



Confident practice with cultural diversity

Introduction

Confident practice with cultural diversity is underpinned by core principles:

- > An unerring focus on the needs of children and young people, the risks they face and their right to protection.
- > Challenging all forms of oppression, including racism and injustice.
- > Valuing diversity.

This briefing summarises ideas from research to support practitioners' learning and development for working with people from a range of cultural groups.

What is cultural diversity?

Cultures are complex systems of shared beliefs, values, norms and expectations [which shape] social structures, practices, traditions, and individuals' psychology (including emotions) and social behaviour.

Rodriguez Mosquera et al, 2004

A culturally self-contained life is virtually impossible for most human beings in the modern, mobile and interdependent world.

Parekh, 2000

All countries include people with different languages, religions, ethnicities, social class, genders, sexualities and dis/abilities. In many parts of the world, migration and social change have led to 'super diversity' (Vertovec, 2007), communities where plurality is more common than not.

Cultural diversity is a relational concept arising as people interact and as aspects of their identities intersect (gay Catholic, Lithuanian Roma or third generation English Pakistani, for instance). Different groups may support one another or unite in hostile opposition to each other and issues of cultural difference are highly politicised. Political groups and the media make divisive arguments about migration and Englishness, and fundamentalists assert cultural identities in direct opposition to liberal western democratic norms.

- > We all juggle multiple identities and belong to several cultures at the same time. Not all diversity is visible. Faith, cultural norms and even ethnic background may not be immediately obvious. People of similar ethnicities often have different cultures (perhaps because they belong to different age groups or social classes). Some cultural practices are shared across ethnic groups; many families celebrate Christmas as a secular festival alongside other religious celebrations, for instance.
- > Adults and children quickly learn to 'code switch' – to adjust their behaviour to fit different contexts. At other points people hold firmly to their culture as a core aspect of their identity; in particular drawing on their culture as a resource in circumstances of adversity.

- > Some cultures may not be consciously reflected upon; this is particularly true for white majority ethnic culture. People who see their own culture reflected in mainstream life (at school, work and in the media) may develop an unhelpful sense that it is only 'other' people who 'have' culture.
- > Cultural norms change over time. Physical discipline of children by adults was commonplace in the UK throughout much of the 20th century and is still taken for granted by parents in many parts of the world. However, since the *Children Act 2004* it has been illegal for parents in England and Wales to chastise children if blows result in bruising, swelling, cuts, grazes or scratches.
- > Language and expressions of power relationships and terminology change over time, often as a result of cultural groups asserting themselves and redefining terms. For example, in the UK it is no longer acceptable to refer to black people as 'coloured', nor people of mixed ethnicity as 'half caste' or disabled people as 'handicapped' – all of which were common terms until fairly recently.

Valuing and respecting diversity: Cultural competence

The capacity of individuals and organisations to be aware of, have respect for and to work effectively with people from ethnic, cultural, political, economic and religious backgrounds that are different from their own whilst also being aware of how their own background and culture influences their perceptions of and interactions with others.

Gilligan, 2013

Cultural competence is about engaging with children, young people and families in ways which:

- > Value people's identity, experience, expertise and self-determination.
- > Challenge aspects of society that adversely affect and oppress.
- > Understand cultures as dynamic and containing differences within them.
- > Do not collude with oppressive practices that can be disguised as cultural issues. One way to do this is by using a resilience or strengths perspective to illuminate how parents draw on culture as a resource in circumstances of adversity, while at the same time not excusing harmful behaviour because a cultural explanation has been given to justify it.
- > Challenges stereotypes and focuses on individual characteristics and diversity dimensions.

(Adapted from *Return to Social Work Module Five*, The College of Social Work, 2012)

Culturally sensitive practice, like culturally sensitive living in general, requires an approach that does not prejudge or second guess peoples' cultural practices. In practice this might include:

- > Maintaining awareness about national and local ethnic, social and religious demographics and how they are changing.
- > Asking families about their views, beliefs and practices; talking with colleagues; reading and questioning; discussing with specialists and talking to others from a range of cultural groups.

- > Ensuring families have access to appropriate support and seeking to address access issues where they are identified. For instance, black and minority ethnic families are under-represented in Family Group Conference (FGC) referrals.

Interviews with culturally competent FGC managers and coordinators working in five London projects highlighted the importance of working in partnership with referral agencies and community organisations to gain insights into clients' needs. Interviewees considered it crucial to record accurate information about ethnicity, language and religion in order to ensure adequate planning and preparation (Barn and Das, 2015).

