Clumsy not clever?
Race matters in paediatric health

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a conversation about positions ..

'Race' is a major organizing principle in everyday life (Hardy, 2008) and so the social reality of racism has a huge influence in the lives and relationships of us all

the point is that the issue is not simply one of acquiring knowledge but of deconstructing whiteness as a social relation, as well as an experiential modality of subject and identity

(Brah 1996:207)

Consider…

… a situation where you felt shame

- what happened?
- where did you feel it in your body?
- what was your response afterwards?
- what's it like reflecting on it now?

Orientation?

- racism and colonialism
- moving slowly
- rendering the invisible, ’visible’
- recognising ourselves as implicated

What is Race?

A `social construction originally based on supposed biological and genetic differences … given significance by and through power relationships' CONFETTI Working Party 1999

Ideas about race as `biological descriptors' `beclouded by socio-political meanings' . Skin colour is the most potent definer of racial identity as it directly shapes social interactions Hardy & Lazloffy

If race is `socially constructed' then language is important. When race is not explicitly denoted, the absent reference point is white (Hardy & Lazloffy 1995)

Race: The development of an idea

Development of the idea of “race,” founded upon the notion that there are intrinsic psychological differences between the different, “races,” and that only people of one, “blood,” can share the same cultural and intellectual heritage (Miller et al, 1987),

This biological or pseudo-biological categorisation of people into, “races,” with different genetic characteristics, including intelligence, appears to persist: in the discourse about the failing educational achievements of young black boys, for example, and the idea that black people might somehow not be ethnically British: *Where do you come from?*

Race: A political and social construct

In modern thought the idea of 'race,' as a social construct has gained ascendancy,

Biological distinctions between groups defined as, different races have been found to be trivial (Donald & Rattansi, 1992),

All that is left is a social construction, but one that draws upon a biological discourse, which leads people and institutions to act *as if* race is a fixed, objective category (Solomos, 2003),

This leaves only certain, politically expedient, stories about “race,” to be available to us in our thinking and practice: dominant discourses about “race”,

So, the concept of race seems to be best understood as a political and social construct, an organising discursive category around which has been constructed a system of socioeconomic power, exploitation and exclusion (Gunraratnam, 2003),

How does this influence our thinking and practice?

Race: A descriptor of people

Race, a constructed entity build around skin colour: increasingly religion, culture, language might be seen as markers of racial difference, which is then confirmed by a difference in skin tone: it is skin colour that is all important

A way of describing people that has an organising effect on the lives and relationships of us all - particularly felt by those without, “white (skin) privilege,” (McIntosh, 2008): influencing decisions concerning intimate relationships, housing, employment, where to take holidays and so on.. e.g. ‘Space Invaders’

This dominant understanding of the idea of race is clear – with the use of the binary terms “black,” and “white,” to classify people

https://www.bing.com/videos/search?q=chelsea+handler+whiteness+trailer+youtube&docid=6080306817605317 35&mid=D2EA48741A1BADAF7250D2EA48741A1BADAF7250&view=detail&FORM=VIRE

Locating Whiteness

- not objective or universal
- particular expression in the West e.g. association with moral or Christian lineage of Europe
- site of ’forging mass identities’
- different expressions and examples
- connections between past and specifically colonial histories with present talk and practice
- ways in which these social, historical worlds influence or inform other more intimate or private spaces
- emergence of current form in UK in 20th Century

whiteness

- absent norm
- historical disconnect
- privilege
- power and status
- anxiety
- fragility

SYSTEMIC AND RELATIONAL IN ITS EFFECTS

Race and racism matter…

Race, racism and football, the Oscars, the grammies, TV,

Race, is a major organising principle in everyday life (Hardy, 2008),

The social reality of “race”- based oppression: negative impact of disadvantage in relation to education, criminal justice, safeguarding children, housing, employment, racist attacks and poverty (Sewell, 2009),

Percentage of people who describe themselves as prejudiced against those of other “races,” has risen overall since 2001 (NatCen BSA Survey, The Guardian, 27.5.14),

In 2015/16, there were 58,197 racist incidents recorded by the Police, an 8% increase on previous year. . .

