**London
safeguarding
children board**

**This guidance was developed as part of the
London C&F Project**

Practice Guidance
for safeguarding children in minority ethnic culture and faith (often socially excluded) communities, groups and families

This is supplementary guidance to the
London Child Protection Procedures

> **'Keeping the child in focus means seeing past
> his or her faith and/or culture'**
>
> **'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'** [1]

London Safeguarding Children Board

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www.londonscb.gov.uk

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[1] Second quote adapted from Graham Allen Review

Acknowledgements

Contents

In this guidance, the term 'ethnic groups and communities' describes those with a common heritage, ancestry, language, faith and/or culture[2]

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 their faith, culture, nationality and possibly recent history differs significantly from that of host nation children and families.

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.

1.2 Pan London Safeguarding Children Minority Ethnic Culture and Faith Project

1.2.1 The guidance is part of a larger London Safeguarding Children Board project: the Pan London Safeguarding Children Minority Ethnic Culture and Faith Project 2010-2011 (referred to throughout as the *London C&F project).* The *London C&F project* was an action-research project which aimed to promote a step-change in safeguarding London's children living in minority ethnic, cultural or faith communities or groups, working together with local minority ethnic communities and faith groups and the frontline professionals who work with them.

1.2.2 The *London C&F project* ran for 18 months from July 2010 to December 2011, and was co-ordinated by the London Safeguarding Children Board and LB Bexley. Project activity was overseen by an operational steering group with membership from London LSCBs and specialist third sector agencies.

1.2.3 The project comprised three parts:

1. Project work with minority ethnic culture or faith communities / groups by 11 London local safeguarding children boards (LSCBs);

2. Focus groups in a number of London LSCBs to gather views on how to improve safeguarding for London's children living in minority ethnic groups and communities;

3. Interviews with a number of London LSCBs, mapping activity and aspiration for stronger partnership work to safeguard children living in minority ethnic, culture or faith communities or groups.

1.2.4 Project outputs include:

- This London C&F Practice Guidance;

- A final project report, drawing together learning from each of the individual LSCB projects, focus groups and interviews;

- A *London C&F Training Toolkit*, which aims to ensure that professionals and voluntary groups working with minority ethnic culture and faith communities, groups and families have access to a wide range of resources, materials and background information to help them develop and design appropriate and sensitive training packages in relation to child protection in its broadest sense; and

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[2] Hobspawm and Ranger (1983), *The Invention of Tradition;* Sider (1993), *Lumbee Indian Histories;* Seidner (1982), *Ethnicity, Language and Power from a Psycholinguistic Perspective,* pp. 2-3; and Smith (1987), pp. 21-22.

- A *London C&F LSCB Strategy*, which seeks to assist Local Safeguarding Children Boards to develop sound, effective and sustainable partnership working with local groups, communities and third sector agencies to protect and promote the wellbeing of children living in circumstances which appear to be complex because their faith, culture, nationality and possibly recent history differs significantly from that of host nation children and families.

1.2.5   All outputs from the project are available at: www.londonscb.gov.uk/culture_and_faith/

Key themes

1.2.6   Key themes from the *London C&F Project* centre on the core need to build trust between local minority ethnic culture and faith communities, groups and families and statutory services. For trust to flourish, professionals need to better understand these communities and faith groups, reducing incidents of stereotyping and increasing professionals' confidence to challenge cultural and faith-related practices which give rise to safeguarding children concerns.

1.2.7   Local faith leaders are powerful, and it can be difficult for followers to challenge them. Individuals may also be concerned not to bring shame on their community or group by reporting safeguarding issues. These leaders need to be positively engaged, and individuals who have fears need more assurance that confidentiality issues are managed with transparency and integrity.

1.2.8   Minority ethnic culture and faith groups and communities need greater awareness and education about UK children's legislation, the role and responsibilities of local statutory services and their powers and duties (e.g. to provide support) towards children and their families.

1.3   Professional expertise[3]

1.3.1   This practice guidance is based on the premise that in order to effectively protect children from harm and promote their wellbeing, every individual working with children, adults who have caring responsibilities and families must be able to exercise competent professional discretion.

1.3.2   Dealing with the variety of need is best achieved by professionals understanding the underlying principles of good practice, developing the expertise 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.

1.4   Professional response

1.4.1   The current child protection framework, which identifies physical, sexual, emotional abuse and neglect, provides an effective framework for protecting children and promoting their wellbeing regardless of their faith, culture and circumstances.

1.4.2   The guidance sets out a framework for effective action to safeguard minority ethnic children. The framework comprises six competencies for professionals, which seeks 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 factors in the child and family's daily life which increase or decrease that risk,

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[3] See the *Munro Review of Child Protection: A child-centred system* (Professor Eileen Munro, 2011)

and 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.

1.4.3   **The framework should be applied by the professional as a process integrated with and complementary to the London Child Protection Procedures, and any other locally approved procedure for responding to children who are vulnerable or have additional needs,** such as the Common Assessment or specialist assessments (e.g. for speech and language therapy [SALT], child and adolescent mental health services [CAMHS], disability or chronic ill health, youth offending etc) and the care planning and reviews which follow from these assessments.

Framework for action (detailed in section 2)

1.4.4   The six competencies in this 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 and faith group or community.

1.4.5   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 (see section 2.3 Assessment Triangle).

1.4.6   The domains relating to parenting ('what I need from people who look after me') and environment ('my wider world' – see Fig 2) will be influenced by the child/family's culture and/or faith. These influences can obscure or exacerbate symptoms which would alert professionals to the risk of harm to the child.

Rest of the culture and faith sections of the guidance (3 – 7) (see section 2)

1.4.7   The rest of this guidance provide 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.

1.4.8   Professionals should use the information in sections 3 – 7 as prompts to further inquiry, they are indicators of the type of issue which would underpin steps 1 – 3 in the Framework and which should prompt the actions in steps 5 and 6. See below and section 2.

1.4.9   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;

2. Listening to children and taking what they say seriously – so that their distress can be acted on quickly and appropriately;

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 what services are available locally to provide relevant cultural and faith-related input to prevention, support and rehabilitation services for the child (and their family)

Child poverty (sections 8 and 9)

1.4.10 Child poverty is included as a significant factor in this practice guidance because a high number of minority ethnic families in London live in poverty. It is crucial that professionals assessing the level of need and risk of harm to a child in a family are able to distinguish between the influences, stressors and dynamics which are due to a family and their community's ethnicity and those which are a function of poverty and deprivation.

1.5   Terminology

1.5.1 The terms in this practice guidance conform to those set out in the London Child Protection Procedures[4]. In particular, '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.

1.5.2 '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)[5].

1.5.3 Everyone belongs to an ethnic group, whether it is the ethnic majority or ethnic minority.

1.5.4 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.

1.5.5 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 members – parents, grandparents, a spouse or some of the children – may have been born outside the UK whilst others were born here.

1.5.6 The group or community may have a long history of having lived in the UK and their minority status may reflect their faith-related or travelling culture.

1.5.7 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[6]

1.5.8 Please see *section 5.1. The importance of culture* for detailed definitions of 'culture' and 'faith'.

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[4] See the *London Child Protection Procedures* (London Safeguarding Children Board, 2010) at
www.londonscb.gov.uk/procedures/
[5] Hobsbawm and Ranger (1983), *The Invention of Tradition*, Sider 1993 *Lumbee Indian Histories;*
Seidner,(1982), *Ethnicity, Language, and Power from a Psycholinguistic Perspective*, pp. 2-3; and Smith 1987 pp.21-22
[6] *Working Together to Safeguard Children* (DCSF, 2010)

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; and

- Be able to see past the child's culture to identify actual or potential impairment to his or 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[7].

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)[8]. 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.

Children under 5 years old are most vulnerable

2.1.5 The London serious case review findings for April 2006 – September 2009 show that the children most at risk of being killed or seriously injured are babies under a year old (35% of the cases) and children under 5 years old (58% of the cases). This compares with children 6-10 years (13% of the cases) and young people 11-15 years (17% of the cases)[9].

2.1.6 In a national sample of serious case reviews where there was violence in the family[10], 50% of the babies and children died:

- 57% of the babies 12 months and under died

- half of the children 1 to 5 years old died

- none of the children 6 to 16+ years died

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[7] *Children Act 1989* s17 & s31(10)
[8] See the *United Nations Convention on the Rights of the Child* at http://www.unicef.org/crc/
[9] Background paper on London serious case reviews completed April 2006 – September 2009 (London Board, 2009)
[10] Research conducted for CAADA, unpublished.

2.1.7   Although 50% of the babies and children survived, some were left with very severe brain damage and disabilities.

2.1.8   Two recent independent national reviews, by Frank Field MP[11] and Graham Allen MP[12], 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 deprivation, the stress it places on parents to provide good parenting and the potential for good parenting to interrupt inter-generational cycles of deprivation.

2.1.9   In terms of 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.'
>
> Graham Allen [13]

2.1.10 In terms of early development:

> '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.'
>
> Frank Field [14]

2.1.11 In figure 1, opposite, 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.

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[11] *The report of the Independent Review on Poverty and Life Chances* (Frank Field MP, 2010)
[12] *Early Intervention: The Next Steps* (Graham Allen MP, 2011)
[13] *Early Intervention: The Next Steps* (Graham Allen MP, 2011)
[14] *The report of the Independent Review on Poverty and Life Chances* (Frank Field MP, 2010)
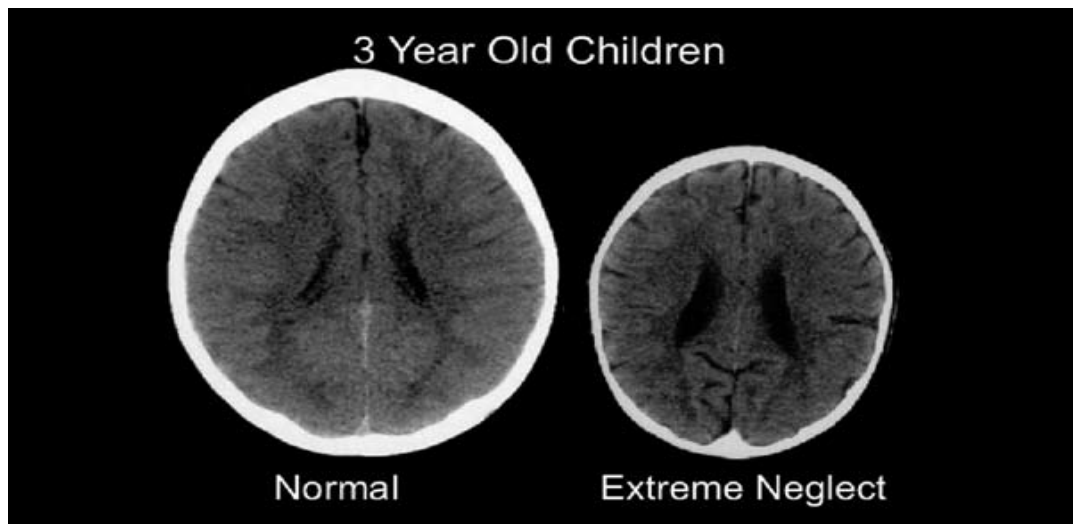
Figure 1[15]

> A child's development score at just 22 months can serve as an accurate predictor of educational outcomes at 26 years.
>
> 54 per cent of the current incidence of depression in women, and 58 per cent of suicide attempts by women can be attributed to adverse childhood experiences.
>
> A recent authoritative study of boys assessed by nurses at age three as being "at risk" found that they had two and a half times as many criminal convictions as the group deemed not to be 'at risk'. Moreover, in the 'at risk' group, 55 per cent of the convictions were for violent offences, compared to 18 per cent of those who were deemed not to be 'at risk'
>
>   Graham Allen [16]

2.1.12 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 their young people.