- > Developing understanding of how cultures mediate peoples' engagement with services. For example, Asian women's fears about involving agencies in safeguarding are often compounded by the influence of powerful cultural values of honour/respect, modesty and shame (Gilligan, 2013).

Working with cultural diversity in safeguarding and child protection

Children need to be protected irrespective of cultural sensitivities. Different practices are no excuse for child abuse taking place in this country and the law doesn't make that distinction.

NSPCC, 2015

Grounding practice in cultural competence is one element in addressing the 'profound issue' of practitioners' lack of confidence. Direct work with families whose language or culture are different can raise anxiety. Practitioners may be worried about causing offence by using the 'wrong' terminology or feel uncertain about questioning unfamiliar family practices. Such uncertainty can hamper critical thinking, direct observation and partnership working and undermine professional confidence.

At worst, a misguided reluctance to cause offence may contribute to increased risk and/or institutional silence about abuse. The term 'institutional racism' became well known following the Macpherson inquiry into the murder of a black teenager, Stephen Lawrence, in London in 1993. It was coined in the 1960s by the Black Power activists in the US to refer to 'the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin' (Macpherson, 1999). The term alerts us to the fact that institutions can perpetuate racism regardless of what its individual members feel or believe.

Though human rights and social justice are fundamental principles of social work – see www.ifsw.org/get-involved/global-definition-of-social-work – this has not always been evident in relation to cultural difference. In Australia, for example, 'child protection policy and practice has, at the very least, faltered and frequently failed [Aboriginal] children and families' (Lonne et al, 2009).

Various pieces of research make clear that socio-cultural factors such as class, 'race' and poverty have profound impacts on children and young people's protection and access to services.

Poverty, ethnicity and involvement with services

Black and Minority Ethnic (BME) populations in the UK are disproportionately represented in school exclusions, in the care and youth justice systems and amongst compulsory admissions to psychiatric units (Littlechild, 2012). Owen and Statham (2009) used 2001 census data to analyse the prevalence of BME children in the Looked After Children (LAC) and Children in Need (CiN) populations and the NSPCC has recently updated this research using the 2011 census data and found disproportionality continues (Hafizi, 2014).

The numbers of white children and young people in the datasets reflects the percentage of white children in the general population. Black children and young people are over-represented in CiN and LAC numbers, though proportionate on Child Protection Plans (CPP). Children and young people of mixed ethnicities are over-represented and Asian children and young people are consistently under-represented in statutory services (Hafizi, 2014).

One key factor here is poverty. We know that children's social care is disproportionately focused on supporting or intervening with families in poverty; the proportion of LAC and CPP in the most disadvantaged ten per cent of neighbourhoods is more than ten times greater than the proportion in the least deprived ten per cent (Bywaters, 2014).

People from BME groups are much more likely to live in poverty than white British people. In 2010, nearly three-quarters of seven-year-old Pakistani and Bangladeshi children and just over half of black children of the same age were living in poverty compared to about one in four white seven-year-olds (Institute of Race Relations, 2015).

This combined evidence on the prevalence of poverty and the under-representation in service statistics raises real concerns about the effectiveness of our safeguarding and protection of Asian children and young people.

Recording and discussing cultural identity

Practitioners' ability to safeguard and protect is limited if we cannot reflect upon the meaning of cultural identity in case discussions or when aspects of children and young people's identity are ignored or unrecorded.

The NSPCC's analysis of the 116 Serious Case Reviews (SCRs) held in their Repository January 2013-December 2014 found that 85 per cent of these SCRs did not mention religion and 97 per cent of them did not mention sexual orientation in relation to the child or young person (Hafizi, forthcoming 2015).

Gilligan's 2013 research with social workers noted that, not only were values and religious beliefs often not discussed, but 'attempts to raise them would frequently be viewed as dangerous and unprofessional or (more bizarrely) as 'oppressive'' (Gilligan, 2013). Exploring such issues was often seen as either promoting or pathologising particular cultures or beliefs or was met with denial that these were suitable or relevant issues for practitioners to consider. In this professional context it is not surprising that individuals' anxieties about exploring issues may be heightened.

