OLDHAM SAFEGUARDING ADULTS BOARD & OLDHAM SAFEGUARDING CHILDREN PARTNERSHIP

Cultural Competence in Safeguarding - Practice Guidance

Author: Oldham Safeguarding Adults Board
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If you would like to make any comments or suggest changes to this guidance, please contact: OldhamSafeguardingAdultsBoard@oldham.gov.uk.

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With thanks to the Newcastle and Redbridge Safeguarding Adults Boards for permitting use of their resources. This document draws upon both pieces of work and other sources to ensure that information is of relevance to all practitioners working in Oldham.

1. Introduction

1.1 Overview

> *'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)

To practice in a way which is culturally competent, practitioners and partner agencies need to understand and be respectful of the beliefs, practices and cultures of diverse communities. This is very important when working with people whose cultures do not reflect those of mainstream services.

This guidance is designed to provide practitioners from across all agencies on Oldham 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 sets out an approach to support effective safeguarding across different ethnic groups, religions and cultural backgrounds and communities by collating best practice principles.

The framework comprises six competencies for practitioners, which seek to assist them to be clear about the risks of abuse and 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 practitioners as a process integrated with and complementary to the Greater Manchester Safeguarding Children Procedures Manual and the OSAB Multi-Agency Safeguarding Adults Policy and Procedures.

1.2 Definitions

- A **Child** is defined as any person up until their 18th birthday.
- An **Adult at Risk** is defined as someone who is 18 years old or older 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.
- Throughout this guidance, in the context of adults at risk, a **Family** is defined broadly, encompassing not just blood relatives but also anyone who forms a support network for an adult at risk, including friends, community members, and other informal carers.
- The Care Act 2014 states that **Abuse or Neglect** 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.
- A **Practitioner** is any individual worker/professional (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.
- 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 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.

2. What is Cultural Competence?

2.1 Cultural identity (thoughts, behaviours, beliefs, views, values and customs) is a vital concept when working with people, and never more so than in relation to safeguarding, where practitioners need to work in partnership with children, adults at risk and their family, friends and social networks.

2.2 Cultural competence is the ability to understand and respect the diverse backgrounds of those around us including colleagues and service users. It involves recognising, affirming, and valuing the work of individuals, families and communities from all cultures, celebrating diversity and delivering equality. This includes being aware of our own cultural biases and actively working to mitigate their impact on our practice.

2.3 Cultural competence does not mean having a thorough understanding of all cultures, which apart from being impossible, would not reflect that within different groups, there will be cultural differences unique to individuals and families.

3. What are the Key Aspects of Cultural Competence?

- Awareness of Self and Others: Practitioners need to be aware of their own cultural values, beliefs, and biases, as well as the cultural backgrounds of the people they are working with and supporting.

  Consideration needs to be given to unconscious bias. Unconscious bias refers to unconscious forms of discrimination and stereotyping based on, for example, race, gender, sexuality, ethnicity, ability, or age. Unconscious bias recognises that everyone holds certain social stereotypes about groups and people. This is normal and stems from a tendency to organise our social world by categorising it into 'safe' and 'unsafe'. Unfortunately, this categorisation system, which is learnt from childhood, can go wrong and can lead to incorrect assumptions being made about groups of people in different situations. This system is flawed and in certain scenarios it can activate unconscious attitudes and beliefs in a way that has a profound negative impact, a bias.

  There are many forms of bias. Affinity bias can occur when we prefer people who share similar qualities to ourselves. Adultification is a form of bias where children are viewed and treated as older than they are and therefore less vulnerable or in need of protection and more likely to receive punitive responses. Adultification can impact any child, but it disproportionately affects Black children, and shapes how they are protected and safeguarded.

- Knowledge of Diverse Cultures: This includes understanding the unique experiences, perspectives, and needs of different cultural groups, and individuals within them.
- Skills for Cross-Cultural Interaction: Practitioners need to develop communication skills, including verbal and non-verbal communication, and the ability to work with interpreters when needed.
- Respect and Sensitivity: This involves treating all individuals with respect, valuing their cultural practices, diversity and being sensitive to their unique needs.

