GCSEs including English and Maths in 2012 (57.5% (59%) of all pupils achieved A\* - C GCSEs including English and Maths in 2012).

- There are more minority ethnic young people in prison than at university
- 28% of detainees in young offender and juvenile institutions are from minority ethnic groups
- 17% of children and young people in care are from minority ethnic groups
- The employment rate for the minority ethnic population is 61% (the employment rate for the whole population in Britain is 75%)

2.2.8 In Cambridgeshire the key ethnic data can be found on the Joint Strategic Needs website here: [Cambridgeshire JSNA](#). It reveals that although a larger proportion of the population in Cambridgeshire is 'White British' (84.5%) than in England (79.8), Cambridgeshire has a higher proportion of White other (7.1%) than the country (4.6%) and of White Gypsy or Irish Traveller (0.2%) as opposed to 0.1% nationally. 9.5% of Cambridgeshire school children are from ethnic minorities

2.2.9 Across the county almost 9.5% of school children are from a Black or Minority ethnic group, including Gypsy/Travellers. The south of Cambridge City had the highest proportion of Minority ethnic families - in January 2009 25.4% of school pupils were from this group. There were also significant minority ethnic communities in other parts of the county, notably Pakistanis in Huntingdonshire, Gypsy/Roma in Fenland and Indians and Irish Travellers in South Cambridgeshire. Increasing numbers of migrant workers, chiefly from Eastern Europe and Portugal, live throughout the county. Many children of minority ethnic heritage, particularly those from the Gypsy/Traveller, Bangladeshi and Pakistani communities, have not enjoyed the same level of educational outcomes as the majority. However, in Cambridge City particularly there are also children of visiting academics or business people who may be high achievers.

## 2.3 Competency 2: listening to children

### 2.3.1 Why do children not disclose abuse?

- Fear of not being believed:

"I told someone but they didn't believe me and I suppose after that I really started to think that maybe I'd imagined it and it was my mind playing tricks with me" "Since that social worker came to my house and listened to my parents over me, everyone has seen me as a trouble maker. I actually think people feel sorry for my parents having to cope with me. If I carry on asserting what has happened to me,

my family will turn against me, I am physically at risk and everyone thinks I am a trouble maker ...if I stop talking about it, at least it's only my life that's hell"

- Fear of repercussions:

"You'd worry that the person would hurt you more"

"You'd be fearful of reprisal by family and getting them into trouble"

"I was scared that I would be put in a home and I was right to be scared cos that's what happened to me"

"I think you don't tell because you are scared about what will happen. I know I was terrified of my dad. I thought that if I told he would kill me or my mum"

- Not being asked the question:

"You ask me why I didn't say anything sooner, I'll tell you why. Because no-one asked"

"I ran there once (GP surgery) when I was having an anxiety attack. They were really nice and gave me a glass of water but they didn't ask me why I was anxious or why I had run away to them"

"Why can't staff ask direct questions ...it would make it a lot easier to talk about"

- Not knowing, when young, that the abusive behaviour is not normal:

"I was very young when my dad started abusing me sexually ...it takes a long time to figure out that such behaviour is wrong and when I did (figure it out) I didn't know who to tell or who would believe me"

"...I don't remember it happening before the age of ten, it just had and I didn't know it was wrong, but then I just decided it was my fault"

2.3.2 A child also 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 professionals 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.

2.3.3 This was reflected by Lord Laming in the Victoria Climbié Inquiry Report:

'The reality was that the needs of the child, Victoria, were never considered [...] the conversations with Victoria were limited to little more than: "hello, how are you?" '

## [2.4 Competency 3: sound holistic assessments](#)

2.4.1 '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)

2.4.2 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.

2.4.3 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; and
- The amount of support the child can get from his or her wider networks.

2.4.4 Professional expertise – the Munro Review sought to address the issue that professional practice should not be focused on compliance with guidance. '...procedures can lull people into a passive mindset 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 professionals 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.