Practitioners need to understand:

- > The vulnerabilities of minority groups, including the experience of prejudice and discrimination.
- > The barriers to communication.
- > The impact of immigration pathways on children, young people and families' experiences.
- > The potential for trauma, grief and loss in migration histories.
- > How discrimination may impact on peoples' ability to ask for help and seek/engage with support.
- > That perceived and actual discrimination may mean victims are less likely to disclose abuse.
- > Minority groups may have limited knowledge of services and/or the ability to access them.
- > The significance of cultural constructs of fear, shame/blame.

(Hafizi, 2014)

Lessons from Rotherham child sexual exploitation

CSE is not exclusive to any single community, race or religion. There is no culture in which sexual abuse is not a serious crime...Offenders must be tackled, regardless of their ethnicity. Victims must be believed, no matter how they behave. And professionals and the public must become more aware of the signs of abuse, and feel empowered to come forward and report it.

Cabinet Office, 2015

In Rotherham the majority of known perpetrators of CSE were of Pakistani heritage but included men of Roma Slovak origin, Iraqi Kurds and Kosovans. The nature of CSE changed over time, offering 'career and financial opportunities' to men of various ethnic backgrounds (Heal, 2006).

Senior leaders at Rotherham Council conveyed a message that the ethnic dimensions of CSE should be 'downplayed'. The Jay Inquiry (2014) found that fear of accusations of racism was one aspect of a culture which let abuse go unchallenged and helped perpetuate racism (as well as child abuse, sexism and injustice). At the senior leadership level the Inquiry found an organisational culture that was 'macho, sexist and bullying'. The scale and seriousness of CSE was underplayed by senior managers in social care, while the police regarded 'many child victims with contempt and fail[ed] to act on their abuse as a crime' (Jay, 2014).

Locally there were suspicions (though no solid evidence) that some influential Pakistani-heritage councillors had business or family links to the perpetrators of CSE. There was also a belief that opening up these issues might 'give oxygen' to extremist, racist political groups and threaten community cohesion. Jay's team was confident that ethnic issues did not influence practice or decision-making in individual cases, but frontline staff recounted nervousness and confusion 'as to what they were supposed to say and do and what would be interpreted as 'racist''.

Councillors relied on traditional channels of communication such as elected members and imams and did not engage directly with the Pakistani-heritage community to jointly address

the issue. Jay spoke to several Pakistani-heritage women who thought it was a barrier to people coming forward to talk about CSE. Others believed there was wholesale denial of the problem in the community in the same way that other forms of abuse were ignored. There is an ongoing concern that CSE and other forms of abuse of Muslim women by Muslim men are unreported and under-identified (Berelowitz S, 2013; Gohir S, 2013; Jay A, 2014).

The principles identified for working with CSE are those that underpin strong safeguarding practice per se: keeping the child at the centre; engaging the active participation of children and young people in service design and delivery; supporting the opportunity for enduring relationships with trusted workers; comprehensive problem-profiling and effective information-sharing; supervision, training and evaluation (*See Me, Hear Me Framework*, Berelowitz S, 2015).



Further reading

- > The Local Government Association has collated key CSE reports, training materials and resources:
www.local.gov.uk/safeguarding-children/-/journal_content/56/10180/6900516

Drawing on relevant expertise to safeguard children

There is no formula to be applied to building practice in this context; there are, however, core principles that support work in any and all cultural contexts. Whilst practitioners may lack confidence in dealing with cultural diversity, they must maintain and develop confidence in the core knowledge and skills for safeguarding children and young people. In this short briefing we will home in on a few aspects of putting these into practice.



Further reading

- > All safeguarding is underpinned by the *Working Together* (DfE, 2015) statutory guidance: www.gov.uk/government/publications/working-together-to-safeguard-children--2.
- > Social work theory and practice skills in key areas are set out in the *Professional Capabilities Framework* (TCSW, 2012): www.tcsw.org.uk/pcfDisplay.aspx and the *Knowledge and Skills Statement for child and family social work*: www.gov.uk/government/consultations/knowledge-and-skills-for-child-and-family-social-work.

Core principles for direct work

Child-centred

Maintaining a focus on the child or young person at the centre of practice should be paramount. Identifying and responding to their needs should be underpinned by a working knowledge of child development and understanding of different ages and stages of development.

Relationships at the core

Respectful and reflective practice provides the means for direct working relationships with families. Opportunities for practitioners to reflect on their own culture and beliefs and how these interact with those of service users are essential.

Knowledge of risk factors

All practitioners with children and young people need a working knowledge of risk factors for maltreatment and how risk factors interact to increase risk.