- Humility: Practitioners should approach their work with humility, recognising that they are not experts in other cultures and being open to learning from the children, families and communities they are working with and in.
- Adaptability: Culturally competent practitioners are able to adapt their practice to meet the specific needs of their service users, taking into account their cultural background and preferences.
- Advocacy: Practitioners, particularly those working in the area of health and social care, play a role in advocating for social justice and equality for all, including challenging systems and practices that perpetuate inequality and oppression.

4. Why is Cultural Competence Important in Relation to Safeguarding?

4.1 Effective safeguarding should be underpinned by two key principles:

- Safeguarding is Everyone's Responsibility: for services to be effective each practitioner and partner agency must play their full part both individually and in collaboration
- A Child-Centred/Person-Centred Approach: for services to be effective they should be based on a clear understanding of the personal outcomes for the child or adult at risk and what matters to them. The rights of the child or adult at risk should be central to the approach and their best interests should always be paramount.

4.2 Cultural competence supports effective safeguarding for the following reasons:

- Improved Engagement and Outcomes: When individuals and families are treated in a way which is sensitive to their cultural identity, they are more likely to engage well with practitioners; practitioners are better able to build trust with them, understand their needs, develop effective interventions, and achieve better outcomes, which will keep them, their families and communities safer.
- Reduced Disparities: Cultural competence helps to address systemic inequalities and reduce disparities in access to services and opportunities.
- Ethical Practice: Cultural competence is an ethical imperative for practitioners, as it ensures that they are providing respectful and equitable services to all individuals.
- Professional Development: Cultural competence is an ongoing process of learning and development, and it is essential for practitioners to continuously improve their knowledge and skills in this area.

4.3 When assessing if someone lacks mental capacity or giving information to support someone to make a decision, practitioners should take cultural factors into account. Using the Mental Capacity Act to make a 'best interests' decision must include considering the person's beliefs and values. The Mental Capacity Act Code of Practice reminds practitioners to '*be aware of cultural, ethnic or religious factors that shape a person's way of thinking, behaviour or communication*'.

5. What are the Potential Challenges in this Area?

5.1 Factors linked to culture can increase or reduce the level of risk the child or adult at risk is likely to experience. A failure to consider this can lead to an inaccurate assessment of risk, and safeguarding issues may not be recognised.

5.2 A challenge that can hinder demonstrating cultural competence is whether a practitioner believes that it is achievable or idealistic. No one will ever achieve full cultural 'competence' because cultural identity and what it means is different for each individual. It should be recognised as something that is strived for and viewed with humility. However, culture and faith should not be used as an excuse to abuse and must never take precedence over the rights of the child or adult at risk.

6. Culture, Faith and Vulnerability

6.1 Culture

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.

Cultural identity covers many different things. Everybody belongs to a culture and engages in different cultural practices in their own private and professional lives. For example, it might be based on a person's ethnicity, country of birth or religion. People who are deaf; Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ); or older may all have different cultural practices which are linked to these characteristics. Cultural identity is an important part of a person's wellbeing. 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. A child's or adult at risk's vulnerability should be considered around their own sense of identity and why it might be a risk.

6.2 Faith

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 or carer is behaving or expressing attitudes towards children/adults at risk based on beliefs which raise serious concerns, practitioners need to consider the extent to which this behaviour is supported by the faith group. If the individual behaviour is not being reinforced by the wider group, then joint working with the faith group might help the parent or carer prove a productive way forward. Conversely, if such practices or attitudes are being fed by the faith group (with the potential for other parents and carers being influenced too) it may not be appropriate to engage with faith leaders on these issues.

7. Important Factors to Consider

7.1 Overview

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

make it hard for some families to keep their children safe, or for adults to keep themselves safe, or ask for help.

7.2 Language Barriers

Children, adults at risk and their families may have recently migrated and may not be able to speak, read or write English well, or at all, and 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 or carer 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 they are being neglected, harmed or fearful of being harmed, for example, at home, at school, at a sports or faith group.