> 47% of Mixed Race, 51% Pakistani, 57% Bangladeshi, 45% of Black Caribbean and 51% of Black African pupils achieved 5A* - C GCSEs in 2006 (58% of white pupils achieved A* - C GCSEs in 2006)
>
> **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%)** [17]

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[15] *Early Intervention: The Next Steps* (Graham Allen MP, 2011)
[16] *Early Intervention: The Next Steps* (Graham Allen MP, 2011)
[17] Centre for Educational Success, the Black Training and Enterprise Group

2.2   Competency 2: listening to children

2.2.1   Why do children not disclose abuse? [18]

- 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"

2.2.2   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[19].

2.2.3   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?" '   [20]

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[18] Quotes taken from *The Taskforce on the Health Aspects of Violence Against Women and Children, consultation with children* (Palmer, T and Raby, C, 2009)

[19] *Learning lessons, taking action: Ofsted's evaluations of serious case reviews, 1 April 2007 to 31 March 2008* (Ofsted, 2008)

[20] *The Victoria Climbie Inquiry: Report of an Inquiry by Lord Laming* (Lord Laming, 2003)

2.3   Competency 3: sound holistic assessments

> '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' [21]

Key messages from the Munro Review of Child Protection[22]

2.3.1   A key message from the Munro Review was that everyone working with children, parents and families must undertake good, proportionate assessments and make full use of their professional expertise.

2.3.2   **Proportionate assessment** – 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.

2.3.3   **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.' [23]

2.3.4   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.

Principles of a good child protection system

2.3.5   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 good 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**

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[21] *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)

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

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

- **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**

Assessment Framework[24]

> **Assessment Framework Practice Guidance**
>
> 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.

[25]

2.3.6   Practitioners and workers, both those seeking to promote a child's wellbeing and those responding to concerns that a child may be experiencing or be at risk of significant harm, need to base their judgements and decisions on a sound holistic assessment. Assessment is a process, not a one-off event and crucially it needs to focus on the risks of harm to the child while identifying family strengths (as listed below) to build on to protect the child.

2.3.7   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.

Figure 2

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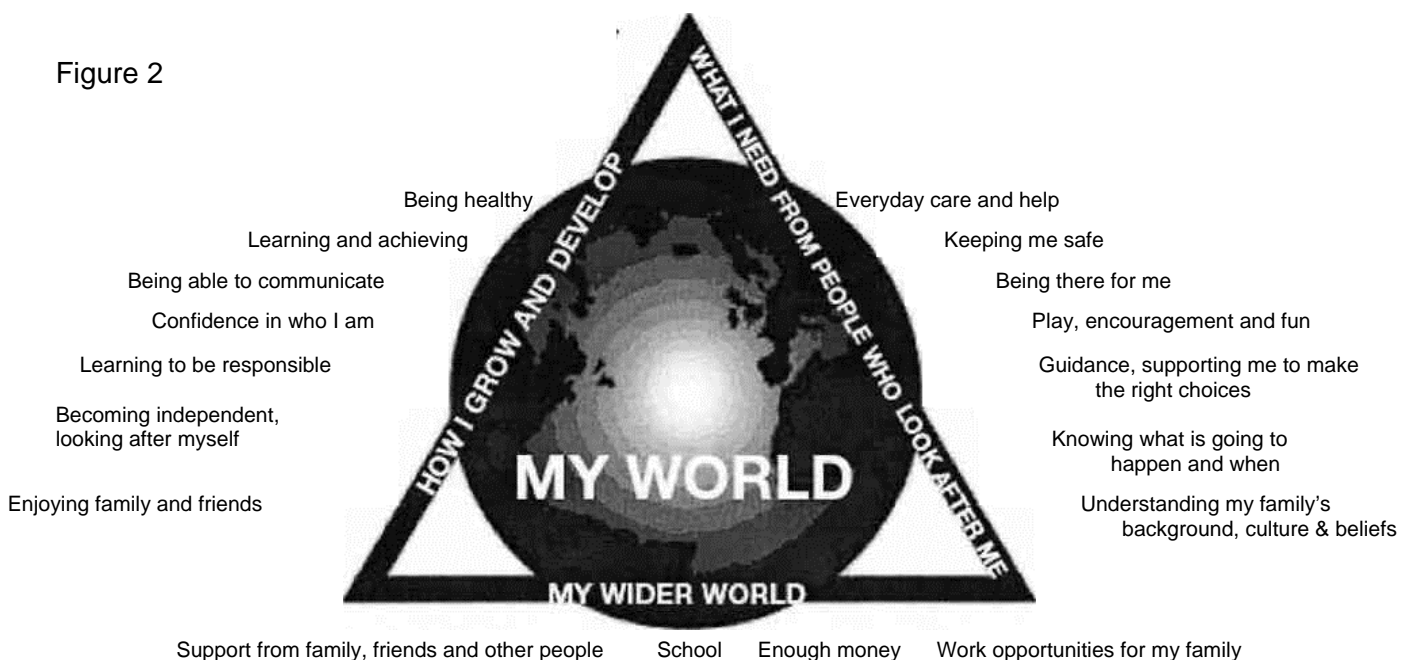
[24] See *the Framework for the Assessment of Children in Need and their Families* (Department of Health et al, 2000)
[25] Department of Health, 2000 (pg 49, s2.69)

Local resources   Belonging   Comfortable and safe housing

2.3.8 Everyone working with children should be competent to use the Assessment Framework, and have the professional judgement to correctly identify, or seek expert cultural or faith related (and other) help in identifying how brief or in-depth an assessment is needed to address a child's vulnerabilities.

2.3.9 Without an awareness of the potential impact of culture and faith on family life, a professional may miss issues, as this mental health worker did:

> "I (ApnaHaq support worker) went with a mental health support worker, who asked me to accompany her. The husband managed the situation and told us she didn't need any help. When I looked at the wife she was silently giving me signs that she needed help. I asked her if she needed help and she was brave enough to say she did. The mental health worker had gone to see her for 4 months and every time she went the woman said she was fine. Then we found out there were other issues, there was violence, the husband was controlling her. It's good to take a worker in from a similar background" [26]

Culturally competent assessment

2.3.10 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.

What would you do?

The ZD family first came to the attention of children's services following the birth of a third child. The family consisted of father, mother and three female siblings (aged between 5, 4 and 3 weeks). The family originated from the Congolese and had resided in the UK for 3.5 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 had serious development delays with no form of coherent language; they were unable to speak/communicate. The older child was not registered at school and had missed at least two terms. Teachers reported that she was unable to develop and maintain peer group relationships but often played alongside others. It is not conclusive, but the younger child is thought to have learning difficulties as her form of communication is predominately one of screaming and wailing as she does not have language.

The middle child has 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 has been reported that mother makes very little contact with the middle child - she is not emotional available to her and responds in a mechanical fashion to her needs. The second child has difficulties sleeping at night and is often up to 7 hours each night.

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[26] *WNC Women's Focus Groups Report, Taskforce on the Health Aspects of Violence Against Women and Girls* (DH, 2009)

Although both girls have developmental delays, the second child has additional needs and it has been reported that the second child is often scapegoated and has sustained some serious injuries.

What are the issues?

Is this child abuse?

What support would you give the mother and what other action would you take if any?

In the case in the box – the social worker had no knowledge or understanding of the cultural dynamics, she was unaware of the issues in Congo and she did not address the language barriers which mother may have been experiencing. An interpreter was not engaged. The fact that the second child seems to present as having additional difficulties and unexplained injuries was not explored. An appropriate community organisation was not approached to support/provide clarity around the families' context given the language barrier. The fact that this was the beginning of a sprit possession case was not identified.

Focusing on family strengths and resilience

2.3.11 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[27]

2.3.12 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[28]. 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[29]

2.3.13 Another review found that strong single-parent families usually had:

- support from extended family and friends, and
- a positive co-parenting arrangement[30]

"Parents are the primary socialising agents for their children"

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[27] Adapted from the Rhodes Forum – the Global Consortium for Education in Family and Community Studies
[28] DeFrain and Asay, 2007
[29] Silberberg S. *Searching for Family Resilience* (2001)
[30] Robinson E. and Parker R. *Prevention and early intervention in strengthening families and relationships: Challenges and implications,* Australian Family Relationships Clearinghouse, Issues Paper No. 2. (2008)

[31]

[31] Flor D.L. and Knapp N.F. *Transmission and transaction: Predicting adolescents internalisation of parental religious values* (Journal of Family Psychology, 2001)

2.4   Competency 4: cultural competence

2.4.1   A key finding from London Community Partnership 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[32].

2.4.2   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.

2.4.3   These five elements must be manifested in every level of the service delivery system. They should be reflected in attitudes, structures, policies, and services.

2.4.4   **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.

2.4.5   **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.

2.4.6   **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 dominant culture by historically oppressed groups.

2.4.7   **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.

2.4.8   **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.

> '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'[33]

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[32] *Community Partnership Project Report* (London Board, 2007)
[33] Dr Esprin O. Department of Women's Studies, San Diego State University
http://www-rohan.sdsu.edu/~oespin/seminar.html

2.5   Competency 5: informed practice

> '…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. '
>
> [34]

2.5.1   All professionals working with children, parents or families whose faith, culture, nationality and possibly recent history differs significantly from that of host nation, 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.

2.5.2   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.

