**Anti-racist practice**

**TCL: Our ethos**

SFW has social justice and inclusivity at its heart. This was always the intention: we have articulated from the beginning our mission to enable change for those facing multiple challenges, designing our model to fit areas of high deprivation. We have also been clear that systemic change is required in order that marginalised, isolated, underprivileged children and families can enjoy an equal chance of being successful in schools and accessing the services they require. We have been less explicit as an organisation about acknowledging and naming the power inequalities that many of our families meet. Why so? By not doing so, what are we conveying to those families?

As articulated in our Theory of Change, SFW seeks to enable change by working at two levels: individual and systemic.

At an **individual** level, healing involves a re-wiring process in the brain, engineered through active relationship (Attachment Theory). Brain development is use-dependent, so our approach is experiential. We use the power of the group to recognise, analyse, & evaluate existing patterns so both children and adults are truly heard. Simultaneously, through activities and targets we stimulate, trial and nurture new patterns, opening new relational possibilities.

At a **systemic** level enabling healing in the child requires a shift in understanding and practice in school and family around the factors that cause and perpetuate strength as well as disadvantage. Through Family Group, and in supporting staff through training, we enable powerful capacities (human compassion, caring, respect and recognition of interdependence) that will catalyse systemic change.

Our route to systemic change is identified helpfully: though our human connection we are moved to address the inequities in the wider world. And it is a necessary step in the process of healing that the inequalities are acknowledged. Otherwise, the child and family will remain burdened by the weight of something over which they have no power. They need to be able to talk about what they expereince, and so do we.

**SFW is not racist. Why promote ‘anti-racist’ practice?**

Systemic racism is not immediately obvious to the privileged. Through therapeutic work in diverse communities most of our therapists have supported people who have direct, firsthand experience of racism from other people and within the systems and services available to support them. For them, racism is tangible and whether overt or subtle, limits opportunities. Since the death of George Floyd last year many more of us have woken up to the systemic racism in the US and UK. At the time of this killing a strong feeling was voiced by the therapy team that we need to pro-actively address racism. Our therapeutic task directly engages us in our families’ efforts to change: how do we acknowledge the inequalities they face in seeking to make positive change for themselves and their families within this society?

More broadly, how do we respond to the inevitable fact that we are operating in and as part of a society influenced by racism?

The therapy team felt compelled to act. Being therapists, we looked at ourselves first: What do my families actually experience from me in this regard? What could I do differently or better in my therapeutic practice to address racism? What could I do in my organisation? These questions led to a group of therapists meeting under the working title ‘SFW Anti-racist practice group’. Jane Brinson, our therapist at Reach, has led this group ably, producing the short paper attached, elements of which were discussed at the February Team Meeting.

**View from the therapy team**

The February Team Meeting discussion identified many strengths in our practice. We have a strongly inclusive foundation and good experience in multi-cultural groups where complex situations are co-productively managed. Anti-racist practice is ‘part of our everyday’. However, we all recognised significant room for improvement. Most evidently, our therapists observed inadequacies in their discourse: what is the language to use? How am I understood? What are we missing? Our homogenous privileged position (mainly white, middle class), a potential barrier we all consciously work to diffuse, was acknowledged as significant. We have skilled experienced therapists. However, the discomfort around language was unanimous. It is clear that the team need time, encouragement and practice space in order to share current thinking and develop group experience as we move towards arriving at a shared language with our families which recognises their experience. Achieving a shared language, in which we are comfortable and fluent, is the first goal.

Once a shared language is established, therapists want to engage proactively with our families regarding their experience of our service. We want to learn from their experience of us as individuals and from their experience of our schools. These enquiries will help us develop our practice and bring us closer to our aspiration to help all the children and families we work with.

**Initial Proposal**

My request is that the Board commission a work stream on anti-racist practice that runs right through the organisation for an initial period of 2 years.

Elements:

* The current work group should be supported by a Board member and an Exec Member, each of whom has responsibility for holding this lens to conversations and decision making at their level.
* We ask Jane to lead on this work for TCL and offer to remunerate her. Jane and the work group institute termly seminars on anti-racist practice which all SFW staff and volunteers are invited to attend. We may ask our families to lead or contribute to these seminars.
* Together, the work group explore and develop the areas outlined in Jane’s paper below. A first step would be to identify a Work Plan.
* The NED member reports on the work, providing quarterly updates to Board meeting.

We have the opportunity, energy and expertise to deepen and improve our clinical practice and to build on our inclusive ethos and reputation. Just as in Family Group, we’re taking a complex issue and turning it into a target to enable positive change.

Mark Griffiths 13/03/21

**The School & Family Works**

**Anti Racism work group Ideas**

**Jane Brinson Feb 2021**

**Proposed areas for development/research/action/training:**

1. **The School & Family works:** how we support Family Group children and families to achieve positive life outcomes in the face of longstanding structural disadvantage, discrimination and inequality
   1. **Part 1 –** Literature Review
   2. **Part 2 –** Review of past and current practices at SFW
   3. **Part 3 –** Plan of action
2. **The School & Family Works as an employer**: how we recruit, manage and develop the team to ensure equality of opportunity in the workplace
3. **The School & Family works therapists:** how we train, support and hold our therapists accountable for practicing in an anti-racist, inclusive way

**The School & Family Works:** how we support Family Group children and families to achieve positive life outcomes in the face of longstanding structural disadvantage, discrimination and inequality

**Part 1: Literature review**

Undertake a piece of research to be conducted exploring the current research, policy and good practice regarding how the lives of the children and families we support are impacted by racism, structural inequality and discrimination. This would investigate areas including access to health services, mental health outcomes and educational achievement.