2.4.5 Principles of a good child protection system

It is important to explain the principles of a good child protection system, which underpin the review's recommendations for reform.

- All intervention should be child-centred, recognising that children have rights, including their right to participate in decisions about them in line with their age and maturity
- Helping children and families involves working with them, and therefore the quality of the relationship between the child/family and professionals must be as skilled as possible
- The family is usually the best place for bringing up children, but difficult judgments are sometimes needed in balancing the right of a child to be with their birth family with their right to protection from abuse and neglect
- Early help is better for children because it minimises the period of adverse experiences affecting a child's development, and therefore improves outcomes for children
- Family support and child protection interventions need to be as varied as children's needs and circumstances
- Good professional practice is informed by knowledge of the latest theory and research
- Uncertainty and risk are features of child protection work and need to be minimised and managed in an ongoing way – as circumstances change and new information becomes available
- The measure of the success of family support and child protection interventions is whether children are receiving effective help

2.4.6 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.

#### 2.4.7 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 due to the fact that families have moved from other countries.

Figure 5

What are the issues? Is this child abuse? What would you do?

The ZD family first came to the attention of children's services following a routine visit from a Traveller Education Outreach Worker to the Traveller site on which the family were living. The family consisted of father, mother and four female siblings (aged 10, 8, 5 and 3 years). The family had come from Latvia, where they lived in a Gypsy Camp and had resided in the UK for 2 years. Mother was said to be very subdued and hard to engage (the social worker was not sure if mother spoke/understood English and there were no attempts to explore her understanding), while father was described as the head of the household and very much in charge of the family.

The children appeared to have serious developmental delays and have no form of coherent language; they were unable to speak/communicate. The 3 oldest children had not been registered at any school since arriving in the UK. Teachers reported that they were unable to develop and maintain peer group relationships and tended to stay with each other at playtimes. The 3 year old child was thought to have learning difficulties as her form of communication was predominately one of screaming and wailing as she did not have language.

She had sustained a number of injuries, some accidental, others non accidental. Quite recently she was seen (not the first time) at A&E having pulled boiling water upon her upper body. Following a number of serious incidents, the children were placed on a child protection plan under the category of neglect.

It was reported that mother made very little contact with the 8 year old child - she was not emotionally available to her and responded in a mechanical fashion to her needs. The 10 year old had difficulties sleeping at night and was often awake up to 7 hours each night. She was also frequently kept off school so that she could help her mother at home.

Although all of the girls had developmental delays, the 8 year old had additional needs and it was reported that she was often scapegoated and sustained some serious injuries.

2.4.8 In the case study in the box – the social worker had no knowledge or understanding of the cultural dynamics. She was unaware of the issues in Eastern Europe for Roma, from which the family had fled and she did not adequately address the language barriers which the family may have been experiencing. An interpreter was eventually engaged, but it was not discovered until later that Latvian was, in fact, the family's second language, their first being Romanian. The fact that the 3 year old child seems to present as having additional difficulties and unexplained injuries was not explored. An appropriate community organisation or professional agency was not approached to support/provide clarity around the family's context given the language barrier. The fact that this family and in particular the mother and oldest child, were suffering from severe and untreated depression due to witnessing the arson attack on their house in Latvia in which the two youngest children, then 3 and 1 yrs old, had been, was not identified.

2.4.9 A useful resource for social workers to contact in order to try to understand the history of a family is protecting CHILDREN and uniting FAMILIES ACROSS BORDERS (<http://www.cfab.org.uk>), formerly known as the International Social Service (ISS)

2.4.10 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.
- Research by an international team representing 18 countries in 7 of the world's major geocultural areas indicates that family strengths, community strengths, and cultural strengths are remarkably similar from culture to culture

2.4.11 A recent Australian study found that strong families share eight qualities:

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/ prioritising the family's wellbeing
8. Resilience

Silberberg S. Searching for Family Resilience (2001)

## 2.5 Competency 4: cultural competence

2.5.1 A key finding from London Safeguarding Children Board project was that successful engagement depends largely on a respectful and culturally sensitive approach, rather than on the ethnicity and cultural/ religious background of the outreach workers.