2.6   Competency 6: partnership with specialist services and parent, communities and faith groups

2.6.1   Professionals working with children, adults with caring responsibilities and families whose faith, culture, nationality and possibly recent history differs significantly from that of the host nation, must take personal responsibility for utilising the third sector's specialist 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. For BAME women [and children] who experience violence, inability to access services can be both a contributory cause of their initial victimisation as well as a reason why they continue to experience violence without support. Being able to access support from generic services such as sexual and mental health services, housing and education services is crucial as both preventative and responsive support for BAME women, as well as the role played by specialist third sector organisations that support them.
>
> 'The role of specialist services in bridging the gap between marginalised communities and generic services should not be underestimated. They are crucial in both ensuring that individuals are supported, but also in increasing inclusivity. Identifying sustainable funding for these services is imperative if BAME women are to continue to be supported in the way that they should be'
>
> [35]

> 'Safeguarding children is everyone's responsibility'
>
> [36]

2.6.2   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.

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[34] Owers et al, 1999

[35] ROTA's response to the GLA's *Violence Against Women draft strategy*, 2009

[36] *The Victoria Climbie Inquiry: Report of an Inquiry by Lord Laming* (Lord Laming, 2003)

2.6.3 The Community Development Foundation describes social capital as increasing the confidence and capacity of individuals and small groups to get involved in activities and build mutually supportive networks that hold communities together[37].

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

> 'The debate about segregation and integration still sees Britain in Black and White. The reality is that we live in a more complex community of communities. Integration is as much about (for example) how people of Nigerian heritage interact with people with Colombian roots, as the relationship between Black and White'
> [38]

3. National perspective

3.1 Recent government reviews

3.1.1 Current Government policy is based on several key national reviews (Marmot[39], Field[40], Allen[41], Tickell[42] and Munro[43]) focused on the factors which create or sustain inequality in UK society. The reviews agree that the strongest determinant of a child's life chances is the quality of care and support he or she receives in the first five years of life, including experiences pre-birth.

3.1.2 The Frank Field Review reported that there is overwhelming evidence that 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.'
> [44]

3.1.3 In 2011 the government published the national Child Poverty and Social Mobility Strategies[45]. Together these strategies aim particularly to address persistent low income, material deprivation (recognising that income may not always accurately reflect the extent to which a family can afford necessities) and lack of opportunity, aspiration and stability (for children to break cycles of inter-generational poverty).

3.1.4 Local authorities must each undertake a local child poverty needs assessment and use the results to develop a multi-agency local child poverty strategy – to reduce and mitigate the effects of child poverty in their local area.

3.1.5 This is a national review of child protection, which has fundamentally examined the whole system and recommended a reshaping of the child protection system around the needs of

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[37] http://www.cdf.org.uk
[38] Berkley R. Runnymede Trust, 2009
[39] *Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010* (Sir Michael Marmot, 2010)
[40] *The report of the Independent Review on Poverty and Life Chances* (Frank Field MP, 2010)
[41] *An Independent Report to Her Majesty's Government* (Graham Allen MP, 2011)
[42] *The Early Years: Foundations for life, health and learning: An Independent Report on the Early Years Foundation Stage to Her Majesty's Government* (Dame Clare Tickell, 2011)
[43] *Munro Review of Child Protection: A child-centred system* (Professor Eileen Munro, 2011)
[44] *Poverty and Life Chances* (Frank Field MP, 2010)
[45] *A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives* (DfE, 2011) and the *Social Mobility Strategy: Opening Doors, Breaking Barriers* (Cabinet Office, 2011)

individual children and young people. The government has accepted the majority of the Review's recommendations[46].

3.2   National and local guidance

3.2.1   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:

- London Safeguarding Trafficked Children Guidance, Toolkit and Monitoring Report[47]
- London Procedure and Resource Pack for Safeguarding Children Abused through Female Genital Mutilation[48]
- London Procedure for Safeguarding Children Affected by Gang Activity / Serious Youth Violence[49]
- London Child Protection Procedures, 4th edition[50], sections:

5.4	Begging
5.14	Female genital mutilation
5.16	Forced marriage of a child
5.19	Gangs, serious youth violence and violent extremism
5.22	Honour based violence
5.26	Left alone
5.27	Male circumcision
5.44	Spirit possession or witchcraft
5.46	Trafficked and exploited children
5.48	Accessing information from abroad
5.49	Working with interpreters / communication facilitators
11	Mobile children and families

3.2.2   This practice guidance focuses mainly on the harm to children which derives from the types of neglect and abuse experienced by children in host nation families.

3.2.3   The need for this focus is reflected both in the lessons from practice / recommendations outlined in London serious case reviews (see section 9), and also in the feedback received by the London Board through the Community Partnership Project (2007)[51]. The project's nominal focus was on four abusive practices – harm to children linked to a belief in spirit possession, so called 'honour violence', female genital mutilation and the trafficking and exploitation of children. However, community groups brought their own priority issues– poverty and related issues, domestic violence, truanting, 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

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[46] See the *Government Response to the Munro Review* at: http://www.education.gov.uk/munroreview/
[47] London Board, 2011. See www.londonscb.gov.uk/trafficking/
[48] London Board, 2007 and 2010. See www.londonscb.gov.uk/fgm/
[49] London Board, 2009. See www.londonscb.gov.uk/procedures/supplementary_procedures/
[50] London Board, 2010. See www.londonscb.gov.uk/procedures/
[51] *Community Partnership Project Report* (London Board, 2007)

norms; children struggling with 'strict or restrictive' parenting), sexual promiscuity and exploitation, especially for girls, substance misuse, gangs and weapons.

4.   London context

4.1   Ethnic diversity

4.1.1. The professionals working to safeguard London's 1.6 million children face unique challenges. The city supports more than 50 non-indigenous communities with populations of more than 10,000 and, at the time of the 2001 census, 40% of young Londoners under 18 were from a black or minority ethnic group, rising to 52% in inner London, compared to just 13% of children in England and Wales[52]. London's school children speak more than 300 languages between them[53], and 32% of secondary school children speak English as a second language. In primary schools the figure is 37%, rising to as much as 51% in inner London. This compares to national averages of 12% and 9% respectively[54].

4.2   Faith diversity

4.2.1   Three-quarters of all Londoners consider themselves to have a religious belief. More than a million Londoners perform an act of worship or visit a religious building at least once a week. Of the six largest world faiths, over four million Christians live in London, while Buddhism, Islam, Hinduism, Judaism and Sikhism each have more than 50,000 followers in the capital. There are also significant Baha'i, Jain and Zoroastrian communities in London[55].

4.2.2   London's faith communities have a long tradition of engagement in community service provision and social enterprise. Religious groups are often at the heart of communities. They have the potential to reach the most marginalized and excluded groups, and offer responsiveness and speed in terms of providing community services and engaging people[56].

4.3   Newly immigrant communities

4.3.1   According to 2001 census, 30% of London residents were born outside England, accounting for 2.2 million people. This total takes no account of those who failed to complete a census form, or the contribution of the city's second- and third-generation immigrants.

4.3.2   Census data shows that the foreign-born population rose from 4.2% of the population in 1951 to 10.7% in 2007[57]. As well as the migrant population increasing in number, it has also become increasingly diverse. In the past, UK migrant and minority populations comprised a small number of large communities, predominately from the UK's former colonies. These communities are different not only in their national origin, but also in terms of their residency status. Within communities there is also great diversity in relation to ethnicity, language, religious practice, household composition, employment experiences and educational qualifications.

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[52] 2001 census.
[53] National Literacy Trust (2000)
[54] Table 34 and 35, *Schools and Pupils in England*, Jan 2005 (DfES, 2005)
[55] GLA website. http://www.london.gov.uk/faith-communities
[56] Report to GLA: *Responding to the needs of faith communities: places of worship* (CAG Consultants in association with Land Use Consultants and Diverse Ethics, 2008)
[57] LFS-Q3, 2007

4.4   Mobility

4.4.1   Mobility between local authorities in London is particularly high, in part due to demographic factors but also a result of the boundaries between the jurisdiction of 32 small local authority areas.

4.4.2   Foreign-born populations who have arrived in the UK during the last five years are overwhelmingly housed in the private rental sector, and not in social housing. Over 90% of those in social housing are UK-born. Migrants who do benefit from social housing are unlikely to do so until they have been in the country for several years and acquire settled status, refugee status or become British citizens[58]

New immigrants

4.4.3   London has the highest proportion of new immigrants by a wide margin and also the largest increase (63%), between 1991 and 2001. New immigrants tend to settle in areas with established communities from the same country. New immigrants make up a larger proportion of the immigrant population than they did in 1994 and are more likely to be employed[59].

4.4.4   This creates considerable challenges in co-ordinating and managing child protection, with services often faced with trying to discharge their duties when their legal responsibility for individual children is unclear. This is reflected in the London serious case reviews; as is the issue of statutory agencies taking responsibility for newly arrived families, young asylum seekers and families with illegal or unresolved status to remain.

Asylum-seekers and refugees

4.4.5   From 1989 until 2002, asylum migration increased in the UK. New immigrants with the lowest levels of employment originate from Somalia, Angola, Iran and Ethiopia. This may be because these groups and communities have asylum seekers. Refugee populations have high unemployment and low earnings because they are not allowed to work and can experience difficulties in achieving socio-economic integration even after they obtain refugee status. Populations with large numbers of refugees and asylum seekers include Somalis, Sierra Leoneans, Afghans, Iranians, Iraqis, Zimbabweans, Congolese and Ugandans.

> "I found it very difficult to register with a GP. I went to GP and they said no – they wanted proof of address, and as I'm an asylum seeker I didn't have it. I showed them my Home Office papers and that wasn't enough either
>
> Asylum seekers were told conflicting information about which documents they needed to access healthcare; and some women simply could not register because the GP practice was not providing an accessible service for women without English as a first language". [60]

4.5   Child poverty

4.5.1   In London there are over 630,000 children living in poverty (after housing costs)[61]. The level of child poverty in London is higher than any other region in the UK. London's high rate of

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[58] Rutter J. and Latorre M., *Housing tenure patterns among migrant communities* (Equality and Human Rights Commission, 2009)

[59] Kyambi, S.*, Beyond black and white: mapping new immigrant communities* (IPPR, 2005)

[60] *WNC Women's Focus Groups Report, Taskforce on the Health Aspects of Violence Against Women and Girls* (DH, 2009)

[61] *Monitoring child poverty in London: Fourth monitoring report for the London Child Poverty Commission* (June 2010)

poverty is a result of higher housing, transport and childcare costs in the capital[62], as well as a lack of part time jobs for parents.

