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**Trafford Early Help and Children’s Social Care**

**……An approach to cultural awareness practice guidance**

**Contents**

1. [**Introduction**](https://cambridgeshirecin.proceduresonline.com/chapters/p_cult_com.html#intro)
2. [**Practice Principles and Cultural awareness**](https://cambridgeshirecin.proceduresonline.com/chapters/p_cult_com.html#practical)
3. [**Approach**](https://cambridgeshirecin.proceduresonline.com/chapters/p_cult_com.html#approach)
4. [**Tools and Resources**](https://cambridgeshirecin.proceduresonline.com/chapters/p_cult_com.html#tools)
5. [**Recommended Reading**](https://cambridgeshirecin.proceduresonline.com/chapters/p_cult_com.html#reading)

**1.** **Introduction**

* The Children Act 1989 makes it clear for all professionals that the child's welfare is paramount, i.e. that as stated in The United Nations Convention on Human Rights, this must always be put before consideration of the rights (and traditional cultural and faith related practices) of adult family members and/or the child's community (Dfe:1989).
* Many recent serious case reviews across the UK identified common topics related to risks being missed due to workers not challenging assumptions about stereotypes in relation to families where children then died or were subjects to abuse and neglect despite professionals being involved in their lives. One issue frequently identified by front line practitioners is people whose first language is not English where the language barrier can prevent professionals from effectively assessing, supporting and protecting families.
* Another example could be first generation immigrants, asylum seekers and refugees where published case reviews highlighted that professionals sometimes struggle to engage with them. Families are often unaware and/or wary of accessing services, and how important it is to put children's rights as children above any consideration of their immigration status, or culture, or beliefs held within the family. “Children need to be protected irrespective of cultural sensitivities. Different practices are no excuse for child abuse in this country”. (NSPCC:2015).
* **Locally, Trafford’s Ofsted ILAC Inspection (May 2019) identified that Equality, identity and Diversity issues (especially BAME) needs to be better understood and considered within all assessment and planning. Practitioners need to ensure that assessments analyse and focus on the child's individual experience and needs, in particular evidencing meaningful consideration of the child's religious, ethnic or cultural needs and how these are going to be addressed.”**
* **Trafford have identified that staff need to be equipped to work with diversity, culture, ethnicity and identity in safeguarding work. The demography of Trafford means practitioners must have knowledge and skills and an approach to safeguarding practice which supports an effective response to the complexity and changing nature of the needs of children and families**

**Trafford Demographics**

The resident population of Trafford at mid-2018 is estimated at 236,370.

**Age:** Trafford Joint Strategic Needs Assessment (JSNA) shows:

* 50,485 people aged 0-19 years (21.4% of the total population),
* 145,107 people aged 20-64 years (61.4% of total)
* and 40,778 people aged over 65 years (17.3% of total).

**Gender:**

According to ONS mid-2018, theestimated resident population of Trafford by gender is: Males – 115,579 and Females – 120, 791.

**Ethnicity:**

Census 2011 shows, 14.5% of the Trafford resident population (or 32,744 people) reported belonging to a Black and Minority Ethnic (BAME) Group, very similar to England as a whole (14.6%).   The Trafford BAME population is made up of:

* 7.9% belonging to an Asian ethnic group,
* 2.9% Black and
* 2.7% Mixed (Figure 1).

In addition, the BAME population in Trafford has a younger age structure than the population as a whole. Among children and young people aged under 20 more than 1 in 5 (21.9%) belongs to a BAME group, compared to around 1 in 20 (4.8%) among those aged 65 years and over.

**Languages Spoken:**

There are about 62 Languages spoken in Trafford. 94.5% of people living in Trafford speak English. The other top languages spoken are 0.8% Polish, 0.7% Urdu, 0.4% Gujarati, 0.4% Panjabi, 0.3% Arabic, 0.3% All other Chinese, 0.2% Persian/Farsi, 0.2% French, 0.1% Spanish.

**Disability:**

* There are 38,603 Disabled residents in Trafford (17%) who have a health problem or disability which limits their day-to-day activities
* 1 in 20 children, 1 in 7 working aged adults and half of adults receiving a state pension have a disability
* It is estimated that 4,288adults have a learning disability.

**Sources:**

Trafford JSNA, Census 2011, Infotrafford, Office for National Statistics (ONS) mid-2018, Trafford Census Demographics.

