Strengthening Inclusion and Anti-racist Practices

Discussion material

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IMPACT
Improving Adult Care Together

The Health Foundation

UKRI
Economic and Social Research Council

How you can use this discussion material

*Before our first session, we'd like everyone to read **this document** which **summarises the evidence from research, practice and lived experience about anti-racist and inclusive practices in social care.** The review is **not exhaustive** but it aims to spark discussions in your groups about your experiences and ideas for change. You will find **a series of questions at the end of the document** to reflect and stimulate discussion.*

*This material outlines the **challenges and some case studies of practices applied across the four UK nations to reduce discrimination** and allow equal access to services to adult social care. **The Rights of Equality and non-discrimination affirms that all people should be treated equally** and **laws should make sure that all forms of discrimination are banned.** In Britain, this is ensured by **the Equality Act 2010** which provides the legal basis for protecting certain groups of people with 'protected characteristics', this includes 'race'. In **Northern Ireland**, there is still a legal gap on this matter.*

*'Racism' continues to be an issue in all societies, although its expression varies in each according to cultural norms and the historical period (Dominelli, 2018). The document aims to highlight **the complexity of tackling 'race' and discrimination due to the multidimensionality of the problem.** For example, the document gives a huge importance to language as an essential factor to allow a better understanding of 'racial' discrimination. **'Race' is a socially and historically constructed concept** and is very rooted in our institutions, practices and ways of thinking (see Box 1). For this reason, the word 'race' is between single quotes throughout the text. The document also invites **reflexivity to break prejudices and cultural prejudices** (Box 3).*

*In the **light blue boxes**, you will find some clarification of the terms used such as 'race', 'institutional racism' and 'BAME'.*

*At the end, the document will discuss **differences, definitions and limitations of anti-racist and inclusive practices in social care.** However, the main conclusion of the document is that in order to tackle discrimination, not only in social care but in society, **there is not a 'ready made' solution but there is the need for reflexivity and honesty.***

*We recognise **the difficulty of talking about 'race' and racism.** We acknowledge that it's an **uncomfortable topic** that may lead to conflict. However, we also recognise that this difficulty could be caused by **the fear of saying something wrong, sounding racist or unintentionally doing harm.** For this reason, we invite you to take your time to read this document and **reflect about your own level of comfort/discomfort around the topic.** Finally, we invite you to be open about others' perspectives and use this as a safe space to think about discrimination and what we can all do together to reduce it.*

What's the issue?

After the death of George Floyd in the US and the Windrush scandal in the UK, there has been a new raised attention in anti-racist practices (Rajagopalan, 2021). Additionally, COVID-19 and social care workforce issues in relation to the UK migratory politics, have brought out again the problem of inequality and discrimination in health and social care (Benison, 2020; Skills for Care, 2023). Despite the Equality Act 2010 and the Human Rights Commission having set a clear legal framework and standards to promote equality, inclusion and diversity, evidence still shows high levels of discrimination in the UK in social care (Benison, 2020; Brimblecombe and Burchard, 2021; Skills for Care, 2023; Stevens et al., 2011). The evidence highlights a **series of cultural, institutional, political and historical barriers**, such as the ambivalence on accepting ethnic inequalities, the difficulties of talking about ethnic backgrounds and prejudices (Skills for Care, 2023), anti-migratory politics and 'hostile environment' (Benison, 2020; Walsh and Ferazzoli, 2022), that make it very difficult **to reach this goal.** This document will discuss the complexity of tackling discrimination in social care in the UK and some of the practices applied to improve inclusiveness, equality and diversity in providing social care in the workforce.