Risk of poverty by region
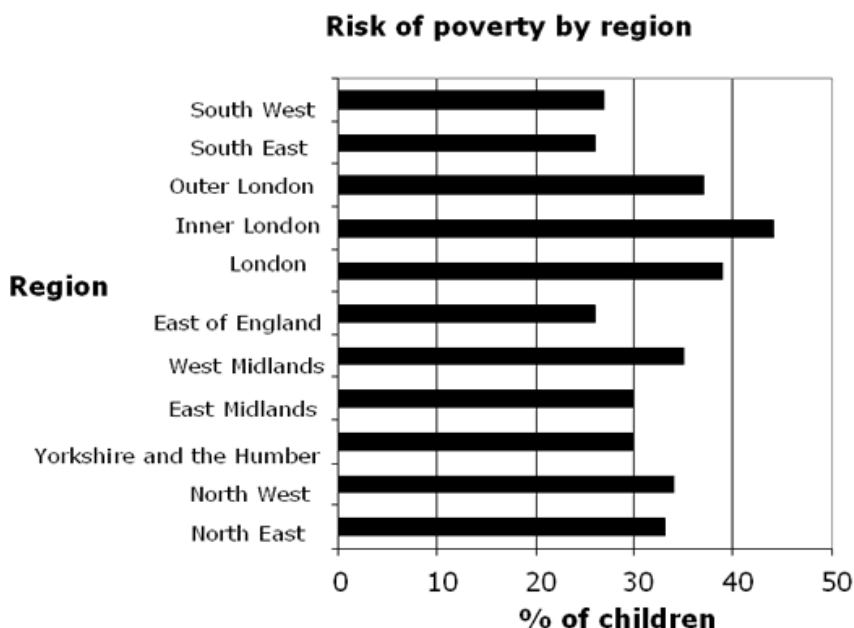
5. The relationship between faith & culture and potential vulnerability

5.1 The importance of culture

5.1.1 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.

5.1.2 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.

5.1.3 Culture provides a context that made the behaviour of individuals understandable. "The only way in which we can know the significance of the selected detail of behaviour is against the background of the motives and emotions and values that are institutionalised in that culture"[63].

5.1.4 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 includes regular public worship such as church attendance. Although in 2006 31%[64] of the host country population said they belong to a religion or attend religious services, church attendance has increasingly been replaced by individualised and privatised religious practice and beliefs.

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[62] *Making work pay in London under Universal Credit: A report for London Councils* (2011)
[63] Benedict, R. Patterns of Culture (1934)
[64] British Social Attitudes survey 2006 (National Centre for Social Research 2007)

5.1.5   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 might 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? [65]

> "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 oft en 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". [66]

5.1.6   For children and their families whose faith, culture, nationality and possibly recent history, differs significantly from that of host nation 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.

5.2   Recent history and/or current living circumstances

5.2.1   **Children and their parents may be newly immigrant and unable to speak, read or write English, at all or well.** Some mothers may have been in the UK for some years but have been prevented from learning English. 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, pursue a legitimate asylum claim, 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.

> 'Many Iraqi women are depressed, don't speak English, don't work as it's difficult to get a reference… Some of them were working in Iraq as doctors and accountants and now they can't even get the most simplest of jobs.'
>
> One agency found that Chinese women 'are socially and geographically isolated and have no English. This exacerbates their situation and brings it to a crisis. They are desolate with very low esteem, very lonely and lost. As a result, they become very desperate.' [67]

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[65] Churches Child Protection Agency (CCPAS)
[66] Southall Black Sisters survey of thirty-six mental health and social care agencies (2004-5)

[67] WNC Women's Focus Groups Report, Taskforce on the Health Aspects of Violence Against Women and Girls (DH, 2009)

> An immigrant's resistance to language learning may be an expression of a desire for self-preservation. Entering the world of a new language may pose a threat for the individual's sense of identity. [68]

Language issues for first and second generations

5.2.2   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.

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

> All agencies need to ensure that they are able to communicate fully with parents and children when they have concerns about child abuse and neglect, and ensure that family members and 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. [69]

5.2.4   **Newly immigrant 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. 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.

> **What would you do?**
>
> A young Black African woman was trafficked into the UK, but managed to leave her abusers. Over a period of years, she brought her four children, two sons 14 and 10 years old and her 6 year old twin daughters, to the UK to live with her. She did not have papers or access to welfare support, so she did 3 jobs every day which meant that she was not available for the children for more than 12 hours per day. The family could not seek help because they feared deportation if they were discovered, so the older boy was left in charge of his siblings. A local voluntary agency and the GP supported the family by keeping secret the fact that the family was not known to authorities.
>
> The younger boy started 'hanging out' with a local gang.
>
> What are the issues?
>
> Is this child abuse?
>
> What advice would you give the mother and what other action would you take if any?

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[68] Dr Esprin O. Department of Women's Studies, San Diego State University http://www-rohan.sdsu.edu/~oespin/seminar.html

[69] *Section 5.50. Working with interpreters / communications facilitators, London Child Protection Procedures* (LSCB, 2010)

In the case in the box – when the older boy attempted to reprimand him one day, the young boy stabbed and killed his older brother. It transpired that the mother did have a legal right to remain in the UK and would have been able to access support had she been supported to approach statutory services.

5.2.5   **Children and their parents who are newly immigrant are likely to have weak or non-existent social networks.** Families may also lack extended family in the UK. This means that there is limited, if any, support for the stresses, tensions and emergencies of child rearing and family life for parents and children. There may be no 'significant others' for a child to confide in, or to advocate for or advise a mother.

> Many children lived in families with poor support from their kin, or where there were primarily negative relationships with extended family.
>
> …support [for parents] available from family members was likely to be from individuals who shared their physical and emotional impoverishments (Tanner and Turney 2005). The reviews also revealed isolation and lack of support for asylum seeking families who failed to meet their children's physical and emotional needs. [70]

Trafficked children

5.2.6   Any child transported for exploitative reasons is considered to be a trafficking victim– whether or not s/he has been deceived, because it is not considered possible for children to give informed consent

5.2.7   Children may be trafficked for sexual exploitation, domestic servitude, labour exploitation, enforced criminality (e.g. begging), trade in human organs or exorcism; as well as illegal adoption, female genital mutilation (FGM) and forced marriage.

5.2.8   Most children trafficked into the UK are invisible to statutory services, they are not registered at school or with a GP, they are not aware of their rights or that they can claim asylum and they are unlikely to have any social networks. Younger children may be known to LA housing services or the benefits service.

5.2.9   Children trafficked out of the UK e.g. for female genital mutilation (FGM) or forced marriage, are likely to be known to statutory services and have strong social networks. They are likely to have talked to friends and possibly professionals – who need to be aware that quick action in needed to safeguard them.

5.2.10 See section 5.46 *Trafficked and exploited children* in the *London Child Protection Procedures* (London Board, 2010) and the *London Safeguarding Trafficked Children Guidance, Toolkit and Monitoring Report* (London Board, 2011).

5.2.11 **Children and families who are either newly immigrant or have been in the UK for some time, but still living below the poverty line, may be in temporary housing**, e.g. B&B. Families in this situation are unlikely to feel safe, and will be unsettled as 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.

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[70] *Understanding serious case reviews and their impact: a biennial analysis of serious case reviews 2005-07 Brandon, M. et al.* (DCSF, 2009)

> There were a number of factors which contributed to families being overwhelmed, physically, materially, and emotionally. There was evidence that almost half of the children and young people (45%) had moved numerous times. Some children and their parents were living, periodically, with friends or extended family in overcrowded and inadequate accommodation, for example one child lived with four adults and five other children in a two bedroom flat. Another child and his siblings lived in a family which had moved eight times in a single year and the children had attended seven different schools between 2006 and 2007. [71]

5.2.12 **Children and their parents, both newly immigrant and those who have been in the UK for some time, may be living below the poverty line**. 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.

> The combination of known factors indicated that the majority of families were living in poverty. Most appeared to live in poor conditions, or in some cases parts of the house or flat (often the bedrooms) were in a very poor state. There was evidence that in some families adult members of the household were in employment, but there was deep poverty despite this. 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).
>
> The low socio-economic status of BME women, as a result of poverty, debt, poor housing, unemployment, and problems with access to benefits, particularly no recourse to public funds, was itself a key contributing factor to their mental distress.
>
> If the male is the breadwinner, for socio-economic reasons, it means they stay in the [violent] relationships.' [72]

5.2.13 **Black and ethnic minority children and families may be experiencing racism and harassment.** If they are newly immigrant 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.

> 'Race and discrimination are additional pressures for BME women. 'Racism, housing, poverty are all key issue; … often clients don't complain about racism, until they have a psychotic breakdown and it becomes part of the episode'
>
> African and Caribbean women reported a greater sense of blatant racism from the health service and other agencies, such as the police and social services. [73]

5.3   Faith and/or culture issues

5.3.1 **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). The mother's skills and the child's identity and self-esteem may not be sufficiently resilient.

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[71] *Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003-2005 Brandon, M. et al.* (DCSF, 2008)

[72] Ibid and *WNC Women's Focus Groups Report, Taskforce on the Health Aspects of Violence Against Women and Girls* (DH, 2009)

[73] *Safe and Sane: A Model of Intervention on Domestic Violence and Mental Health, Suicide and Self-harm amongst Black and Minority Ethnic Women* (Southall Black Sisters, 2011)

What would you do?

Candice (14) has been living in care ever since her crack-addicted father (black Caribbean) went to prison a year ago, and is under a Section 20 Care Order. Several foster placements have broken down due to her repeatedly absconding overnight.

Candice's mother (white English) has 9 children and rejected both Candice and her younger brother Jamele several years previously and does not want anything to do with them. Jamele has since gone into a secure unit for serious gang violence.

The social worker allocated to Candice says it is possible that mother rejected Candice and Jamele because they remind her of their father. Although Candice has always been placed with black foster carers, she seems to want to befriend the white female members of staff most.

Candice says she loves hanging out with her friends in South London, near her mother's home, where they do street dance.

Candice hangs out with two Turkish girls in the care home and all three girls are truanting and staying out past curfew. Candice seems pale and withdrawn, oversleeps, and is interacting less and less with workers. Police pick her up on the streets at night and take her home.

What are the issues?

Is this child abuse?

What support would you give the mother and what other action would you take if any?

Cultural identity

5.3.2 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. Congolese, Jewish or Pakistani) in other circumstances. They may also identify with more than one culture.

5.3.3 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. An established cultural identity has also been linked with positive outcomes in areas such as health and education[74]. It provides access to social networks, which offer support and encourage shared values and aspirations. Social networks can help to break down barriers and build a sense of trust between people, a phenomenon sometimes referred to as social capital.

5.3.4 However, strong cultural identity expressed in the wrong way can contribute to barriers between groups.

5.3.5 Hybrid identities are common among the second and third generations and they 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[75].