Families can struggle when different generations within a family have different levels of proficiency in the different languages spoken. The older generation's lack of fluency in the new language and the younger generation's lack of fluency in a 'mother-tongue' may change the dynamics within the family. The power of younger generation is increased because they become 'cultural brokers', while the power of the older generation is decreased because they depend on the younger generation's assistance to survive in the new world. The inordinate amount of power the younger generation may acquire because of their language proficiency can be at the source of conflicts over authority issues. It can also magnify a child's or adult at risk's conscious or unconscious fears that their parents or carers are now unable to protect them.

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 practitioners fully understand the exchanges that take place. Agencies should make arrangements to ensure that children and adults at risk are seen with an interpreter. Remember, children or adults at risk should never be used as interpreters or messengers.

7.3 Engagement with Services

Families who have recently arrived in the UK 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, talking to the school about their child's progress/difficulties, calling social care or the police if necessary.

7.4 Support Networks

Families who have recently arrived in the UK are likely to have weak or non-existent social networks, they may also lack extended family in the UK. This means that there can be limited, if any, support for the stresses, tensions and emergencies of child rearing, unpaid caring and family life. There may be no 'significant others' for a child or adult at risk to confide in, or to advocate for or advise them.

7.5 Accommodation

Families and individuals who have recently arrived in the UK or have been in the UK for some time, but living below the poverty line, may be in temporary and/or overcrowded/multi-occupancy housing. People in this situation are more unlikely to feel safe. Children or adults at risk may be left 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 as they are not able to begin building supportive social networks to mitigate stress and isolation in any local area, and will need to constantly engage with new GPs, schools etc. Children may 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, travel as needed, or provide things for their family members as they would like. Risks arising from families and individuals living in houses with multiple occupants should always be considered by practitioners working with children and adults at risk.

7.6 Racism or Harassment

Many families who come from minority ethnic communities experience racism, bias, stereotyping or cultural misunderstanding as they grow up. It might happen at an individual, institutional or societal level and might be displayed consciously or unconsciously. Minoritised ethnic communities include a wide range of people from a variety of backgrounds with different individual experiences, including different experiences of racism. This includes groups such as Gypsy, Traveller and Roma communities. If families have recently arrived in the UK, 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. Families may feel that they are managing social risks by not engaging with services who they feel have previously harmed their families; this can include black and Gypsy, Traveller and Roma families being reluctant to engage with police, for example to report domestic abuse or missing children, due to previous negative experiences.

7.7 More than One Culture/Ethnicity within a Family

Parents and children 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 dual heritage may face similar challenges. People of mixed race may face the challenge of dual rejection from communities and therefore there are increased vulnerabilities. This may occur within a household, for example, someone may receive differential treatment or negative responses because their appearance or culture is different to the rest of their family.

7.8 Practices not in line with UK Law and Cultural Norms

Families may have a perspective on child rearing or caring practices underpinned by culture or faith which are not in line with UK law and cultural norms, and they may put members of their family at risk of harm through actions such as leaving children or people they care for at home alone, exercising harsh physical punishment, or forcing members of their family into marriage. 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.

Families may recognise their faith or community leader as 'all powerful' and may put members of their family 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 concept of 'honour' is a deeply held belief within many families and communities and those who are perceived to dishonour their family or community by their behaviour can be subject to abuse, emotional abuse and death. In addition, some family members may be disapproved of or discriminated against in relation to their community, though not confirming to cultural norms. For example, being sexually active; having a girl/boyfriend not from the same community; or by having a stigmatising experience such as sexual abuse, mental ill health or a disability. They may not feel or be able to seek help to keep safe from the community or statutory and other services. For more information see the OSAB & OSCP One Chance Rule Procedure and Guidance documents in relation to So-Called Honour Based Violence and Abuse and Forced Marriage.

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

Several faith groups have beliefs which affect how they use health services and specifically treatment and immunisations for children or adults with care and support needs. 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.

7.9 Cumulative Effect

The individual factors above can have a significant impact on their own, but a child or adult at risk experiencing a combination of several at once can lead to more substantial or significant risks. For example, for insecurely accommodated families, frequent movement can have an impact of their ability to seek help for any family members who need support or who are being harmed, and this can be compounded by other factors such as language barriers, literacy issues, and/or limited information about local services. This exacerbates struggles with the stress of low incomes, feeling excluded, being subject to racism, having a distrust of statutory services and services being ignorant of their culture and cultural strengths.