2.5.2 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
- Have the capacity for cultural self-assessment

- Be conscious of the 'dynamics' inherent when cultures interact
  - Institutionalise cultural knowledge, and
  - Develop adaptations to service delivery reflecting an understanding of diversity between and within cultures.
- 2.5.3 These five elements must be manifested in every level of the service delivery system. They should be reflected in attitudes, structures, policies, and services:
- 2.5.4 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.
- 2.5.5 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.
- 2.5.6 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.
- 2.5.7 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.
- 2.5.8 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.
- 2.5.9 'Perhaps if we reflect on how we address our own racism, sexism, classism, heterosexism (and other "isms") in a more careful way, we would be more able to refine our understanding and manifest a more authentic cultural sensitivity' Dr Esprin O. Department of Women's Studies, San Diego State University <http://www-rohan.sdsu.edu/~oespin/seminar.html>

## 2.6 Competency 5: informed practice

- 2.6.1 '...professional competence is the key to protecting children. The elements of this are: knowledge, values and professional identity; skills; professional/clinical supervision and training to enhance knowledge and skills.' Owers et al 1999
- 2.6.2 All professionals 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.

- 2.6.3 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 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.
- 2.6.4 Professionals 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 professional 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.

### [2.7 Competency 6: partnership with specialist services and parent, communities and faith groups.](#)

- 2.7.1 Professionals 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 BAME communities, accessing appropriate services is a consistent barrier to them fully participating in society, increasing their exclusion and potential for victimisation.
- 2.7.2 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.
- 2.7.3 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.

### 3. Faith & culture and the potential vulnerability of children

- 3.1 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.
- 3.2 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.
- 3.3 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.
- 3.4 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?
- 3.5 "Immigration problems were considered by 21 agencies to be one of the key factors leading to the mental distress experienced by many of the BME women, often compounding the experience of domestic violence. Stories of fleeing war-torn countries often combined with the anxiety of leaving family and loved ones behind in the country of origin. For many, the racism, discrimination, loss of status, social isolation, poor housing, inability to have access to social welfare, working in low-paid jobs, having to negotiate living in an often hostile and different culture, the uncertainty of their future in relation to their immigration status, and the length of the immigration process decision making led to acute distress". Southall Black Sisters survey of thirty-six mental health and social care agencies (2004-5)
- 3.6 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.

- 3.7 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.
- 3.8 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.
- 3.9 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.
- 3.10 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 professionals 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.
- 3.11 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.
- 3.12 Children and their parents who are newly arrived are likely to have weak or nonexistent 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.
- 3.13 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.

- 3.14 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.
- 3.15 "While there is a known association between poverty and neglect, it is important to reiterate that not all poor families neglect their children" (Stevenson 1989)
- 3.16 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.
- 3.17 "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."
- 3.18 "Suspicion of social services by families is based on the fear of children being removed. This has historical roots in relation to the removal of children in Britain and other European countries to 'educate' them away from their culture. Because of the lack of non-crisis engagement between social services and Gypsy and Traveller communities, the more recent removal of children in child protection cases (though infrequent), can also cause further damage to relationships between children's social services and the communities. Communities' distrust was matched by social workers' fears about engaging with Gypsies and Travellers, based on stereotypical misunderstandings and ignorance of cultural issues." –Cemlyn, 2000b, Cemlyn & Briskman, 2002 and Vanderbeck, 2005
- 3.19 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.

- 3.20 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.
- 3.21 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.
- 3.22 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.
- 3.23 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 instill traditional values from their country of origin in their British born children  
[www.coi.gov.uk/aboutcoi.php?page=326](http://www.coi.gov.uk/aboutcoi.php?page=326)
- 3.24 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.
- 3.25 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.
- 3.26 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.
- 3.27 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.
- 3.28 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.