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[74]Durie et al (2002); Durie (1999)
[75] Research by COI: www.coi.gov.uk/aboutcoi.php?page=326

> Living between two cultures – a 'British' way of life and the culture your parents or grandparents grew up with, can be a rich and fulfilling experience – but there can also be conflicts and challenges. When teaching our children about their heritage and the traditions we would like to see them continue, it can be difficult to balance these with the more 'English' traditions and ways of life that they are growing up with and embracing. Simple things like food through to language show just how complex this can be.
>
> By continuing the practices and culture you enjoy and view as important, in your home, in the way you dress, the language you speak or the food you cook, you are giving your children the opportunity to share, participate in, and value different cultures and by doing so experience a broad, varied and enriched life. [76]

5.3.6 **The child and their parent or family may be living in a close-knit community in London**, and the parent/s may be too scared or ashamed to engage with statutory and other services for themselves e.g. domestic violence, sexual abuse/rape, repudiating female genital mutilation or spirit possession, or for their child e.g. honour based violence or sexual promiscuity.

5.3.7 For a child to report to any agency that they have fears of honour based violence in respect of themselves or a family member requires a lot of courage, and trust that the professional / agency they disclose to will respond appropriately. Specifically, under no circumstances should the agency allow the child's family or social network to find out about the disclosure, so as not to put the child at further risk of harm[77].

> 'I don't think health services understand about forced marriage. My GP didn't realise that it was me against my whole family, my community. When I experienced forced marriage everybody got involved, including my brother in law who is married to my sister, I don't see why he should be involved. Everybody wants a piece of me, he gave my sister a hard time, it was the only way he could pressure me, by abusing my sister. My sister wasn't really like my sister any more, she was then against me, to protect herself. [78]

5.3.8 A 'forced' marriage, as distinct from a consensual 'arranged' one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds.

5.3.9 The Government's definition of domestic violence includes acts perpetrated by extended family members as well as intimate partners, so forced marriage and so-called 'honour crimes' (which can include abduction and homicide) now come under the definition of domestic violence.

5.3.10 See sections 5.16. Forced marriage of a child, 5.22. Honour based violence and 5.14. Female Genital Mutilation in the *London Child Protection Procedures* (London Board, 2010)

5.3.11 **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.

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[76] Family Lives: www.familylives.org.uk/
[77] Section 5.22. Honour based violence, *London Child Protection Procedures* (London Board, 2010)
[78] *WNC Women's Focus Groups Report, Taskforce on the Health Aspects of Violence Against Women and Girls* (DH, 2009)

> Taking our lead from the UNCRC, we hold that the physical punishment of children significantly contributes to children's vulnerability to sexual violence and to the conditions in which it occurs in many ways. Violating girls and boys' physical integrity and human dignity makes other physical and sexual invasion 'easier' and more likely. [79]

5.3.12 FGM is illegal in the UK and it is also illegal to aid, abet, counsel or procure the performance outside the UK of FGM. Where a child is thought to be at risk of FGM, practitioners should be alert to the need to act quickly – before the child is abused through the FGM procedure in the UK or taken abroad to undergo the procedure. [80]

5.3.13 See sections 5.16 Forced marriage of a child, 5.22. Honour based violence and 5.14. Female genital mutilation in the *London Child Protection Procedures* (London Board, 2010); and the *London female genital mutilation resource pack* (London Board, 2009). See also Appendix 2: Bexley disciplining your child leaflet.

> **What would you do?**
>
> An orthodox Muslim teenager called Nazeem became a single mother at the age of 16. She was newly immigrant, having come to the UK to live with her grandparents. She did not speak English, but an interpreter was not used as the birth was anticipated to be uncomplicated. Nazeem and her new baby boy were discharged home to her grandparents' house with a promise of a visit from the Community Health Visitor.
>
> The day after her return home Nazeem's grandmother offered to care for the new baby boy to give Nazeem a break. Within 24 hours the baby had been 'dropped' by the grandmother and he died.
>
> What are the issues?
>
> What action would you have taken, if any, which might have prevented the death of the baby boy?

In the case in the box – whilst the birth was uncomplicated, an interpreter should nevertheless have been used and, in particular it would have allowed for a discussion with Nazeem about her family's response to her pregnancy.

5.3.14 **The mother may have low status in her family and community because she is a woman**, will she have the power or confidence to protect herself and her child from harm?

> We know that the sexual and gender role behaviours of women serve a larger social function beyond the personal. In most societies, women's sexual behaviour and their conformity to traditional gender roles signifies that family's value system. Thus, in many societies, a daughter who does not conform to 'traditional morality' can be seen as "proof" of the lax morals of the family. This is why struggles surrounding acculturation in immigrant and refugee families centre frequently on the issues of daughters' sexual behaviours and women's sex roles in general. **[81]**

5.3.15 Sensitivity toward other cultures does not imply unquestioning acceptance of patriarchal definitions of cultural identities and behaviours. The challenge for professionals is how to

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[79] *Report from the Child Sexual Abuse sub-group, Taskforce on the Health Aspects of Violence Against Women and Children* (March 2010). Quoting the *Submission to the Home Office Consultation on ending violence against women and girls* by the Children are Unbeatable! Alliance (2009)
[80] Section 5.14 Female Genital Mutilation, *London Child Protection Procedures* (London Board, 2010)
[81] Dr Esprin O. Department of Women's Studies, San Diego State University http://www-rohan.sdsu.edu/~oespin/seminar.html

preserve sensitivity and respect for others and their cultural differences while working to achieve family functioning which accommodates women's and children's rights.

> Policing women's bodies and behaviours is an attempt at preserving the past amidst the constant transformation of social norms. This is not just a benign manifestation of interesting "traditions." It may cost some women their lives. Groups that are transforming their way of life through a vast and deep process of acculturation, focus on preserving "tradition" almost exclusively through the gender roles of women. Women's roles become the last "bastion of tradition." Women's bodies become the site for struggles concerning disorienting cultural differences. Gender becomes the site to claim the power denied to immigrant men by racism. [82]

> "Evidence from legal proceedings suggests that the mother, whilst able and independent in many respects was reliant on the men in her life and duly observant to the role of women within the Islamic religion. This seems to have extended to accepting the partner's interpretation of how the family should live and behave in order to be good Muslims. This change of behaviour is an extremely important feature, requiring the mother's and the children's deference and obedience to his requests, which as his health and impaired state of mind deteriorated, became an unstoppable force. His belief that evil spirits inhabited at least the child, led to a tirade of severe physical chastisements, beatings and humiliating punishments for all of the children, including the withdrawal of food". [83]

5.3.16 **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 because do to so could cause further isolation, rejection and even in some case total banishment from the community that they are solely dependent upon.

> Pastor Orome expressed the view that Victoria's problems were due to her possession by an evil spirit and early on he advised that the problem could be solved by prayer. He continued to hold the view that Victoria was possessed by an evil spirit and towards the end he told Kouao that he was fasting on Victoria's behalf. He saw Victoria several times in the last week before she died – when she was clearly very unwell, and medical treatment may still have been able to save her. Finally … Pastor Lima advised them to go to the hospital and a mini-cab was called. But it was too late. [84]

> **What would you do?**
>
> Ricky of 13 years old has been acting out at school and at home. When called in to discuss his behaviour, his mother turns up with two church elders and explains that her son is possessed by the devil and she and the church are working hard to rid him of this evil by intensive prayers at all hours of the day and night. However, they are finding it difficult to help Ricky as he keeps running away.
>
> What are the issues?
>
> How would you respond to the mother?
>
> What support would you offer to Ricky?

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[82] Dr Esprin O. Department of Women's Studies, San Diego State University http://www-rohan.sdsu.edu/~oespin/seminar.html

[83] Serious case review into the death of Kyra Ishaq (Birmingham SCB, 2009)

[84] *The Victoria Climbie Inquiry: Report of an Inquiry by Lord Laming* (Lord Laming, 2003)

5.3.17 **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.

> 'Even if the perpetrator isn't with you, he sends one of his family members with you. And in the name of honour you can't even talk about it. Especially if they say, I'm going to interpret because she can't speak English.'
>
> At the age of 9 my parents took me out of school and got me engaged to my first cousin, at the time I thought it was just a party but it was actually my engagement. I did not realize this until later when the pressure to see this marriage through mounted. Up until the age of 24 my parents emotionally blackmailed and threatened me to fulfil the marriage at every time I protested, as she was a stranger to me. I was then taken to Pakistan under false pretences as I was told my Grandmother was very ill. When we arrived in Pakistan I went to the village and saw that my Grandmother was well and started to question why we came. This was when I was kidnapped and shackled in chains in a Mosque, and made to agree with the marriage. [85]

5.3.18 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, s/he may not be able to seek help to keep safe from the community or statutory and other services.

> "I fell in love with a Christian man and married him, but my family reacted as though I had dishonoured them"
>
> "I left home when I was 13 because I felt that I was being forced into a marriage although I had refused it. I ran away from home, my sister who had been disowned by my parents who also suffered a forced marriage let me stay at her house. While I was staying at her house I had threatening phone calls from my parents and my brothers, they would also come and attempt to break the front door down. I lived there in fear of my parents and family. I was too afraid to go out, I sometimes didn't have the guts to go to school I was so confused, scared and isolated that I started to self- harm myself" [86]

> The Metropolitan Police definition of so-called honour based violence is: 'a crime or incident, which has or may been committed to protect or defend the honour of the family and/or community'. [87]

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[85] *WNC Women's Focus Groups Report, Taskforce on the Health Aspects of Violence Against Women and Girls* (DH, 2009) and Karma Nirvana at www.karmanirvana.org.uk
[86] Karma Nirvana at www.karmanirvana.org.uk
[87] Section 5.22 Honour based violence, *London Child Protection Procedures* (London Board, 2010)

What would you do?

Sabina is a 15 year old Muslim girl, her family originates from Pakistan. Her family is very strict and religious, and Sabina herself wears a headscarf but also says things like, 'I don't believe in God'.

Sabina was taken into care because her relationship with her father had completely broken down and he threw her out. Sabina's mother does not speak much English and goes along with whatever the father says. Mother refuses to have contact with Sabina, presumably because father disapproves, although Sabina has told children home staff that she sometimes calls home when she knows her father is out.

Sabina's exhibits erratic and aggressive behaviour at times, but can also be very sweet.

Staff at the children's home know that Sabina recently started going out with a boy she calls Sayid and the relationship seems to have had a calming effect on her.

However, today, Sabina reported being attacked on her way home from school by two Pakistani men. She said her father must have sent them to get her. She is complaining of stomach pains and nausea and had visible bruising on her face. Sabina says she thinks people have been following her.