8. Poverty

8.1 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 and caring difficult.

8.2 Poverty Rates and Ethnicity

In the UK, poverty rates vary enormously according to the ethnicity of the household. More people from Black, Asian, and other minority ethnic backgrounds, are likely to be in poverty (i.e., have an income less than 60% of the average household income) than white British people. According to a study on Health Equity in England, in 2018, 50% of all Bangladeshis and 46% of all Pakistanis were in the most deprived fifth of the population after meeting housing costs, compared with 20% of all white British people. In 2020, the Social Metrics Commission found that nearly half of all people living in families where the household head was Black/African/Caribbean/Black British were in poverty, compared to just under one in five of those living in families where the head of household was White. In 2022, analysis by the Runnymede Trust found that Black and Minority Ethnic (BME) people are 2.5 times more likely to be in relative poverty and 2.2 times more likely to live in deep poverty (an income more than 50% below the relative poverty line).

8.3 Contributing Factors to Household Poverty

Contributing factors to household poverty include where there are lone parent households, large families, and families with a disabled family member. 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 twelve months of their application. This means that they are reliant on state benefits which 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.

9. Hate Crimes and Hate Incidents

9.1 A hate crime is defined as 'any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice based on a person's race or perceived race; religion or perceived religion;

sexual orientation or perceived sexual orientation; disability or perceived disability and any crime motivated by hostility or prejudice against a person who is transgender or perceived to be transgender.' A hate incident is any incident which the victim, or anyone else, believes is based on someone's prejudice towards them because of their race, religion, sexual orientation, disability or because they are transgender. Evidence of the hate element is not a requirement. The victim does not need to personally perceive the incident to be hate related. It would be enough if another person, a witness or even a police officer thought that the incident was hate related.

9.2 All hate crimes and hate incidents should be reported to ensure the police and other agencies know the extent of the problem and can take steps to combat it, support victims and bring perpetrators to justice. Practitioners must adopt a person-centred approach considering cultural competence.

10. Six Competencies for Effective Safeguarding

The six competencies in this 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 in need of protection from harm and the child or adult at risk and/or their family are from a minority ethnic culture, faith group or community.

The six competencies should be re-applied continuously throughout the management of the case to assist practitioners to maintain clarity about the different aspects of the child or adult at risk's health, wellbeing and safety.

1	**FOCUS ON NEEDS** When a child's/adult at risk's circumstances appear complex, clarity of purpose comes from keeping the child/adult at risk and their needs in focus. To do this, practitioners must: • be able to identify when health, wellbeing and safety is being detrimentally impacted due to abuse or neglect • consider behaviour and development as a possible indicator of the child/adult at risk's lived experience • be able to understand the child's/adult at risk's culture whilst identifying actual or potential impairment to their health, wellbeing and safety.
2	**LISTENING TO THE CHILD/ADULT AT RISK** Listening in safeguarding means actively and critically listening to a child's/adult at risk's voice, both verbal and non-verbal, to understand their experiences, views, and needs, to ensure their health, wellbeing and safety. There are many reasons a child/adult at risk does not disclose abuse including: • 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.
3	**SOUND HOLISTIC ASSSESSMENTS** Assessment in this context may be by any agency who is working with the child/adult at risk. Everyone working with children/adults at risk 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/adults at risk as experts in their own lives. **Proportionate assessments** are important.

- Children: When there are concerns that a child may be experiencing or at risk of abuse or neglect, an assessment needs to be undertaken. For some children, a brief assessment is all that is required prior to offering services and for others the assessment needs to be more in-depth, broader in scope, and take longer in order to get a sufficiently accurate understanding of the child's needs and circumstances to inform effective planning. Regardless of how in-depth the assessment is, practitioners should consider three areas in a child's life:
  - The child's growth and development
  - The parent(s) ability to meet the child's needs – including their capacity to keep the child safe from significant harm through neglect and/or abuse
  - The amount of support the child/family can get from her or his wider network.
- Adults at Risk: The Care Act statutory guidance reminds us that 'an "assessment" must always be appropriate and proportionate. It may come in different formats and can be carried out in various ways. A proportionate assessment in adult safeguarding involves taking the least intrusive steps possible to address a safeguarding concern, tailored to the adult's specific situation and the level of risk.