3.29 A recent consultation with members of the new community conducted by PCG in Cambridgeshire as a response to the new challenges to public services as a result of migrancy mainly from Eastern Europe found that

- While many of the problems faced by Eastern Europeans are experienced also by other families living in Cambridgeshire (and in fact, many respondents stressed they do not want to be treated differently than English people), there are a number of socio-economic and demographic differences about Eastern Europeans that impact on their service needs, creating new ones and intensifying some of those already existing.
- The population of Eastern Europeans is young and has a high proportion of young children: 53% of parents surveyed have children below the age of 5. This means they are about to enter the education system, which could create additional tensions in schools that already have to deal with large numbers of students not fluent in English. Most households have more than one child, and 15% of parents we surveyed have more than two children.
- It was reported that Eastern European families report a disproportionately high share of broken families, divorces, alcohol abuse and domestic violence.
- Eastern Europeans often have jobs that require working outside normal office hours, including night shifts and work during weekends. Atypical working patterns increase the need for childcare and make it impossible to benefit from some services provided in typical hours.
- Few Eastern Europeans live close to grandparents or other close relatives who could help them with the childcare. It often means that one of the parents cannot work, which subsequently reduces the financial stability of these families. At the same time, parents who stay at home with children (mostly mothers) could be a good group to target with information about local service offering.
- Most Eastern Europeans came to Cambridgeshire looking for better jobs and increased financial stability. They are often (at least at the beginning of their stay in Cambridgeshire) not interested or not willing to integrate with local communities. It often results in their reluctance to learn more about local activities or services that they could benefit from, unless they can have direct impact on their financial situation.
- A reluctance to ask for help in case of more personal problems (such as domestic violence, problems with raising children, mental problems) and distrust in public agencies has long been part of the Eastern European culture. They are proud, hesitant to discuss their problems with a stranger, and may not feel comfortable turning to public services for help. This means a more proactive approach will be needed to reach out to this population with a long term engaging strategy to gain their trust.

### 3.30 Therefore the consultation suggested the following approaches regarding service delivery

#### Generations: similar problems, different support needed

- Young people and their parents tend to have similar problems on arrival in Cambridgeshire (language barrier, alienation stress and depression, lack of understanding of the education system). However, young people get adjusted to the new reality faster, while their parents continue to struggle.

#### Tackling language barrier becomes a priority

- The report concludes that the target population experiences barriers to accessing services (such as language barrier, information barrier, high cost or even reluctance to seek help), rather than real service gaps. Limited English proficiency seems to be the biggest problem of the adult population that needs addressing, as it is an underlying cause of many problems experienced by Eastern Europeans, including lack of understanding of the education system and social benefits, problems with finding work, discrimination and stress. While it is a problem faced mainly by parents, children are affected by it as well, as they often need to act as interpreters for their parents, which is a role often too mature for their age and competencies, sometimes conflicting with their school duties.

#### Focus on early intervention and root causes

- Focus should be not only on mitigating problems, but on tackling their root causes. Early intervention would make life easier for Eastern Europeans immediately on their arrival in Cambridgeshire, making sure they settle in quickly and understand the local system (e.g. education, healthcare). It is especially important to ensure rapid integration of children and young people.

#### Enhanced information

- For UK citizens and residents living in Cambridgeshire from birth or for a longer period of time some aspects of life, laws, requirements and even cultural expectations are obvious and taken for granted. It is not always the same for newcomers.

#### Peer support

- Respondents also believe that peer support and outreach elements delivered by the community itself would be beneficial. When combined with Eastern European strong preferences for face to face, rather than telephone, contact and for drop-in, rather than appointment, services suggests a “One-Stop-Shop” type of provision could be extremely useful.

#### Problems potentially intensified in the future

- Currently most of our respondents believe that, in spite of some problems they encounter, they are better off living in Cambridgeshire than in their home countries and 87% of them believe they will be still living in Cambridgeshire in 5 years.