What are the issues?

How would you respond to Sabina?

What support would you offer her?

[88]

- have strong allegiance to a group or gang, e.g. radicalised, this may stop him/her from seeking help from the community or statutory and other services, to stay safe. Children from minority ethnic backgrounds have been disproportionately represented in deaths due to serious youth violence in London in recent years, 90% of victims and 77% of offenders were from minority ethnic backgrounds.[89]

In summary, youth at greatest risk of becoming extremely aggressive and violent share common experiences that appear to place them on a 'trajectory toward violence'. These youth tend to have experienced weak bonding to caretakers in infancy and ineffective parenting techniques, including lack of supervision, inconsistent discipline, highly punitive or abusive treatment, and failure to reinforce positive, prosocial behaviour. These developmental deficits, in turn, appear to lead to poor peer relations and high levels of aggressiveness.

Additional factors include:

- Attitudes toward violence in the larger society;

- Poverty and socioeconomic inequality; and

- Prejudice and discrimination

[90]

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[88] Haringey Safeguarding Children Board training material
[89] Strategic Research and Analysis Unit, Metropolitan Police Service, November 2008
[90] *Report of the American Psychological Association Commission on Violence and Youth, Vol. I: Social and Cultural Experiences that affect Youth Violence*

> The majority of young men in this predicament do not actively seek out gang membership or involvement in gun crime. Furthermore, the image of Black youth who are caught up in these activities presented by high-profile commentators within the black community as cold and ruthless killers is different from that of the second generation respondents. Many are mortified by what they have done and what they often feel they have had to do to survive. Christopher gave an account of how one young person he knew was affected:
>
> *"They're crouched up in the corner crying because they brought the gun out to protect themselves and they've been challenged so they've pulled the trigger. They haven't wanted to pull the trigger... "*
>
> In reality, being unable to 'escape' from the neighbourhoods where these crimes are being enacted, they cannot afford to appear resistant or indifferent to the powerful cliques and individuals who are involved. Moreover, gun ownership in a neighbourhood tends to become self-propelling, as those who feel threatened by other young people with firearms, arm themselves in self-defence. However, as a result of the historical legacy of mistrust, seeking help from the police is not an option. [91]

- Potentially, a child involved with a gang or with serious violence could be both a victim and a perpetrator. This requires professionals to assess and support his/her welfare and well-being needs at the same time as assessing and responding in a criminal justice capacity. There is evidence of a high incidence of rape of girls who are involved with gangs[92]

6.   Additional vulnerabilities

6.1   Travelling lifestyle

6.1.1   The Traveller Law Research Unit has estimated the UK Traveller population to be approximately 200,000[93]. Travelling communities include Irish, Romany and New Travellers and Showpeople.

> 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 [94]

6.1.2   For insecurely accommodated families, or where literacy issues exist, the impact of frequent movement and limited information about local services are likely to have a negative impact

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[91] Pitts, J., *Reluctant Gangsters: Youth Gangs in Waltham Forest* (University of Bedfordshire, 2007)
[92] Section 5.19, Gangs, serious youth violence and violent extremism, *London Child Protection Procedures* (London Board, 2010)
[93] www.law.cf.ac.uk/tlru
[94] Cemlyn S., Greenfields M., Burnett S., Matthews Z. & Whitwell C. *Inequalities experienced by Gypsy and Traveller communities: A review*. (University of Bristol, Buckinghamshire New University, Friends Families and Travellers, 2009)

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 cultural strengths.

> 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 [95]

6.2   Family structure

6.2.1   The research undertaken for the Government by Eleanor Stobart in 2006 provides valuable insights into the daily lives and family dynamics in minority ethnic families where children had been abused and neglected. One of the notable features surrounding family structure was the difficulty professionals had in understanding the relationship between the child and the carers.

Private fostering

6.2.2   The family structure tended to be complex. Children lived with mothers, fathers, aunts, uncles, siblings and half siblings all in the same household – it was difficult to establish whether the carers were related to the child or whether it was a private fostering arrangement. Carers often had partners who were transient or several partners – some appeared to be polygamous marriages. The information about relationships was often conflicting.

6.2.3   A privately fostered child is one under 16 (or under 18 if disabled). The child receives care and accommodation continually for 28 days or more by someone who is not a parent, does not have legal parental responsibility and is not a close relative. The Children Act 2004 defines close relatives as parents, stepparents, grandparents, siblings, aunts or uncles.

6.2.4   In some cases immigration status and benefits depended on the child being with a natural parent. Children therefore did not disclose the real relationship. In one case DNA was used to establish if the child and carer were related.

Spirit possession

6.2.5   The research suggests that children become more vulnerable to accusations of possession and "witchcraft" if there is a change in family situation or there is no bond of affection between the carer and child. Carers may have developed a strong family relationship prior to the arrival of the child or the remaining natural parent may form a stronger bond with a new partner and their subsequent children. At least five of the carers were pregnant at the time of the abuse.

6.2.6   At least twenty-five of the children had siblings or half siblings in the household.

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[95] Cemlyn, 2000b, Cemlyn & Briskman, 2002 and Vanderbeck, 2005

6.2.7   In three cases, two children in the same family were accused of being possessed. In all the other cases one child was singled out and accused.

Scapegoating

6.2.8   The change in family situation or a change of circumstances for the worse, may lead to the isolated, more vulnerable "outsider" being blamed. The work of Tom Douglas[96] on scapegoats as cited in Working with Black African Children and Families[97] is relevant. The main factors influencing the selection of the scapegoat are:

- The relative powerlessness of the child vis-à-vis the parents;

- The need to choose someone who was not performing any essential family role;

- The need to choose a person intimately related to the sources of the tension;

- The choice should be able to symbolise the conflict by, for example

    - a lack of achievement, failure

    - acting independently and violating the family norms of loyalty

- The choice usually had suffered serious physical disease when young or had a striking physical abnormality.

6.3   A child with a difference

6.3.1   The reason why a particular child is singled out and accused of being possessed or being a witch is difficult to ascertain. Our desk research suggests that several factors combine to make a child more at risk. These include rationalising misfortune, a change of circumstances for the worse, a child with a difference and a weak bond of affection between the carer and the child.

6.3.2   It is human instinct to try to rationalise misfortune – whether it involves seeking a medical, scientific, religious, mystical or spiritual explanation.

6.3.3   In the cases we have seen, rationalisation often takes the form of believing oneself to be cursed, to be the victim of black magic, voodoo, witchcraft, obeah or believing that someone else is "possessed by evil spirits".

6.3.4   When family troubles begin or are exacerbated – serious illness, financial troubles, unemployment etc - people may look for anything that is new or "different" as the cause of the problem. It may be a child who has recently joined the family or a child with a "difference" that is blamed and becomes a scapegoat.

6.3.5   Research[98] suggests that when a family experiencing problems has a child who exhibits a behaviour that the family views as problematic, difficult to understand or outside the family norms; this, combined with a change in family dynamics may increase the risk of the family accusing the child of harbouring some "evil" force such as witchcraft or possession.

6.3.6   The behaviour that carers view as challenging includes rebelliousness, disobedience, independence, defiance and developing and establishing individuality. Many of the children were described by their carers as naughty.

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[96] Douglas, T., *Scapegoats, Transferring Blame* (Routledge, NY, 1995)
[97] Anane-Agyei, A., *Working with Black African Children and Families* (Learning Design Ltd, London, 2001)
[98] Molinas, J.A., *Enfants Sorciers en République Démocratique de Congo* (Save the Children UK, September 2005)

6.4   A child with a disability

6.4.1   Disabled children are 3.4 times more likely to be abused or neglected than non-disabled children.

6.4.2   Children with a disability were also viewed as different and their disability maybe explained away as possession or witchcraft. We were able to establish that fourteen of the children had some degree of disability, perceived imperfection or blemish. This could be as mild as a stammer or a severe mental and physical disability. These were:

- Epilepsy
- Stammer
- Deafness
- Learning disabilities
- Autism
- Mental health issue
- Life limiting illness

6.4.3   This suggests that carers might view any illness or disability as a sign of possession. Three of the children were described as exceptionally bright which could have been the reason for them standing out as different.

6.5   Traumatic recent history

6.5.1   Raised rates of psychotic disorders are evident in all immigrant and minority ethnic groups compared with the rate in the background host population[99]. The reasons for this include post traumatic stress disorder (PTSD) in refugees, which may be the primary issue for a person or complicates the picture when a parent or child presents with other mental and physical health complaints. A review[100] of 7,000 refugees to western countries found that they were up to 10 times more likely to experience PTSD than the general population.

6.5.2   Immigrants whose experiences in their country of origin have been traumatic face the additional challenge that just at the time when their stress is compounded by the process of leaving their country and coming to the UK, they leave behind any wider family and social networks which could have supported them. Separation, particularly from parents, through the migration experience may be an important early-life stressor for children that can increase their vulnerability later in life.

6.6   A looked after child

6.6.1   Minority ethnic and mixed race children are consistently overrepresented in the looked after population. Yet training for foster carers and residential social workers to have the appropriate skills to meet not only the physical and emotional needs of children, but to also recognise deal with issues of culture, faith and identity, is often inadequate. Looked after children from minority ethnic groups and communities are often likely to have experienced poverty, racism and communication difficulties (if English is not their first language). When leaving care, minority ethnic young people experience direct and indirect discrimination in

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[99]Bhugra, 2004; Cantor-Graae and Selten, 2005., *The Mental Ill-Health of People Who Migrate, and Their Descendants: Risk Factors, Associated Disability and Wider Consequences*. Kirkbride J. and Jones P.B. University of Cambridge
[100]Fazel et al., 2005

employment, training and when trying to find accommodation – they are therefore more likely to be homeless[101].

> **What would you do?**
>
> Haroon, a 14 year old Afghan asylum seeker, says he fled violence in Afghanistan, where he lived with his maternal uncle. He reported to staff that his family was involved in a feud and his mother and father and other members of his family were all killed. He fled and it took him eight months to reach the UK, he travelled in such poor conditions that he lost all his toenails and he was frequently threatened by agents with knives.
>
> Haroon is mostly quiet and pensive, but sometimes he gets very frustrated and angry and at these times he is very hard to calm down.
>
> Although Haroon has just entered care and says he knows no one in the UK, he has been spotted by staff making calls on his mobile phone and speaking in Farsi. When questioned, he refuses to answer.
>
> What are the issues?
>
> How would you respond to Haroon?
>
> What support would you offer him?