**Religion:**

Of those people who declared their religion in the 2011 Census, Christianity was the largest religion in Trafford with 143,639 residents (87.4%). The second largest religious group were Muslims with 12,994 residents (7.9%). The table below shows that the percentage for other religions also.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Christianity | Muslims | Jewish | Hindu | Sikh | Buddhist | Other religion |
| 87.4%. | 7.9%) | 1.5%, | 1.4% | 1% | 0.5% |  0.3% |

**Carers**:

According to the 2011 Census, 23,509(10.4%) people were providing care in Trafford.

**LGBT:**

Many people do not disclose their sexual orientation but it is estimated that the Lesbian, Gay, Bisexual and Transgender (LGBT) community make up 9 per cent of the population in Greater Manchester.

Based on Trafford’s population of 226,600 people (census 2011) this would give an LGBT community of between 11,300 and 20,394

**2.** **Practice Principles and Cultural Competence**

* This guidance sets out practice principles and an approach to support the best culturally sensitive and confident practice in working with children, young people and their families in Trafford. If workers are to be seen as culturally competent, then they need to be able to articulate what cultural competence is.
* Further the aim of this guidance is to aid professionals in their development of cultural understanding and awareness and becoming culturally competent when working with children and families from minority ethnic, culture and faith groups and communities as the absence may lead to an inappropriate outcome for individuals within the family as well as overlooking safeguarding issues. We all need to be aware that culture is an aspect of identity, which we all have. Culture is based on a number of things shared with others such as language, history, beliefs, attitudes, celebrations, musical taste, dress, diet and many others. Culture is involves a shared understanding with others of the same culture. Cultures are neither inferior nor superior – they are just different.
* The term 'culture' includes not only culture related to race, ethnicity and ancestry, but also the culture (e.g. beliefs, common experiences and ways of being in the world) shared by people with characteristics in common, such as people with disabilities, people who are Lesbian Bisexual, Gay and Transgender (LGBT), people who are deaf, members of faith and spiritual communities, people of various socioeconomic classes, etc.) It is important to recognise that culture is an aspect of a person's identity. It is not their 'whole' identity and it does not act as a predictor of how a person will behave and what they will believe. Everyone will choose which aspects of their cultural identity they will 'own' and which they will not. As such, each person will have a unique approach to their culture – leading to a complexity of ways in which culture will affect people's individual needs and preferences.
* As Maclean and Caffrey (2009) recognised there has been a shift in social care recently towards 'cultural competence' as a key aspect of all professional practice. The idea of workers being 'competent' in working with others from different cultures is a step up from being 'sensitive' to the needs of other people. The notion that professionals need to be competent in working with difference and culture as opposed to being merely 'sensitive' about it has gained strength in recent years. The term cultural competence has therefore largely replaced the term cultural sensitivity or cultural awareness in social work and health care.
* There is a long standing view that competence is made up of knowledge, values and skills (Maclean and Caffrey 2009). This can be represented in the following diagram:



We feel that a triangle provides a good representation of cultural competence because the skills (at the top of the triangle) are supported by a worker having the necessary knowledge and values.

**Knowledge and understanding of:**

* Your own culture and what you bring in work every day;
* Any culture bias you have whether consciously or unconsciously;
* The concept of culture and how this can affect beliefs and behaviours;
* Specific cultural knowledge.

**A range of values and attitudes that are in line with our Trafford behaviours, including a commitment to:**

* Valuing and celebrating difference;
* Respecting individuality and the role which culture plays in this.

**A range of skills, including:**

* Culturally competent communication;
* Culturally competent assessment;
* Culturally sensitive care provision.

Culturally competent communication should not be any different from communication that professionals use to engage families as long as the additional needs (for example for an interpreter) are identified and respectful engagement adhered to leading to professionals exercising their professional curiosity in respectful manner (for example respecting customs or religious observances) to enable free communication between them and families they are supporting.

The culturally competent assessment means that the professional is able to write not only about family and social relationships, social presentation and social skills in relation to child's identity but also is able to describe the child's own sense of self and the categories with which they can identify or not such as gender, and sexuality, family, ethnic and linguistic groups, religious groups and cultural groups as well as for example youth groups (Thomas and Holland 2010:2629).

By doing so they fully capture the child's life and experience as expected in Working Together guidance that states that “…Every assessment should reflect the unique characteristics of the child within their family and community context and reaffirming the Children Act 1989 view that all children and their parents should be considered as individuals and their family structures, culture, religion, ethnic origins and other characteristics should be respected” and are more likely to analyse what culturally sensitive provision is adequate and proportionate to the needs of child.

