Culture and faith: learning from case reviews

Summary of risk factors and learning for improved practice around culture and faith

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Published case reviews highlight that professionals sometimes lack the knowledge and confidence to work with families from different cultures and religions. A lack of understanding of the religions and cultural context of families can lead to professionals overlooking situations that may put family members at risk; whilst the desire to be culturally-sensitive can result in professionals accepting lower standards of care.

The learning from these reviews highlights that professionals need to take into account families’ cultural and religious context when undertaking assessments and offering support. The rights and needs of the child need to remain the focus of interventions at all times, regardless of this context.

Reasons case reviews were commissioned

This briefing is based on learning from case reviews published since 2010, where culture and faith were highlighted as significant issues.

The children in these case reviews faced a complex and wide range of risk factors. They became the subject of reviews following:

- death after a lengthy period of abuse and neglect, which was not picked up due to social isolation
- serious injury or sexual exploitation through involvement in gangs
- suicide of young people whose issues included confusion about their ethnic/cultural identity
- death of a new born baby after pregnancy concealed for religious/cultural reasons
- physical and emotional abuse by family members due to a belief that they were defying religious/cultural norms, or in the most extreme cases “possessed by spirits”.

Risk factors for culture and faith in case reviews
Social and cultural isolation or fear of isolation

Individuals who have a relationship with, or marry, someone outside their own religion or culture, may risk being cut off from, or ostracised by, their family, friends and the wider community. Couples who have children can end up socially isolated and without support networks to help them negotiate the challenges of parenting.

In the most extreme cases, individuals from some cultures who act against their family’s wishes, may become the victims of honour-based violence.

Cultural and religious beliefs overriding self-interest

Strong beliefs or a sense of honour or shame can prevent people from seeking or accepting the help they need.

A strong cultural or religious belief in the sanctity of marriage may dissuade people from leaving their partners, even if they are violent. Many religions and cultures also have strong beliefs around sex outside marriage, making it very hard for young, unmarried, pregnant women to get the help they need.

Cultural conflict within families

Differences in culture or religion between partners, or between parents and children, may also make it more difficult for individuals to understand and support each other. Where one partner perceives their faith and heritage to be superior to, or more important than, their partner’s it can lead to a power imbalance and an erosion of the other partner’s self-esteem.

Religion and culture as a distraction from child protection issues

Where there are child protection concerns, some parents claim that their parenting practices are part of their cultural or religious beliefs. Parents may refuse to cooperate with services on cultural or religious grounds. They may accuse professionals of discriminating against them in an attempt to prevent intervention.

Professional misconceptions, lack of confidence and lack of knowledge

Many professionals lack knowledge about specific cultures and religions and do not feel confident in challenging harmful parenting practices. Professionals want to be respectful of families’ cultural and religious practices but the desire to be culturally-sensitive can result in professionals accepting lower standards of care.

Challenge of children developing their own self-identity
As children grow up, they become increasingly concerned with developing a sense of self. This can be particularly challenging for young people growing up in families with a different religious, cultural, or ethnic background to themselves (where for instance children are from different fathers or a child is living in foster care or has been adopted).

Confusion over self-identity and a feeling of not belonging can lead to low self-esteem and heightened risk of self-harm or risk taking behaviour. Some young people become involved in gangs to give themselves a sense of belonging.

**Converting to a partner's religion**

Sometimes people convert to their partner’s religion. The new convert can be very reliant on their partner’s interpretation of and instruction into the beliefs and practices of the religion. The convert’s relative lack of knowledge places a great deal of power in their partner’s hands, which may be used to control and manipulate both the partner and their children.

**Belief in spirit possession**

In extreme cases children who are seen as “disobedient” or “different” are believed to be possessed by a spirit controlling their behaviour. The children can be physically and emotionally abused in an effort to exorcise the spirit.

**Interplay between religion and mental health issues**

Some people with mental health problems become fixated on faith and religion. Where religion is the focus of increasingly obsessive or harmful behaviour, the two issues become blurred and it can be hard for professionals to unpick the two.

**Learning for improved practice**

**Culturally informed assessments**

Assessment tools should be adapted to ensure cultural sensitivity based on knowledge and understanding. Assessments should explore the impact of a person’s culture on their life, including: spiritual practices, rites/blessings, beliefs and practices surrounding life events, dietary restrictions, personal care, daily rituals, communication, social customs and attitudes to healthcare and support.

**Taking into account families’ cultural and religious needs**

Services provided for families should be culturally sensitive. For example, it may be considered culturally inappropriate for a member of the opposite sex to discuss
certain issues with service users, and families may feel more comfortable working with professionals from a similar cultural background. If children are taken into care it is important to take into consideration their cultural and religious needs. This could be through placing children in families where one or both parents share the child’s cultural and religious background, or housing them in an area where people from a similar background live. This can help in the child’s development of a positive cultural identity.

However it is important that common culture or religion does not override other considerations, especially not the child’s safety.

**Culture, faith and pregnancy**

Professionals should always check the faith and marital status of pregnant women and discuss the impact that this may have on their parenting. Professionals should be aware of the increased risks around concealed pregnancy amongst single mothers’ whose faith condemns sex outside of marriage and abortion.

**Recording information**

Where applicable, professionals should record the ethnicity, culture and faith of families that they work with. This information should be shared across agencies. The implications that ethnicity, culture and faith might have on family relationships should be considered.

**Challenging parents**

Professionals need the confidence to challenge parents who raise matters of race or religion to distract attention from a focus on the child.

**Improving relationships between professionals and different minority groups**

Professionals should work with local community groups to build up trust and understanding.

**Contact the NSPCC’s Knowledge and Information Service with any questions about child protection or related topics:**

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