Post 2017 election

Due to election of ten new black and minority ethnic MPs, and only one loss, there are now 51 such MPs,

According to Operation Black Vote what is notable about the new MP's is that these candidates are standing and winning in constituencies outside the biggest cities,

New MP's include Preet Gill, the first female Sikh MP in Birmingham, Edgbaston,

Despite this progress, BME MPs make up 7.8% of the new parliament, compared to roughly 14% of the population as a whole.

Context is always important..

The impact of the, “war on terror,” rising inequality, Trump, Brexit, increasing hostility towards immigration

The political correctness backlash

Fear of loss of identity (whatever that means) implies that identity is an essential state) and acute discomfort about racial difference

“If we want to avoid a slow descent into mutual bigotry, we need to drop the dogma, stop singing kumbaya to each other, weigh the evidence without sentiment, recognise the reality, and work out a programme - both symbolic and practical - to change the reality.” (Trevor Phillips, The Guardian, 27.5.14).

Most research about race and ethnicity focuses on the experience of black of similarly ‘marked’ participants. The danger is that this perpetuates whiteness as the absent norm by which other or different experiences are measured; it leaves the ‘problem’ with those people who are not white..

Public sector practice

- Race Relations Amendment Act 2000
- Delivering Race Equality (2003)

- ‘problematic’ black people e.g. hard to reach
- institutional racism towards black and minority ethnic groups; neglect and demonisation of non dominant white groups
- no information re social location and histories of areas where research took place
- somatic norms versus space invaders (Puwar 2004:57)

Health care …

Research demonstrates that not enough progress has been made to address discrimination against black, Asian and minority ethnic (BAME) staff in the NHS. The King's Fund produced a report on the scale of the issue that highlights how the experiences of staff can vary depending on their age, gender and ethnicity. Reported levels of discrimination are highest for black employees and lowest for white employees; all other non-white groups are far more likely to report experiencing discrimination than white employees.

The introduction of the Workforce Race Equality Standard (WRES) (mandated through the NHS standard contract, starting in 2015/16) has led to improvement in a number of areas. However, significant cultural challenges remain in ensuring BAME NHS staff have equal access to career opportunities and receive fair treatment in the workplace.

Experiences of staff in the NHS
Shilpa Ross, Kings Fund

'othering' - treating someone as intrinsically different or alien to oneself)

micro-aggressions- defined as 'brief, everyday exchanges that send denigrating messages to people of colour because they belong to a minority group'). This could come from patients and colleagues e.g. comments made about your culture, your food, languages you might speak or where you've lived, where you've grown up.

'high visibility' – being 'the only…'

Invisibility - poor recruitment and bias

Progression – relationships and 'in' groups

Even faced with compelling data, there is doubt – or possibly denial – that institutional racism is a reality in the NHS. And it's possible that denial is a barrier to addressing inequalities.

To those in denial, I'd say try looking at the NHS work environment from the point of view of an ethnic minority person. For example, deciding not to wear a hijab or turban in order to make working life easier; or wearing a wig after being told unstraightened afro hair looks unprofessional; or moderating your tone of voice so as not to come across as too loud and aggressive.

In her blog about inclusive leadership earlier this year, Tracie Jolliff (Director of Inclusion at the NHS Leadership Academy) pointed out how 'deep work' is needed for NHS leaders to understand and address discriminatory practices.

A good starting point is making it safe to talk openly about discrimination and exclusion and follow up by making changes grounded in that valuable knowledge.

https://www.kingsfund.org.uk/audio-video/podcast/david-williams-racism-discrimination-health

Racism and poor health outcomes: - the body remembers…

US:

- development of heart disease
- higher levels of inflammation
- lower birth weight
- premature mortality
- more rapid cognitive decline

UK

Childhood obesity

UK:

- childhood obesity
- ‘jubilee line’ demographic
- black mothers, poorer outcomes in pregnancy

Less information but themes likely to be similar

- Professor David Williams

Race, and racism in therapy: the challenge

If we take the position that race, is a major organising principle in everyday life we need to account for this in our thinking and practice,

A starting point is to challenge the apparent difficulty and avoidance of talking about race, and the tendency to retreat into polarised positions when we do: we need to develop dialogue rather than close down conversations,

This must take place between us, and with the families that we work with therapeutically: an isomorphic intervention,

We have an ethical/moral duty to challenge racial inequality, and this means beginning conversations in therapy about, race and racism, which are often ignored.