6.7 Babies under one and children under seven years

6.7.1 Babies under 12 months old are particularly vulnerable to violence. Where there is domestic violence in families with a child under one year old (including an unborn child, for any single incident of domestic violence), even if the child was not present, professionals should make a referral to LA children's social care.

6.7.2 If there are children under the age of seven in the family, this could raise the level of risk as young children are more vulnerable because they do not have the ability to implement safety strategies and are dependent on their mothers to protect them. In cases such as this, the characteristics of the child and situation which are protective need to be carefully considered.

7. Lessons from practice

7.1 Learning from London serious case reviews

7.1.1 Conclusions from reviews of cases highlight the circumstances in which professionals and their agencies can miss opportunities to apply culturally competent practice to improve the protection of children. The following examples are taken from serious case reviews, and help illustrate some of the issues facing agencies in this area – readers should, however, bear in mind that these examples are presented in isolation and lack the wider context of the case.

7.2 Cultural issues

- The mother's explanation for non-engagement was that she had to be escorted everywhere out of the home by her husband or another male member of the family, however she had originally presented at housing alone, asking to be re-housed on

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[101]Teenage pregnancy and looked after children/care leavers. Haydon D.(Barnardos, 2003)

her own. No agency enquired whether her movements were being restricted by her husband.

- None of the agencies explored the mothers 'expulsion' from the husband's family for being 'shamefully' pregnant because she was unmarried.

- Racial and cultural issues were not specifically addressed by CAMHS.

- The mother's use of 'culture' to avoid enrolling her children in the nursery was factually incorrect and inconsistent, but professionals were not confident to challenge her on this.

- The issues of difference, culture and family and community support were not actually considered.

7.3   Language / access

- The family presented as many non-English speaking families in transition do – having difficulty accessing services and services facing challenges in gathering health and social care information.

- It appears that no interpreters were used throughout healthcare provision, including the consultation relating to the termination of the pregnancy, the process of GP de-registration and re-registration (the mother appears not to have understood how to re-register), consent to the Caesarean section and support and advice around breastfeeding.

- The GP did not use an interpreting service but relied on the husband to interpret, on occasions prescribing without seeing the mother.

7.4   Immigration issues

- In this case it was accepted that the father was providing the practicalities of care required by the children. The GP did not share the information that the father was facing deportation.

- The mother believed that because of her immigration status she could not raise the fact that she had not received a service – she felt she 'should not be in the UK'.

- It is concluded that ideally the LEA should know of a student's immigration status because of their increased vulnerability, the need to liaise with other services on their behalf, and because it may be possible that the family would be reluctant to engage with statutory agencies.

7.5   Vulnerability and assessment

- For families who are new to this country, and may be living in isolated circumstances, there is likely to be very limited information available for the initial assessment (e.g. the children were not registered with a GP and had attended school for only one week). Revisiting and updating the initial assessment would have allowed professionals to intervene to protect the children.

- The family would have been at risk of exposure to racist attitudes and behaviour, living in a predominantly white society for the first time.

- The LSCB should devise a strategy for assuring themselves that minority ethnic families have access to services.

7.6   Recommendations from the London serious case reviews

- Frontline professionals in all agencies need to be better focussed on finding out about a family's immigration status and weight given to the impact of that status on the family's behaviour;

- Professionals in the child protection network need to identify/give weight to, the family's experience of threat of deportation, inadequate and temporary housing, domestic violence, family income (poverty) etc – in the context of the family's newly immigrant and minority ethnic background and experiences;

- Specialist services need training in the impact of race, culture and new immigrant experiences on children and families, including racial harassment;

- Trust needs to be built between the third sector and community groups to prioritise the protection of children within the context of the family's needs;

- More consideration needs to be given to requests for culturally/ethnically appropriate resources or services;

- Awareness needs to be developed in relation to political sensitivities when supporting families appropriately from within their own communities;

- More consideration needs to be given to the impact of religious / faith affiliation and precepts on family behaviours;

- Improvements are needed in operational knowledge of and pathways for, accessing information from abroad, particularly where child protection action is known to have been taken prior to the family arriving in the UK.

[102]

8.   Child poverty

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.

[103]

8.1   Poverty and ethnicity

In the UK, within Black or Black British households, 48% of children are living in poverty – compared with 27% of White children.

[104]

8.1.1   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

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[102] London SCRs Review 2007 and overview 2009, London Safeguarding Children Board
[103] *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)
[104] *'It Doesn't Happen Here'* (Barnardos, 2007)

Chinese or other ethnic groups live in poverty – compared with 27% of White children[105]. This presents the government with a serious challenge – without targeted policies, ethnicity will continue to determine children's life chances.

Worklessness

8.1.2   Worklessness is one of the key drivers for the higher poverty rates for some ethnic minority groups – while the UK has an overall employment rate of 75% of all working adults, this falls to only 60% when looking solely at working age individuals from ethnic minority populations[106].

- Employment rates for women vary significantly – 72% of White women are economically active compared with just 27% of Bangladeshi and 30% of Pakistani women[107].

- 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[108]. People of ethnic minorities do not, in general, get the jobs that their qualification levels justify[109].

8.1.3   Another important factor in poverty rates amongst ethnic minority groups is educational achievement. The achievement gap between 16-year-old White pupils and their Pakistani and African-Caribbean classmates has almost doubled since the late 1980s[110].

In work poverty

8.1.4   Working households from ethnic minority groups have higher poverty rates than others - 54% of Pakistani and Bangladeshi children in working households are in poverty in comparison to 12% of White children.

8.2   Other contributing factors to household poverty

8.2.1   **Lone parent households, large families and families with a disabled child** – 52% of children in lone parent households are living in poverty compared to 23% in two parent families. Within large families with three or more children, 43% of children are at risk of being in poverty, in comparison 26% of families with one or two children[111]. Having either an adult or a child with a disability in the family increases the chances of being in poverty. Within families with a disabled child and a disabled adult, there is a 44% risk of being in poverty, compared to 28% where no one in the family has a disability[112].It costs three times as much to bring up a disabled child than a non-disabled child and state benefit increases have not met these extra costs[113].

8.2.2   **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.

8.2.3   **Children living in poor housing** – 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

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[105] Department for Work and Pensions (2006a); Smith et al. (2007)

[106] Department for Work and Pensions (2006b)

[107] Equal Opportunities Commission (2006)

[108] Department for Work and Pensions (2007b)

[109] Department for Communities and Local Government (2006)

[110] Gillborn and Mirza (2000)

[111] After housing costs – that is, rent/mortgage and council tax

[112] Department for Work and Pensions (2007a)

[113] La Valle et al. (2007)

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[114].

8.3   The impact of poverty

8.3.1   Currently, 3.8 million children live in poverty in the UK[115], which represents one of the highest relative child poverty rates among the world's wealthiest countries (UNICEF 2005).

8.3.2   Children who grow up in poverty are at increased risk of a wide range of adverse experiences and negative outcomes, including poor health (physical and mental), death from illness or accident, educational disadvantage and disaffection, criminalisation for anti-social behaviour or offending as well as becoming victims of crime.

8.3.3   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 [116]

8.4   The relationship between poverty and stress

> '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'

[117]

8.4.1   Poor communities often experience multiple, inter-related problems such as social exclusion, social isolation and lack of social capital[118]. It is not possible to clarify how these different variables may influence, interact with or contribute to the heightened risk of harm to children. Nevertheless there is a definite association between poverty and an increased risk of neglect and physical abuse.

8.4.2   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.

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[114] Sharma. N., *It doesn't happen here - The reality of child poverty in the UK* (Barnardo's, 2007)

[115] After housing costs (Source: Department for Work and Pensions, 2007)

[116] George Albee, 2006, former president of the American Psychological Association

[117] Joffe, 1988 quoted in 'Can Poverty Drive You Mad? : 'Schizophrenia', Socio-Economic Status and the Case for Primary Prevention. Read J. University of Auckland (2011)

[118] Social capital refers to the overall social relations between people and the norms of trust and reciprocity on which they are based (Jack, 2004)

8.4.3   The effect of stress can mean that parents react to the demands of childrearing with harsh or inconsistent discipline, or become depressed, despairing and hopeless, all of which can impact on parents' capacity to meet their children's needs[119].

8.4.4   Most families living in poverty 'get by' and cope with the adversity as well as the negative 'label' and stigma of 'being poor'[120]. There are however, a minority of parents who do not manage these pressures so well and research from Britain, America and Australia confirm the association between poverty and parenting difficulties, including neglect and to a lesser extent physical abuse[121].

8.4.5   Beyond the family's own poverty, research also shows that parents who live in poor environments suffer from high levels of stress[122] as a result of, for example, crime, poor quality or overcrowded housing and lack of amenities. Social or family support is a key factor here, as are other sources of resilience, to help to buffer the impact of stressful life events.

8.4.6   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.

> **Good enough parenting**
>
> 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.

[123]

Chronic stress

8.4.7   The most important determinants of chronic stress in developed societies seem to be related to the social environment and people's anxieties about negotiating social interactions. This is exacerbated where there is greater inequality, and people are vulnerable to the humiliation of relative poverty through being deprived of the jobs, incomes, housing etc which are the markers of status.

8.4.8   Relative poverty defines income or resources in relation to the average, and recognises that human needs are socially derived and therefore vary according to social contexts and the ability (or inability) to participate in the social norms of one's society. Individuals, families and groups are in relative poverty "if they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged or approved in the societies to which they belong"[124].

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[119] Katz, 2004; Katz et al. 2007; Hooper et al. 2007
[120] Lister 2000
[121] Frederick and Goddard., 2007; Cawson et al., 2002; Sidebotham et al., 2002; Taylor, Spencer and Baldwin, 2000; Tuck, 2000; Gilham et al., 1998; Drake and Pandy, 1996; Gibbons et al., 1995; DiLeonardi, 1993; Jones and McCurdy, 1992; Pelton, 1981
[122] Ghate and Hazel (2002)
[123] *Munro Review of Child Protection: A child-centred system* (Professor Eileen Munro, 2011)
[124] Townsend, 1979

8.4.9   The UK Government puts the measure of relative poverty at a household income of less than 60% of equivalent median income before housing costs[125]

8.4.10 People in more unequal societies tend to trust each other less and are less likely to be involved in community life[126]. There are lower levels of social capital; hostility levels seem higher and there is almost certainly more discrimination against minorities and women[127] . The protective, stress-relieving, elements of a cohesive community are missing[128].

8.5   Poverty and mental ill health

8.5.1   The relationship between poverty and poor mental health is complex and is affected by variables that are themselves related to poverty such as child abuse and neglect, unemployment, gender, ethnicity, poor coping strategies etc[129]. Nevertheless, the causal role played by poverty in a range of mental health problems is well established, including, for example, in relation to depression[130], drug misuse[131] and suicidality[132]. Furthermore, relative poverty is a high predictor of psychological distress[133].