## 3. Approach

Trafford’s Early Help and Children's Social Care have adopted this approach when developing this guidance and training pathway so workers in social and health care are to be culturally competent. They need to have developed their own self-awareness, knowledge and skills for effective practice and to be able to appreciate people's different cultures to be able to have good, meaningful and effective working relationship with families by recognising the cultural diversity within daily life rather than seeing it as something extraordinary. The way in which a person views themselves and their identity will be affected by their culture and their religion, but this can vary between different groups and according to individual personal preferences. The way we live our lives is affected by the environment in which we all live.

Within all cultures and religious groups there is wide variation in practice and it is important to realise that degrees of strictness and observance are individually defined. Culturally competent workers will appreciate that culture is not monolithic and it will be dangerous to provide services based on stereotypical concepts of, for example, “a Jew”, “Middle class British” “a Hindu”, or “a Muslim”. Some people born into a religious community may not consider themselves to be members of that community. For others their religion, traditions and rituals may be important, but they may not observe, say, strict dietary requirements. Therefore, it is important to allow individuals to define their own culture and religion.

If we accept that cultures are not better or worse than each other, but are just different, then we need to be clear that some of the ideas and 'truths' that we bring to our work are themselves culturally rooted. As workers in social and health care we also have our own culture, both as individuals in society and as employees of organisations and members of teams which have cultures. Culturally competent practice involves understanding the values we bring to our work, and a sophisticated awareness of how oppression, stereotyping of other people's culture and prejudice operate to disadvantage others. A competent practitioner is able to understand these concepts, see how they relate to their practices, and reflect on their own values and 'truths' about both their own and other people's cultures.

Every professional is expected to develop their knowledge base according to the needs of service and families they work with. They need to identify any gaps in their knowledge base and address these via either self-directed or corporate training and to be willing to take risks when exploring a new territory, challenging discriminating practice and using reflexivity to learn further. The Team model offers a safe environment where professionals are able to share and test ideas while building their expertise. A systemic approach offers a framework for this and in addition, a training pathway has been developed in collaboration with the Workforce Development Team to enable the less confident professionals to start their learning.

Every professional needs tools that are readily available if they are to be able to use them regularly and confidently. We have gathered, adopted and developed number of tools that are downloadable from this guidance to assist them in their work. We have also added resources according to subjects that have been identified as challenging for professionals who has never had first-hand experience of exploring these while working with families.

**4.** **Tools and Resources**

**Cultural Awareness Self-Assessment Tool** which promotes professional's growth in self-awareness.



**Diversity Wheel**:

A picture that manifests all domains of people's life including cultural aspects of their life and can serve as a prompt for exploration and discussions. There are number of versions available freely on the internet.

**Cultural genograms:**

Is a systemic tool used to capture family compositions including their cultural identities. Through its completion practitioner gains greater insight into and appreciation for the ways in which culture impacts their role as professional and influences the lives of their clients. The primary goal of genogram is to promote cultural awareness and sensitivity. It also illustrates and clarifies the influence that culture has on the family system and encourages discussions that reveal and challenge culturally based assumptions and stereotypes.

**Culturagrams:**

Is a family assessment tool used in the practice of social work. Dr Congress developed it to "…help practitioners individualize families from diverse cultural backgrounds". Although the culturagram is most commonly discussed and applied within the context of working with immigrants and refugees, it can be used to great effect with people from the majority culture who are often mistakenly thought to be 'culture-free'.

**Social Differences:**

Often referred to a *GGRRAAACCEEESSS* (adopted from Burnham 1992, Roper-Hall 1998) is a practical tool that helps us to gain an insight how our understanding of world and others have been shaped. It is an acronym for Gender, Geography, Race, Religion, Age, Abilities, Appearance, Culture, Class, Ethnicity, Education, Employment, Sexuality, Sexual Orientation, and Spirituality.

**Resources:**

Research in Practice which is available via internet on [**www.rip.org.uk**](https://www.rip.org.uk/)

**5.** **Recommended Reading**

Bowyer, S. (2015) Confident practice with cultural diversity, Dartington: Research In Practice. – Accessible via [**Research in Practice**](https://www.rip.org.uk/).

Specifically information in relation to the families coming from EU is available on [**EERC (East European Resource Centre) website**](http://www.eeac.org.uk/).