Child-centred

A good working knowledge of child development is a crucial component in family support and child protection and in assessment and planning interventions.

Brandon et al, 2011

Child development centiles and milestones such as the World Health Organization growth standards (2007) – www.who.int/childgrowth/en – provide a robust tool for understanding normal early childhood growth and can be used to monitor and assess the progress of all children. Where practitioners allow anxiety about cultural norms to impede their ability to apply knowledge of child protection, significant risk indicators can be missed. From their in-depth analysis of six Serious Case Reviews, Brandon et al (2011) highlight the following themes from cases which link development with neglect:

- > Understanding the meaning and origin of bruising and minor injuries for babies and toddlers.
- > Faltering weight for babies and toddlers. Problems in the relationship with caregivers and their emotional development are a key part of their faltering growth.
- > With older children, building a relationship in order to listen and gain a good picture of their current developmental state and a sense of their developmental pathway over time.
- > Understanding what the child means to the parent and the parent means to the child.
- > Acting on the understanding of the relationship between maltreatment and child development.

Attention to developmental progress, alert understanding of any injuries and observation of parent-child relationships provides a sound basis for practice with neglect in *any* cultural context. Good relationships between health visitors, paediatricians and social workers allow professionals to check their concerns.

Relationships at the core

Reflective supervision

It is vital that practice includes opportunities for practitioners to reflect on their own culture and explore the interface between their beliefs and their work.

Relationships and direct work with adults

Building effective working relationships with parents should draw on theories of relationship-based and anti-oppressive practice (for example Munro, 2011; Barlow and Scott, 2010; Turney, 2014).

Chand's systematic review of the literature on child protection assessment of BME families noted a tendency for workers to accept stereotypes and a deficit model of the nature of BME families. He argued for strengths-based analysis to understand the value of family structures in supporting responses to challenges they may face (Chand, 2001).

Relationships and direct work with children

Addressing diversity through a 'colour blind' approach – 'it doesn't matter, we are all the same' – is likely to confuse children who are acutely aware that racial difference *does* matter. Winkler's 2009 review of research suggests:

- > Caregivers should talk about race and racism, rather than attempting to shut down conversations if children say uncomfortable things.
- > Talk should be accurate and age-appropriate, but not suggest that only 'bad' people make racist statements or that racism is something that only happened in the past.
- > That it is possible to empower children to see themselves as contributing to positive change by using resources designed for educators to help children see that some people are actively anti-racist.

Knowledge of risk factors

All practitioners with children and young people need a working knowledge of risk factors and how they interact to increase risk of maltreatment. Analysis of SCRs makes evident how unchallenged stereotypes can cloud risk analysis. Consider the following extract from an analysis of the SCR of the murder of four-year-old Daniel Pelka in 2012:

The social worker has now reflected that the use of alcohol was not given sufficient weight and believes that one factor influencing this was that in 2008-9 there had been a recent influx of Polish families into the area and professionals were unfamiliar with working with the community.

Wonnacott and Watts, 2014

The sense here is that unchallenged stereotypes of eastern Europeans as 'hard working and hard drinking' contributed to insufficient attention paid to the risk factor of alcohol misuse in Daniel's household.

Parenting styles and physical punishment

There are a wide variety of cultural attitudes to parenting, discipline and the use of physical punishment of children. Some parents may be unfamiliar with or actively disagree with the legal and moral principles which forbid parents to hit their children.

In the first instance what is needed is to ensure the child is safe from harm. Assessing and supporting parents requires direct work to educate parents about the negative impact of authoritarian parenting and physical violence on children, children's rights and the law. Setting clear goals to be monitored within agreed timescales will support practitioners to analyse parents' capacity to change their parenting practices (Dawe, Harnett and Bowyer, 2013).

Religion as risk and resilience factor

While practitioners may be cautious about raising these issues, religion is a common aspect of human experience and of central importance for many members of minority communities. Census data show that 'amongst the minority of the population who attend religious services an increasing proportion are from BME communities and an increasing proportion hold relatively fundamentalist religious views' (Hunt, 2005).

British Asian communities adhering to the larger minority religions remain concentrated in particular localities and include high proportions of individuals under 25 years of age who actively maintain cultural and religious values (Hunt, 2005). These statistics underline the imperative for practice that gives attention to the significance of religious belief for families and individual young people.