8.5.2   A New Zealand study of over 15,000 families, focussed on asset wealth (e.g. home ownership and savings), found that those in the lowest quintile were three times more likely to report high psychological distress than those in the highest quintile[134].

8.6   Poverty and violence

8.6.1   The most well established environmental determinant of levels of violence is the scale of income differences between rich and poor. Research findings are that the rates of violent crime and homicide are higher where there is more inequality[135], and this is part of a more general tendency for the quality of social relations to be poorer in more hierarchical (unequal) societies[136].

8.6.2   One USA study found that the proportion of people who felt that they cannot trust others and agree that 'most people would try to take advantage of you if they got the chance' was 40% in unequal states, compared to 10% in the more equal states. A similar pattern of lower levels of trust where income inequalities are larger has also been shown in international studies[137].

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[125] HM Treasury, 2008

[126] Wilkinson R.G., *The Impact of Inequality: making sick societies healthier* (New Press, N.Y. 2005).

[127] Ibid.

[128] Putnam RD, R. Leonardi, RY. Nanetti., *Making democracy work: civic traditions in modern Italy* (Princeton U.P. 1993)

[129] Barker-Collo & Read, 2003

[130] Heflin & Iceland, 2009; Talala, Huurre, Aro, Martelin, & Prattala, 2009

[131] Daniel et al., 2009

[132] Bolton, Belik, Enns, Cox, & Sareen, 2008

[133] Wilkinson & Pickett, 2009

[134] Carter, Blakely, Collings, Gunasekara & Richardson (2009)

[135] There are now 50 or more such studies that have examined homicide rate in relation to income inequality, among communities, states and countries. A meta-analysis concluded that this is a robust relationship (Hsieh CC, MD. Pugh. *Poverty, income inequality, and violent crime: a meta-analysis of recent aggregate data studies* in *Criminal Justice Review* 1993; 18: 182-202). It stands up to controlling for a range of other social and economic influences and several research reports refer to it as the most consistent evidence of an environmental influence on violence (Neapolitan JL. *A comparative analysis of nations with low and high levels of violent crime* in *Journal of Criminal Justice* 1999; 27 (3): 259-274

[136] *Why is violence more common where inequality is greater?* Wilkinson, R. (2004).

[137] Kawachi I, BP. Kennedy, K. Lochner, D. Prothrow-Stith. *Social capital, income inequality and mortality*. American Journal of Public Health, 1997 and Uslaner E. The Moral Foundations of Trust. Cambridge University Press, 2002

8.6.3   As well as more violence, people in more unequal societies tend to trust each other less and are less likely to be involved in community life. There are lower levels of social capital, hostility levels seem to be higher and there is almost certainly more discrimination against ethnic and faith minorities, and against women and girls[138].

6.6.4   Cardiff University recently studied seven hundred 11-17 year olds who received treatment for violence-related injuries at seven emergency departments in south Wales. The findings were that, whilst boys were more at risk of violence than girls overall, the risk of injury increased more rapidly for girls than boys as deprivation increased. In one deprived area, girls faced a risk of violence six times greater than in more affluent areas. "The facts linking deprived neighbourhoods to violence are complex and include social cohesion, substance abuse and family stress"[139]

8.7   Poverty and harm to children[140]

8.7.1   Child abuse and neglect occurs in many forms and across all socio-economic groups. Most parents who live in poverty do not harm their children and parent effectively, but research shows that children who grow up in poverty can be more vulnerable to some forms of harm, particularly neglect and physical abuse.

8.7.2   A 2008 NSPCC study of almost 3,000 young people found that 33% agreed with the statement that 'there were always a lot of worries about shortage of money' in their families when they were children, but this proportion rose to 65% among those who had experienced serious physical abuse or serious neglect, and 71% of those who had experienced emotional abuse. The study therefore confirmed the association between socio-economic status, financial problems in the family and parental child abuse, though it is much stronger with physical and emotional maltreatment and (neglect) absence of physical care than with either sexual abuse outside the family or absence of supervision[141].

8.7.3   As highlighted above, Cawson et al (2000) found that those in the lower social grades were almost 50% more likely to have experienced physical abuse than those from professional grades.

8.7.4   The findings also showed that compared to young professional respondents, young people working in semi-skilled or unskilled jobs were three times more likely to have suffered serious physical abuse, and ten times more likely to have experienced a serious absence of care in childhood; compared to respondents in higher education, they were twice as likely to have experienced such neglect[142].

Physical abuse

8.7.5   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[143]. For example, almost 25% of the children on Coventry's child protection

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[138]Wilkinson RG. The Impact of Inequality: making sick societies healthier (2005)

[139] Prof Shepherd, Director of the Violence and Society Research Group

[140] NSPCC Poverty and child maltreatment (Research briefing, April 2008); Hooper et al (2007); see also Cawson et al.(2000) and Cawson (2002)

[141] *Child Maltreatment in the Family* (NSPCC, 2008). The research comprised a random probability sample of 2,869 young people aged 18 – 24 years. Also cited Hooper et al (2007); Cawson et al.(2000) & Cawson (2002)

[142] Hooper et al (2007)

[143] Balwin and Carruthers, 1993 & 1998; Tuck, 1995)

register lived in one of the most deprived electoral wards which housed just over 12% of the total child population in the city[144]. In Strathclyde, 60% of the children on the regional child protection register lived in Glasgow, which had the highest concentration of poverty but accounted for only 27% of the region's population[145].

8.7.6 A Glasgow study concluded that "living in areas of localised high unemployment (particularly male) is likely to put families, otherwise vulnerable, at greater risk of child physical abuse and neglect"[146].

Neglect

8.7.7 There is a strong correlation between poverty and neglect[147]. 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[148].

8.7.8 Another study also found that parents whose children were registered for neglect were significantly more likely to live in unemployed families than was the case in the total population[149]. The caveat to this is that other stressors could be related to neglect both directly or indirectly such as alcohol and drug abuse, and that some forms of mental illness might cause neglect directly, or cause it indirectly by dragging families into poverty.

Sexual abuse

8.7.9 Similar correlations were found between all forms of abuse (including sexual) and social deprivation, but a possible explanation for this is that perpetrators target vulnerable children or women to secure access to children; socially deprived neighbourhoods are characterised by relatively large numbers of lone parents, usually mothers, living on low incomes and coping with a range of material adversities[150].

Emotional abuse

8.7.10 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[151].

> "Newly immigrant minority ethnic communities in London do not sufficiently understand the role of the statutory agencies generally and children's social care services in particular. There is a belief that the statutory agencies are keen to remove children from their communities. Children and families in the communities remain isolated from support services". [152]

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[144] Baldwin and Carruthers, 1993 & 1998
[145] Gillham et al (1998) analysed 5,551 referrals and 1,450 registered cases of abuse and neglect in Glasgow between 1991 and 1993 and found substantial correlations with all indices of deprivation, particularly between physical abuse and rates of male unemployment.
[146] ibid
[147] Tuck (2000)
[148] Thoburn et al. (2000)
[149] Creighton et al. (1992)
[150] Tuck (1995 &2000)
[151] Thoburn et al. (2000)
[152] *Community Partnership Project* (London Board, 2007)

Appendix 1: Faith and Culture Safeguarding Children Checklist

BME families often live with circumstances which 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 in London**, 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?

Appendix 2: Bexley disciplining your child leaflet

Disciplining Your Child

The aim of this leaflet is to support parents and carers to feel confident in managing their children's behaviour and to seek advice if they are having difficulties.

Most parents and carers want the best for their children. Discipline is important to help our children grow into well-balanced and responsible people. Parents and carers help their children by giving clear and consistent messages about their behaviour. However, sometimes we can respond too harshly to situations and a child might suffer an injury or emotional harm as a result of the methods used. On some occasions Social Care (Social Services) may be called to investigate. This results in great stress for the whole family.

The Law – how it applies to you

UK law protects any child from cruel and abusive treatment by their parents or carers up to the age of 18 years. For example, it is against the law for a parent to use physical punishment on their child that causes bruising, either by hitting or using an implement to inflict injury. It is also against the law to use any form of physical punishment when a child is being looked after by someone else, such as a childminder or foster carer. The law recognises that children are not the property of their parents to do with as they like, but are individuals in their own right who should be nurtured, valued and respected.

Discipline

Discipline should not be seen as the same as punishment. It includes being a positive role model and setting good example. It also includes negotiation and compromise, instruction, providing boundaries, guidance, advice, and helping your child set realistic goals. There are lots of different ways of disciplining a child and if you restrict yourself to simply reacting against behaviour you don't like, you will be missing lots of opportunities to bring positive, loving discipline into their life.

Introducing sanctions or punishing your child is only a part of the process and should only be done in ways that are fair – never abusive. Above everything else, children need to know they are loved unconditionally, even when they are behaving badly. This will help in developing a healthy self-esteem which is very important for your child's emotional wellbeing

Boundaries

We all know that children test our limits at some time or another. These are the rules that we have in our family. We set 'boundaries' about what we expect of our children and family. If these boundaries are too loose then children have little direction in life. If they are too harsh then children do not develop their own sense of responsibility. Think about the rules in your house and explain these to your children. Tell them about why you think these are important. Give them a chance to discuss the rules and to know when things might be changeable. For instance, during school days you expect a fixed time for bedtime but at weekends this could be later.

Consistency

It is important that children have routine and predictability. They need to know that there are consequences for how they behave. Rewarding positive behaviour is, generally, more effective than punishing challenging behaviour. Praise and encouragement are powerful tools for developing good habits. However challenging your child's behaviour it is important to be as consistent and fair as possible. Your children need your attention and support. Young children should never be left on their own or in the care of other children. If you need help with childcare you can ask the **[name of local family information service]** for advice.

Diversity

There are lots of different ideas about how to be a 'good' parent. These can vary within families, ethnic groups and communities. British society acknowledges and affirms cultural diversity but children, whatever their cultural background, always have a right to be protected. Anything that causes harm to a child, whether part of a cultural or faith tradition, is never acceptable. Some practices (e.g. female circumcision, often called female genital mutilation) that may be culturally acceptable in some countries are banned bylaw in the United Kingdom, and indeed in many other countries.

The Ten Key Points

1. **Get to know your child**
2. **Listen to your child**
3. **Be as positive as you can**
4. **Keep the rules simple**
5. **Be consistent**
6. **Reason and discuss matters with your child**
7. **Provide positive opportunities**
8. **Agree sanctions with the child**
9. **The behaviour is bad – not the child**
10. **Ask for help**

Diversity