Some examples; just a few recent publications highlight the pressing need for this work

Black women in the UK four times more likely to die in pregnancy or childbirth, The Guardian, [Hannah Summers](https://www.theguardian.com/profile/hannah-summers)*,* Fri 15 Jan 2021 09.30

“*Black women are still four times more likely than white women to die in pregnancy or childbirth in the UK, and women form Asian ethnic backgrounds face twice the risk”*

[Black women in the UK four times more likely to die in pregnancy or childbirth | Maternal mortality | The Guardian](https://www.theguardian.com/global-development/2021/jan/15/black-women-in-the-uk-four-times-more-likely-to-die-in-pregnancy-or-childbirth)

Inequalities for Black Asian and Minority Ethnic Communities in NHS mental health services in England, Briefing from Mind

*Compared to their White peers, Black people are:*

* *More likely to access treatment through a police or criminal justice route (Black and mixed Black groups are between 20 per cent and 83 per cent more likely to be referred from the criminal justice system than average);*
* *Four times more likely to be sectioned;*
* *More likely to be detained more than once;*
* *Three times more likely to be the subject of ‘restrictive interventions’ such as being restrained or held in isolation while in hospital;*
* *Eight times more likely to be given a Community Treatment Order (CTO).*

[race-equality-briefing-final-oct-2020.pdf (mind.org.uk)](https://www.mind.org.uk/media/6484/race-equality-briefing-final-oct-2020.pdf)

Beyond the data: Understanding the impact of COVID-19 on BAME groups, Public Health England Report, June 2020

*“Stakeholders identified key themes around longstanding inequalities exacerbated by COVID19, along with the racism and discrimination experienced by BAME communities that negatively affects interaction with health services. They also highlighted the increased risk of exposure to the virus, and increased risk of complications and death for BAME individuals. Others said overlooking severe mental illness as a risk factor for poor COVID-19 outcomes could hold back efforts to improve engagement.”*

[otdb-covid-19-phe-bame-report.pdf (nhsproviders.org)](https://nhsproviders.org/media/689698/otdb-covid-19-phe-bame-report.pdf)

**Part 2:**

Use the research to pose key questions for investigation and review within The School & Family Works current and past practice. This research would be done in partnership with schools and families drawing on both quantitative (e.g. our existing outcome measures) and qualitative (e.g. focus group, case studies) data.

**Part 3:**

From this a clear plan, timetable and accountability framework to be drawn up to support our ambitious aim to support schools, strengthen families and enable change for all.

**The School & Family Works as an employer**: how we recruit, manage and develop the team to ensure equality of opportunity in the workplace

Could we use an existing accountability framework/toolkit? One example, The Business in The Community Race Charter (designed for larger organisations) includes the following actions:

* **Appoint an Executive Sponsor (board member) for race**  
  Executive Sponsors for race provide visible leadership on race and ethnicity in their organisation and can drive actions such as setting targets for ethnic minority representation, briefing recruitment agencies and supporting mentoring and sponsorship.
* **Capture ethnicity data and publicise progress**  
  Capturing ethnicity data is important for establishing a baseline and measuring progress. It is a crucial step towards an organisation reporting on ethnicity pay differentials.
* **Commit at board level to zero tolerance of harassment and bullying**  
  The Race at Work Survey revealed that 25 per cent of ethnic minority employees reported that they had witnessed or experienced racial harassment or bullying from managers. Commitment from the top is needed to achieve change.
* **Make clear that supporting equality in the workplace is the responsibility of all leaders and managers**  
  Actions can include ensuring that performance objectives for leaders and managers cover their responsibilities to support fairness for all staff.
* **Take action that supports ethnic minority career progression**  
  Actions can include embedding mentoring, reverse mentoring and sponsorship in their organisations.

[Race - Business in the Community (bitc.org.uk)](https://www.bitc.org.uk/race/)

**The School & Family works therapists:** how we train, support and hold our therapists accountable for practicing in an anti-racist, inclusive way

Areas of focus may include:

* Education and training in how to talk about race, discrimination, power and inequality
* Supporting therapists to examine their own experiences of power, privilege and discrimination so as to be able to serve their clients.
* Training and understanding about unconscious bias and how this may play out in Family Group

Mind’s 2020 briefing included findings relating to how increase access to mental health services to BAME patients. It highlights the need for therapists to have the appropriate skills and cultural competencies:

*“Being able to have a doctor, therapist or counsellor of the same Race or culture (racial / cultural concordance) has been explored in research, and evidence is mixed in regards to impact on outcomes. Research does however suggest that concordance supports positive perceptions of a therapist amongst BAME clients.*

*Importantly, research does suggest that cultural competency and communication style of mental health providers (regardless of concordance) does impact positively on aspects such as disclosure of depression, considering talking therapy, and developing therapeutic relationships.”*

Inequalities for Black Asian and Minority Ethnic Communities in NHS mental health services in England, Briefing from Mind

[race-equality-briefing-final-oct-2020.pdf (mind.org.uk)](https://www.mind.org.uk/media/6484/race-equality-briefing-final-oct-2020.pdf)

Jane Brinson 09/02/21