Article. 14 of the Human Rights Act requires that **all of the rights and freedoms set out in the Human Rights Act must be protected and applied without discrimination** (Equality and Human Rights Commission, 2021). This means that all people have the **right to be treated equally** and **Governments have the responsibility** to create and approve laws, policies and programmes that should not be discriminatory, but that also protect people from discrimination (Equality and Human Rights Commission, 2021). In Britain, the **Equality Act 2010** provided the legal framework to protect some groups of people with **'protected characteristics'** from discrimination (see **Box 2** - for differences across the four UK nations - especially, in Northern Ireland)**.** In **social care,** this means that services **need to be available and provided on an equal basis to everyone**, whatever their protected characteristics. It also means considering whether a **policy or practice might discriminate** against a certain group of people (Scie, 2011). The Equality Act 2010 also protects **those working in social care** to make sure that no one is discriminated against for their characteristics in the workplace (Benison, 2020).

The Equality Act recognises 9 'protected characteristics', you can watch this short video if you would like to know more about them. In this document, we will focus only on 'race'. The law defines **'race' as including ethnicity, colour, ethnic or national origin, and nationality.** However, when thinking about **'protected characteristics'**, it is also worth mentioning that there may be subgroups of individuals that are **more disadvantaged and underrepresented** than others. For example, a Roma woman might experience discrimination based on both her gender and ethnicity. This is called **intersectionality**, which means that some people will face multiple barriers to access services or finding a job (Nedera, 2023).

While the Equality Act uses the word 'race', evidence invites us to think and challenge this word (Smedley et al., 2024; Dominelli, 2018). In fact, 'race' is a controversial and complex word and the way we use and understand it has important implications. In social sciences, 'race' is considered a **'socially constructed' term** and this means that it changes in relation to the context, the historical period and political factors (Dominelli, 2018) - we invite you to read **Box 1** for a historical understanding of the term 'race'.

Box 1: The history of the word 'race'

The origin of 'race'

The use of the word 'race' is strictly linked to British colonial history and the trans-Atlantic slavery in America. Initially, the word race was used in English as a synonym of type, sort, or kind e.g. Shakespeare's time referred to a "race of saints" or "a race of bishops" (Smedley et al., 2024).

By the 18th century, 'race' was widely used to divide and rank people living in the English colonies, the Europeans (free people), Amerindians (those who were conquered), and Africans (slave labour) (Smedley et al., 2024). 'Race' divided people in the colonies not only because of the physical differences but these categorisations included **a hierarchy of power and entitlement**, and a clear division in the geographical place where people could live and what they were in power to do or not allowed to do.

Between 1660 and 1690, the Virginia colony approved a law that ratified the **differential treatment of poor people on the basis of the colour of their skin.** African Americans and Africans, mulattoes, and American Indians, regardless of their cultural similarities or differences, were forced into categories separate from whites (Smedley et al., 2024). This started the process of institutionalisation of 'race' ranking

- in other words, this became part of how society was structured.

In the 1800's and 1900's scientists and historians in America and Europe tried to establish, as scientific fact, that different racial groups were genetically different (Burton and Ghoshal, 2024). 'Race science' provided a justification and a scientific tool in the hands of nationalist movements to sustain racialised discrimination, hierarchy of power and explanations of why white Europeans had to be in control of postcolonial nation states (Burton and Ghoshal, 2024). These ideas of 'race' have supported ideas of white superiority that justified the violence of colonial conquest, slavery, exploitation and anti-Semitism.

'Race' VS Ethnicity

Today, **science indisputably discredits the classification of humans into races**, and racial hierarchies, and shows greater genetic variance within any one racial group than between groups (Umek and Fisher, 2020). However, this **colonial history can - often unconsciously - impact on some of the assumptions people can make about ethnic minority groups** in the UK, and also influences ideas e.g. some people are 'less deserving' of using services than others [see campaigns during Brexit (Grinan-Moutinho, 2022)], or simplifying the reasons why some groups of people are more difficult to reach [see stereotypes regarding black male people accessing mental health services (Majors, 2022)].

A term used to describe a social group with a shared cultural identity, which may include language, traditions, geographic origin, religion, cultural expression or customs is **ethnicity.** Contrary to race, ethnicity is not based on the historical system that placed racial groups in a hierarchy, and it is based **on how individuals identify themselves**. This means that ethnicity can change over time, so for example, many people will describe themselves as British Muslim, but this may mean something different to each of those people.