Through his extensive engagement with the literature, Gilligan (2013) identified five broad questions:

- > How can social workers ensure they take sufficient and appropriate account of the beliefs of their service users and colleagues?
- > How can social workers ensure they do so respectfully, while also recognising and taking

appropriate action where beliefs result in 'unacceptable' actions or inaction?

- > How can social workers practice competently if their personal values and beliefs contradict the values they are required to meet according to their profession, their employer or the law?
- > Where they face such dilemmas, how can social workers explore them safely?
- > How do we respond to 'unacceptable' actions or inactions based on beliefs held by service users and/or colleagues?

Reflexivity is key. Good practice with any family requires practitioners to:

- > Be self-aware and reflexive about their religious and spiritual beliefs, and their responses to the beliefs of others.
- > Adopt an approach to their practice which recognises the limits of their own knowledge and understanding of unique situations, and is underpinned by a willingness to review and revise their working hypotheses.
- > Recognise service users' expertise about their own needs and beliefs, and to listen to what they say about these.
- > Develop relationships with service users characterised by trust, respect and a willingness to facilitate.
- > Actively seek out relevant information and advice regarding the religious and spiritual beliefs of those using their services.

(Gilligan, 2013)

Faith and religious belief can be a resource for resilience (as has been noted in research with asylum seeking young people). It can also be a source of risk in relation to specific issues such as institutional abuse; witchcraft and spirit possession; 'honour violence'; forced marriage and female genital mutilation (FGM).

Simon et al's *Rapid literature review of evidence on child abuse linked to faith or belief* (2012) - www.gov.uk/government/publications/a-rapid-literature-review-of-evidence-on-child-abuse-linked-to-faith-or-belief - identifies five main areas of good practice:

- > **Understanding the wider context:**
Social exclusion increases the risk of harm; addressing social disadvantages can help create a safer environment for children.
- > **Early identification:**
Working Together to Safeguard Children (DfE, 2015) provides an effective tool for assessing cases where children have been accused of witchcraft and spirit possession and guidance on recognition, assessment and intervention can help prevent significant harm. Schools are a vital partner in early identification.
- > **Developing partnerships with communities:**
Local Safeguarding Children Boards should engage with faith communities to ensure children are safeguarded. This might include the co-design of services or awareness raising resources; drawing the community in to the design of strategies and evaluation of work programmes.
- > **Working with worship and faith communities:**
Engagement, education and training of church leaders, workers and opinion forums are 'by far the most effective means of safeguarding children from abuse in the context of exorcism and deliverance'. Such organisations see struggling families at an early stage and are well placed to pick up on early signals of child abuse linked to faith or belief.
- > **Professional development:**
Professional education and training needs to prepare practitioners to engage with people for whom religion and belief are significant and include religion and belief into routine assessment processes, asking questions in an open, non-intrusive and non-judgemental way to provide the opportunity for people to express what is significant to them.

Practitioners should be encouraged to make better use of tools that exist; for example, tools developed by the London Safeguarding Children Board (2011a, 2011b) – www.londonscb.gov.uk/culture_and_faith – to help agencies working with families where there are concerns about parental care.

Female Genital Mutilation (FGM)

FGM is a criminal offence and practitioners have a legal duty to report it. Although illegal in this country for the past 30 years, inaction has long been an issue. It is estimated that in the UK over 20,000 girls under the age of 15 are at risk of FGM every year and approximately 66,000 women are living with the consequences of the practice (Qureshi, 2013). There are no health or physical benefits to FGM and many related health problems. Women family members play a key role in inflicting FGM on girls (or sometimes infants) in their own families because of patriarchal, cultural or religious notions.

FGM is an issue that divides people from within the same cultural groups and there are numerous examples of women who themselves have experienced FGM who campaign against it. Family members and generations may be divided in their views. The Home Office (2014) suggests that practitioners take a community-led approach to involve women, men and families in working with their communities against FGM.

Conclusion: Confident practice with cultural diversity

As we have seen, building confident practice cannot be achieved by learning a body of theory and being tested in an exam. One-off workshops and seminars can be a starting point but do not provide sufficient time to reflect, test new strategies and evaluate the results in ways that sustain real change.

Professional development for confident and competent practice requires ongoing reflective practice and safe space in which to learn, share and test ideas. Good practice in this context is marked by the same features as good practice more generally and practitioners need to retain focus on building expertise held by themselves and their teams.