Religion or spirituality is a consideration for all families regardless of culture and ethnicity. A family who does not practice a religion, or who are agnostic or atheists, may still have a view about the spirituality of a child or adult at risk. 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 morals or belief systems that are not instantly obvious but may also impact upon a child/adult at risk. There may be additional risks if the child or adult at risk holds beliefs which are different to the rest of their family.

Culturally Competent Assessment
It is crucial for practitioners to work from culturally competent perspectives. Practitioners should have a basic level of cultural understanding and awareness when working with children or adults at risk 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 if families have moved from other countries.

Intersectionality
It is important that practitioners are aware that the overlap of various social identities, such as gender, caste, sex, race, ethnicity, faith, class, sexuality, religion, disability, physical appearance, and age, contributes to the specific type of systemic oppression and discrimination experienced by an individual, a phenomenon called intersectionality. Assessments should include analysis of how different elements of an individual's or group's identity intersect or overlap to form oppression and privilege.

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 protect children and adults at risk.

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 member 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 practitioners. Cultural competence is respectful of and responsive to the beliefs, practices and cultural and linguistic needs of diverse communities. There are five essential elements that contribute to an individual practitioner's and a whole service's ability to become more culturally competent. A practitioner and 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.
- **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 family's cultural background provides traditional values that can be used to create new interventions.

5 INFORMED PRACTICE

All practitioners working with children, adults or families whose faith, culture, nationality and possibly recent history differ 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 children/adults at risk and promote their health, wellbeing and safety.

They must be **'professionally curious'** about situations or new information that arises 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. Practitioners should access training and support and use professional reflection.

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

Practitioners should also feel able to recognise bias within an organisation and have the confidence to challenge discrimination.

6	**PARTNERSHIP**
	Practitioners working with children, adults at risk and families whose faith, culture, nationality and possibly recent history differ 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 some communities, accessing appropriate services can be a consistent barrier to them fully participating in society, increasing their exclusion and potential for victimisation. Effective safeguarding activity means not only partnership between the majority population and minority ethnic culture and faith groups and communities, but also between different minority groups and communities.

11. Faith and Culture Safeguarding Risk Questions

Families can often live with circumstances that reduce or completely obstruct their ability to do the things they need to do to keep children and adults at risk safe, with or without a professional support plan. Consider 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 they 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 they be able to: • access health services including registering with a GP? • engage with 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 they 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 they be: • unsettled? • moving at irregular intervals to new and unfamiliar areas? • not be able to begin to build strong social networks? • cope 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 they be able to: • buy enough food and clothing? • keep warm? • travel as required (e.g. to appointments)? • provide for the child or adult at risk 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? • do they receive differential treatment? • are there concerns about racism or a lack of respect of differing appearance, identity, religion or culture between family members? • are other family members able to support and encourage the family member to learn about the different elements of their identity and form a positive sense of self?
7	**is living in a close-knit community,** will they be: • too scared or ashamed to engage with services? • unable to report rape, domestic violence or abuse, Female Genital Mutilation, spirit possession or So-Called Honour-Based Violence and Abuse?
8	**has a perspective on parenting practices underpinned by culture or faith which are not in line with UK law and cultural norms,** will they: • put a child or people they care for at risk of harm? • leave a child or people they care for 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 they: • be able to recognise their 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 practitioners?
10	**put a very high value on preserving family honour,** will they: • 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?

Are risks increased because:	
11	**the child or adult at risk is discriminated or disapproved by their community, by not conforming to cultural norms? For example:** • by being sexually active. • having a relationship with somebody from a different culture or community • having experience of something which is stigmatised within their community including having a disability, mental ill health or being a victim of sexual abuse. • using drugs and alcohol.
12	**of the child's or adult at risk's sexuality and gender identity?** • Different interpretations of faith can increase risks to Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) people • Will the child or adult at risk be able to identify as LGBTQ within their own family or community? • If the child or adult at risk identifies as LGBTQ, will they face ostracism from their family or community?
13	**the child or adult at risk has a strong allegiance to a group or gang?** • Will this stop them from seeking help from the community or services?