## 4. Cambridgeshire: Child Poverty

- 4.1 The definition of child poverty used in Cambridgeshire County Council's Joint Needs Assessment is:
- 4.2 The proportion of children (those aged 0-16 or 16-19 who are dependent on their families), which are either receiving means-tested benefits, or tax credits where the family has an income of less than 60% of median income.
- 4.3 Using that definition: Are these figures up to date?
- Over 15000 children live in poverty in Cambridgeshire, 12.5% of all children;
  - Fenland continues to have the highest level of child poverty in Cambridgeshire, and the more deprived wards in Wisbech and Whittlesey have seen greater increases in levels of child poverty.
  - There have been significant increases in the numbers of children in poverty in South Cambridgeshire villages and in wards surrounding Peterborough. There should be increased focus on enabling families in these areas to access services.
  - Wards with significant levels of new housing development have seen a rapid (and expected) increase in the number of children in poverty.
  - 11,175 children live in poverty in our more affluent areas. This means that many families will find it much more difficult to access support services, and may be hidden from service providers.

<http://www.cambridgeshire.gov.uk/childrenandfamilies/providingchildrenservice/wor kingwithpartners/researchanddatachildren.htm>

### 4.4 Why should we be worried about child poverty?

- 4.4.1 Although the UK children's legislation and national guidance is in line with the UNCRC, the UK has been repeatedly criticised by the UN Committee on the Rights of The Child for failure to commit an adequate share of its resources to children and for the extent of the inequalities of health and education amongst children. Working to reduce poverty and inequalities and their impacts in any community thus constitutes an important preventive approach to child abuse.

### 4.5 Poverty and ethnicity - are these up to date?

- 4.5.1 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. This presents the government with a serious challenge – without targeted policies, ethnicity will continue to determine children's life chances.
- 4.5.2 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.
- 4.5.3 Work it 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 child

- 4.5.4 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.
- 4.5.5 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 Cambridgeshire, 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.

#### 4.6 The impact of poverty

##### 4.6.1 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

#### 4.7 The relationship between poverty and abuse and neglect.

- 4.7.1 'The principle source of stress worldwide is poverty. Poverty is at the root of many of the stresses that have been identified as the cause of emotional distress. Poverty has been identified as the 'the cause of the causes'
- 4.7.2 Nevertheless there is a definite 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. [ Sharma. N., It doesn't happen here - The reality of child poverty in the UK

- 4.7.3 In a recent qualitative study examining the relationship between poverty, parenting and children's well-being in diverse social circumstances, Hooper et al (2007) found that stress, unless buffered by sufficient social support and/or mitigated by other sources of resilience, is likely to be significant in the increased risk of some forms of maltreatment among parents living in poverty.
- 4.7.4 A number of incidence studies also highlight the association between poverty and maltreatment, showing a 'clustering' of children on child protection registers in deprived areas of cities.
- 4.7.5 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.
- 4.7.6 Research on links between poverty and emotional abuse is very limited. However, as stated above, 98% of the families whose children were at risk of suffering emotional maltreatment or neglect were characterised by the extreme poverty of their material environment.
- 4.7.7 Findings from reviews of practice are that professionals have become so focused on investigating alleged incidents of abuse or neglect that they are paying too little attention to the overall quality of care that the child is receiving. While the majority of child protection enquiries concluded that the alleged incident did not warrant further action, many of the parents were experiencing problems, such as domestic violence or mental ill health, which were having an impact on their standard of care but they were not offered any help.

## 5. Other Specific issues and vulnerabilities:

5.1 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

5.2 And specific safeguarding concerns related to diversity and culture:

- Forced Marriage
- Female Genital Mutilation
- Honour Based violence
- Trafficked children.