Some key themes

> Confident practice is underpinned by:

- Core principles of equality and social justice. Social work and family support is informed by moral principles of promoting inclusion and challenging discrimination, oppression and stereotyping.
- Core theory, knowledge and skills for safeguarding and child protection, including: understanding of child development; relationship-based practice; skilled assessment of the likelihood of harm.

> Safe space for peer support and challenge:

Attitudinal changes are fostered in contexts where professionals feel able to raise issues of cultural difference without being silenced if they are taken to task for making mistakes. Attention should therefore be paid to providing learning opportunities beyond simply being 'put through training'.

Opportunities of this kind are ones that encourage workers to examine assumptions about cultures, cultural diversity and racism. Reflecting jointly on practice and differences and commonalities within the professional group is an important way in which the principles above can continually be examined.

> Reflexivity is key:

A developing awareness of one's own cultural norms and perspectives supports the development of respectful, empathic awareness of others'. Supervision and peer-supervision are useful vehicles for this.

> Those with little experience of culturally diverse groups are more resistant to training for cultural diversity:

Allow time for participants to reflect critically on their present social location and on their experiences (or lack of them) of cultural marginalisation.

(MacNaughton and Hughes, 2007; Lane, 2010)



Questions for practice

- > How can we promote community cohesion, bring communities together and make information available (in various languages) to help people find out more?
- > Are we standing up and protecting others from harassment and negative stereotyping?
- > Do we work from a strengths-based perspective? This might include: collaborating with communities and service users to identify where cultural assets (such as religious belief) might be a resource or source of resilience; where they are of little significance and where they may contribute to risk or harm.
- > Are there opportunities to share learning with colleagues about different cultures and faiths?
- > Do we actively challenge assumptions/misunderstandings/lack of knowledge expressed by colleagues or clients?
- > Do we spend time reflecting as a team on the complexities of working with diverse cultures?
- > How might 'code switching' add to the challenges practitioners face when engaging with these issues, particularly with adolescents?

Some key legal and practice frameworks

- > *Working Together to Safeguard Children* (2015):
www.gov.uk/government/publications/working-together-to-safeguard-children--2
Statutory guidance which underpins all practice with children and families and endorses a child-centred approach focused on a clear understanding of the needs and views of children.
- > *The Children Act 1989*:
www.legislation.gov.uk/ukpga/1989/41/contents
- > *The Children Act 2004*:
www.legislation.gov.uk/ukpga/2004/31/contents
- > *The Equality Act 2010*:
www.gov.uk/equality-act-2010-guidance
Legal protection against discrimination which replaced previous anti-discrimination laws with a single Act.

International law:

- > *The United Nations Convention on Human Rights* (1948):
www.un.org/en/documents/udhr
- > *The United Nations Convention on the Rights of the Child* (1989):
www.unicef.org.uk/UNICEFs-Work/UN-Convention
- > *European Convention on Human Rights*:
www.en.wikipedia.org/wiki/European_Convention_on_Human_Rights

Legislation on specific issues:

- > Forced marriage was criminalised within the *Anti-social Behaviour, Crime and Policing Act 2014*:
www.gov.uk/forced-marriage
- > *Female Genital Mutilation Act 2003*:
The first (unsuccessful) prosecution under this legislation was in 2014.
www.en.wikipedia.org/wiki/Female_Genital_Mutilation_Act_2003

Practice frameworks:

- > *The Professional Capabilities Framework (PCF)*:
www.tcsw.org.uk/pcfDisplay.aspx
Identifies nine interdependent domains of knowledge, skills and values for social work. The diversity domain, together with the rights and justice domain, emphasise the importance of applying 'in practice the principles of social justice, inclusion and equality'. They outline the expectation that social workers question assumptions where necessary and challenge discrimination and oppression with reference to current legislative requirements.
- > The College of Social Work's *Return to Social Work Learning Materials*:
www.tcsw.org.uk/uploadedFiles/TheCollege/Social_Work_Practice/RtSW%20Module%205%20Equality%20%20Diversity%20FINAL.pdf
Module Five on equality and diversity (2012) builds on the PCF and includes exercises and case examples to develop practice based on 'FREDA' principles: Fairness, Respect, Equality, Dignity and Autonomy' (Joint Committee on Human Rights, 2008).
- > *Knowledge and Skills Statement for child and family social work*:
www.gov.uk/government/consultations/knowledge-and-skills-for-child-and-family-social-work
- > London Safeguarding Children Board resources on Culture and Faith:
www.londonscb.gov.uk/culture_and_faith

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