Recognising what we're like: how to meet this challenge?

Begin by asking ourselves self-reflexive questions, in order to develop an increased awareness and sensitivity to the influence of "race," personally and professionally: these are mutually influencing areas

Recognising the barriers and risks involved in this and developing curiosity

This enables us to think about and address in our personal and professional lives how, race influences our thinking and practice

An invitation to develop our thinking (and conversations) and not to take polarised positions.

Some questions to start with (adapted from Hardy, 2008)

How do I define myself racially?

What meaning(s) do I attach to who I am racially?

What ideas and beliefs do I have that are informed by race,?

How does race inform my intimate relationships?

How does my race facilitate interactions with members of another race?

How is my race, a detriment to my interactions with members of another race?

What effect does this have on my thinking and practice in working with families?

Or Whiteness?
(adapted from Dempster 2014)

1. What ideas and feelings do you have being asked about this (How do we talk or think about these matters / what do you think might make it easier or get in the way?)

2. How would you define ethnicity?

3. What are the ways you think about ethnicity, culture or identity when working with families?

(Where do these ideas come from e.g. family of origin, training..)

4. In what ways do you personally identify with the term 'Whiteness'?

(Do you see it as a term that applies to you or would you consider other areas more relevant)

5. What effect might holding in mind 'whiteness' have on your clinical work

Ground rules for how to work..

- **Tethered and accountable**
- **Focusing on the primary task: better outcomes**
- Practicing what we preach (trying!)
- Black participants share from a different position and are *not* there to educate their white colleagues and friends
- Building from black excellence and remembering the legacy of trauma
- Validation and information ..

Whiteness and therapy

my project is an effort to avert the critical gaze from the racial object to the racial subject; from the described and imagined to the describers and imaginers; the serving to the served.

Morrison 1992

- White is a colour too (Nolte 1997)

- White Privilege; Unpacking the Invisible Knapsack (McIntosh 1998)

- Examination of institutional processes (Miller)

- Being White in the Helping Professions (Ryde 2009)

…. On the ground..

What do you think the ideas and beliefs of this organisation are about whether race matters?

What do you think are the ideas and beliefs of your team?

How do these views and beliefs differ from your own?

What do you do that’s anti racist?

A practice exercise

In pairs please take it in turns to interview each other about an ongoing piece of practice:

Please maintain a focus upon race throughout the interview:

- How does the interviewee's position about race influence the way in which the work is thought about
- How does this thinking influence practice?
- How does race influence the relationship that is constructed between the interviewee and the client family?
- How is race, influencing the way in which this interview is progressing?

At the end of the interviewee please think together about what most struck you about this interview and how this might change your everyday practice?

How to meet this challenge, practising anti racism

READ

Watch TV, listen to the radio, check your social media feed, art, music …

Make reparations ..

Begin by asking ourselves questions, in order to develop an increased awareness and sensitivity to the influence of “race,” personally and professionally: these are mutually influencing areas

Recognising the barriers and risks involved in this and developing curiosity

Fail better .. (Samuel Beckett)

Read and LISTEN

- Consider how the above experiences inform you
- Clinical time – making this a priority rather than an add on. Professor David Williams work (and others) i.e. there is clinical imperative which is linked to outcomes
- Talking about race in meetings / clinical discussion
- Mentoring
- Being active in recruitment if appropriate
- Allowing space / letting BAME colleagues take the lead (white liberalism has a shadow side…)
- Owning up to not being expert / not collapsing if you get it wrong

Closing questions

In what ways does talk about race, and racism form a part of your practice discussions, practice and supervision?

How might you like things to be different in your practice and in your service?

What are the dilemmas for you in making changes?

What action(s) might you take to ensure that conversations about race and racism take place in the ways that you might like ?

What questions are you left with from today's presentation?

Say …

“I’m here to get it right, not be right” Brene Brown

”I hadn’t thought of it like that, I get it now” Jason Weaver

”I’ve learned from (group / person) that X is offensive, so now I..” Bear Herbert

“I disagree and ask that you please stop using that language or ideology, it offends me”

Jenny B Potter