12. Organisations, Resources and References

12.1 Organisations

Please find a list of organisations below 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.

- Afruca (Tel: 0207 704 2261) - 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. They provide support for children, young people from Black and African families, promote positive parenting, awareness raising and sensitisation, information, education, advice, advocacy, policy development, community and internal development. They also ensure that children are aware of the risks of abuse, know their rights, and have the skills to protect themselves.
- Foundation of Women's Health Research and Development (FORWARD) (Tel: 020 8960 4000) - FORWARD is the African women-led women's rights organisation working to end violence against women and girls. Their areas of specialism include Human Rights violations, health implications, the Law, FGM, Forced Marriage, Obstetric Fistula, services for schools, community engagement and awareness raising.
- Halo Project (Tel: 01642 683 045) - Halo is a national project that will support victims of honour-based violence, forced marriages and female genital mutilation (FGM). It provides advice for professionals, community education.
- Imkaan (Tel: 020 7842 8525) - Imkaan is a UK based Black feminist organisation dedicated to addressing violence against Black and minoritized women girls. They support with violence against Black and minoritized women and girls, policy and practice, quality assurance, training, peer education, policy and research.
- Karma Nirvana (Tel: 0800 5999 247) - Karma Nirvana support victims of honour-based abuse and forced marriage. They provide support for both male and female victims of all ages, support for 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 and a professional who can advocate to professionals in order to ensure specific risks are understood and handled correctly.

- The Roma Support Group (Tel: 0797 908 9778/020 7511 8245) - The Roma Support Group lead charity work with East European Roma refugees and migrants. They promote the understanding of Roma culture within the UK and improve the quality of life for Roma refugees and migrants. They provide linguistic expertise, advice and advocacy on various issues including poverty, housing, homelessness and health, training for professionals and the community and one to one support for clients in understanding mental health issues.
- Support and Action for Women's Network (SAWN) (Tel: 0796 050 1088) - SAWN promotes the welfare of Black African women in Oldham. SAWN work predominantly with Black African women and families, who are first generation immigrants in the UK. Many of whom are living with poor mental health and physical health.
- Victoria Climbie Foundation (Tel: 020 8619 1191) – The 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. They provide a Community Education Service, an active listening programme, a campaigning email, a Victim Support service, a practice consultancy and address child abuse that is linked to faith or belief across all ethnicities.

12.2 Resources and References

- Confident Practice with Cultural Diversity Frontline Briefing - Research in Practice
- Cultural Competence - Community Care
- Cultural Competence and Cultural Safety eLearning Package – NHS England
- Culturally Appropriate Care - Care Quality Commission
- Culturally Appropriate Care Examples - Care Quality Commission
- Culture and Faith: Learning From Case Reviews - NSPCC
- Delivering Person-Centred Care for the UK's Culturally Diverse Communities - Research in Practice
- Dementia and Diversity: A Guide for Managers and Leaders - Skills for Care
- Dementia, Culture and Ethnicity: Issues for All? - Dementia UK
- Professional Curiosity Guidance - OSAB
- Safeguarding Children Who Come From Black, Asian And Minoritised Ethnic Communities - NSPCC
- Safeguarding People in Faith Communities - Social Care Institute for Excellence

12.3 Local Resources and Guidance Concerning Types of Abuse and Neglect

- Greater Manchester Safeguarding Children Procedures Manual
- OSAB Multi-Agency Safeguarding Adults Policy and Procedures

- Adult Sexual Exploitation Toolkit
- Cuckooing Guidance
- Domestic Abuse Policy
- Financial Abuse and Exploitation Toolkit
- Modern Slavery Toolkit
- One Chance Rule: Forced Marriage Procedure and Guidance
- One Chance Rule: So-Called Honour-Based Violence and Abuse Procedure and Guidance
- Self-Neglect Policy, Procedures and Guidance