5.3 Rather than repeating what is already so well examined, the reader should refer to the Cambridgeshire LSCB website for the local and national guidance:

[www.cambslscb.org.uk](http://www.cambslscb.org.uk) and to the London Safeguarding Children Board guidance on Safeguarding Children in minority ethnic culture and faith (often socially excluded) communities groups and families.(Dec 2011) found here:  
[www.londonscb.gov.uk/culture\\_and\\_faith](http://www.londonscb.gov.uk/culture_and_faith)

## 6. Cambridgeshire LSCB training.

6.1 Cambridgeshire LSCB training provides childrens safeguarding training for multi-agency professionals who work indirectly and directly with children, young people and their families. Listed below are the training events, currently available within the LSCB training, that cover the 'six competencies for effective safeguarding children action'. For further details on the courses, LSCB competencies and the 'Working Together' (Working Together 2010/2013) groups please see the Cambridgeshire LSCB training brochure at [www.cambslscb.org.uk](http://www.cambslscb.org.uk).

Competency 1 : Child Development
<input type="checkbox"/> Child and Adolescent development <input type="checkbox"/> Attachment Theory <input type="checkbox"/> Fetal alcohol spectrum disorder
Competency 2 : Listening to Children
<input type="checkbox"/> Messages on Safeguarding <input type="checkbox"/> Engaging and communicating with children and families (in development)
Competency 3: Sound Holistic Assessments
<input type="checkbox"/> Culture and faith in safeguarding practice <input type="checkbox"/> Risk identification, assessment and managers – working with the negatives and positives of practitioners and for managers) <input type="checkbox"/> Analysis in safeguarding practice – or what are we basing our decision on? (for managers practitioners) <input type="checkbox"/> Dads can safeguard too <input type="checkbox"/> Graded profile
<input type="checkbox"/> Equality, diversity and safeguarding children and young people <input type="checkbox"/> Culture and faith in safeguarding practice <input type="checkbox"/> Female Genital Mutilation <input type="checkbox"/> Forced Marriage (in development with Adult Services) <input type="checkbox"/> Working with Asylum seeking and refugee children
Competency 5: Informed Practice
<input type="checkbox"/> Equality, diversity and safeguarding children and young people <input type="checkbox"/> Culture and faith in safeguarding practice <input type="checkbox"/> Working with parents who are non compliant or who offer disguised compliance
6 : partnership with specialist services and parent, communities and faith groups
<input type="checkbox"/> Inter-agency Roles and Responsibilities <input type="checkbox"/> Effective Working Together <input type="checkbox"/> Culture and faith in safeguarding practice

## Appendix One: Bibliography and resources:

### Cultural competence in safeguarding.

This website hosts examples of good practice in safeguarding  
[http://www.londonscb.gov.uk/culture\\_and\\_faith/](http://www.londonscb.gov.uk/culture_and_faith/)

### Serious Case Reviews

This website contains all of the overview research reports in to Serious Case Reviews:  
[http://www.nspcc.org.uk/Inform/resourcesforprofessionals/serious\\_case\\_reviews\\_homepage\\_wda82779.html](http://www.nspcc.org.uk/Inform/resourcesforprofessionals/serious_case_reviews_homepage_wda82779.html)

Brandon et al (2011) developed a further paper arising from their study of the review of Serious Case Reviews of 2009-11: '[Child and family practitioners' understanding of child development](#)'

The Victoria Climbié Inquiry: Report of an Inquiry by Lord Laming (Lord Laming, 2003)

### Key reports in to child protection and early help

Munro Review of Child Protection: A child-centred system (Professor Eileen Munro, 2011)

Early Intervention: The Next Steps (Graham Allen MP, 2011)

The report of the Independent Review on Poverty and Life Chances (Frank Field MP, 2010)

### Other organisations

Protecting CHILDREN and uniting FAMILIES ACROSS BORDERS (<http://www.cfab.org.uk>)

### For local data

The Cambridgeshire Joint Strategic Needs Assessment website holds lots of data <http://www.cambridgeshirejsna.org.uk/current-jsna-reports>