**Research and Practice guided reading as follows:**

**Confident practice with cultural diversity: Frontline Briefing**

<https://www.rip.org.uk/resources/publications/frontline-resources/confident-practice-with-cultural-diversity-frontline-briefing-2015>

# 21st century social work with children and young people with disabilities: Evidence Review

<https://www.rip.org.uk/resources/publications/research-reviews-and-summaries/21st-century-social-work-with-children-and-young-people-with-disabilities-evidence-review-2018>

[**Risks, rights and the role of the state: Early intervention**](https://soundcloud.com/rip-ripfa/risks-rights-and-the-role-of-the-state-early-intervention) **– podcast**

<https://soundcloud.com/rip-ripfa/risks-rights-and-the-role-of-the-state-early-intervention>

[**Risks, rights and the role of the state: Parents with learning disabilities**](https://soundcloud.com/rip-ripfa/risk-rights-and-the-role-of-the-state-parents-with-learning-disabilities)

<https://soundcloud.com/rip-ripfa/risk-rights-and-the-role-of-the-state-parents-with-learning-disabilities>

# Communicating with children and young people with speech, language and communication needs and/or developmental delay: Frontline Briefing

<https://www.rip.org.uk/resources/publications/frontline-resources/communicating-with-children-and-young-people-with-speech-language-and-communication-needs-andor-developmental-delay-frontline-briefing-2016>

## [Fair and proportionate age assessment with unaccompanied asylum seekers](https://www.rip.org.uk/resources/webinar-recordings/fair-and-proportionate-age-assessment-with-unaccompanied-asylum-seekers/)

<https://www.rip.org.uk/resources/webinar-recordings/fair-and-proportionate-age-assessment-with-unaccompanied-asylum-seekers/>

**Improving social work practice with Gypsy and Traveller communities - blog**

<https://www.rip.org.uk/news-and-views/blog/improving-social-work-practice-with-gypsy-and-traveller-communities/>

# Engaging communities, building social capital, changing the relationship between state and citizen

<https://www.rip.org.uk/resources/video-resources/engaging-communities-building-social-capital-changing-the-relationship-between-state-and-citizen>

# Voice of the child: Evidence Review

<https://www.rip.org.uk/resources/publications/research-reviews-and-summaries/voice-of-the-child-evidence-review-2015>

**Other Resources:**

* [**Multi-faith Safeguarding Hub (NSPCC)**](https://www.nspcc.org.uk/preventing-abuse/safeguarding/safeguarding-faith-communities/) - How to protect children and young people within religious or faith settings;
* [**Home Office, Ending Gang Violence and Exploitation (January 2016)**](https://www.gov.uk/government/publications/ending-gang-violence-and-exploitation);
* [**Intelligence Assessment, County Lines, Gangs and Safeguarding (August 2016, National Crime Agency)**](https://www.nationalcrimeagency.gov.uk/who-we-are/publications/15-county-lines-gang-violence-exploitation-and-drug-supply-2016/file).

**The following are relevant Greater Manchester Tri-Ex links:**

Tri. X Section 1.2 ‘Underlying Principles and Values’, including particularly sub-sections on ‘Holistic in approach’ and ‘Ensuring  equality of opportunity’

[**https://greatermanchesterscb.proceduresonline.com/chapters/values.html**](https://greatermanchesterscb.proceduresonline.com/chapters/values.html)

Tri. X  Section 1.6 ‘Guidance for culturally appropriate practice’

[**https://greatermanchesterscb.proceduresonline.com/chapters/g\_culturally\_appropriate.html#introduction**](https://greatermanchesterscb.proceduresonline.com/chapters/g_culturally_appropriate.html#introduction)

The above section is the main reference for culturally competent practice, the below pages are also links that are associated with culturally competent considerations:

Harmful Practices Linked to Faith or Culture

Tri. X  Section 5.8.1 Abuse Linked to Spiritual and Religious Beliefs

[**https://greatermanchesterscb.proceduresonline.com/chapters/p\_abuse\_linked\_spritual.html**](https://greatermanchesterscb.proceduresonline.com/chapters/p_abuse_linked_spritual.html)

Tri. X  Section 5.8.2 Female Genital Mutilation Multi-Agency Protocol

[**https://greatermanchesterscb.proceduresonline.com/chapters/p\_fgm.html**](https://greatermanchesterscb.proceduresonline.com/chapters/p_fgm.html)

Tri. X  Section 5.8.3 Forced Marriage and Honour Based Violence

[**https://greatermanchesterscb.proceduresonline.com/chapters/p\_force\_marriage.html**](https://greatermanchesterscb.proceduresonline.com/chapters/p_force_marriage.html)

Tri. X  Section 5.8.4 Breast Ironing

[**https://greatermanchesterscb.proceduresonline.com/chapters/p\_breast\_ironing.html**](https://greatermanchesterscb.proceduresonline.com/chapters/p_breast_ironing.html)