An ethnic group can often be chosen by an individual, as opposed to a race, which is often ascribed to a person or group without their input.

Recent evidence has invited people to reflect and move away from the traditional and 'presumed dichotomy' between white and 'others' (Ang et al., 2022). 'Othering' is a process whereby individuals and groups are treated and marked as different and inferior from the dominant social group (Griffin, 2017). This means that in a predominantly white culture, like the Western European one, black and Asian people are more easily considered different/other and less entitled to access services compared to white people (Jones, 2000). However, this belief is perpetuated without considering that 19% of people in England identified themselves as belonging to a non-white ethnic minority group (Office of national statistic 2023). In social care, this has important implications for those who use services but also for those delivering them. For example, Benison (2020) noted the high level of 'racial' discrimination and abuse experienced by the social care workforce when providing support and doing their job. This has increased in the last years in association with the Brexit campaign which has reinforced the false belief that foreign people are the reason for the pressure on public services (Benison, 2020). Whilst Brexit was associated with European migrants, it is interesting to note how discriminatory behaviours focused also on people with Black and Asian background who are born in the UK (Fernandez-Reino and Cuibus, 2024). A Migration Observation briefing on Migrants and Discrimination in the UK, in fact, noted that 16% of migrants in Britain described themselves as members of a group that faced discrimination in 2018-20. However, the report also highlighted that ethnic minorities born in the UK were roughly twice as likely to perceive discrimination than people born outside the country (Fernandez-Reino and

Cuibus, 2024). This just shows how 'racism' works and the importance of considering multiple dimensions overlapping when talking about discrimination. Prejudice, xenophobia, 'racism' and discrimination can work in very contradictory and illogical ways, and it is for this reason that it is very important to reflect on existing bias and historical beliefs which exist on the individual, structural and institutional levels (Jones, 2000) - See **Box 3**.

Box 2: Equality laws in the UK

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society in Britain (Gov.uk, 2015). It replaced previous anti-discrimination laws with a single Act (Gov.uk, 2015). The aim of the law was to simplify and strengthen the protection for those people who are included in the protected characteristics.

The law applies to most public bodies and voluntary or private organisations, if they are carrying out public functions on behalf of public bodies (Scie, 2011). However, these responsibilities differ across England, Scotland, and Wales. For example a specific duty that applies only in England is that public authorities must publish:

- Equality information
- One or more equality objectives
- Gender pay gap information (Equality Human Rights, 2017).

In **Scotland and in Wales**, there are very specific procedures and information to provide for those authorities that are under the national specific duties of the Equality Act. However, the Equality Act is applied similarly in England, Wales and Scotland (Equality Human Rights, 2017).

Northern Ireland is quite unique on this matter. A briefing from the Equality Commission for Northern Ireland has identified important gaps between equality law in Great Britain (GB) and Northern Ireland (NI). As a consequence, individuals in Northern Ireland have less protection against discrimination and harassment than people in other parts of the United Kingdom (Equality Commissioning NI, 2024). On this note, the Equality Commission has called for an urgent reform in the country more in line with the Equality Act 2010.

Forms of discrimination

In simple words, **discrimination** is treating one person less favourably than others on the basis of a personal characteristic (Equality and Human Rights Commission, 2021). Discrimination can be done **voluntarily or not intentionally** and it can come in different forms, the Equality Act 2010 has identified the following:

- **Direct discrimination** - treating someone with a protected characteristic less favourably than others

- **Indirect discrimination** - putting rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair disadvantage

- **Harassment** - unwanted or offensive behaviour related to a protected characteristic

- **Victimisation** - treating someone unfairly because they've complained about discrimination or harassment

Dominelli (2018) explains that discrimination is only one element of a larger oppressive system, which divides people in groups and distributes social resources (e.g. services, housing, education) and power (e.g. information, economic resources, the possibility to be involved in decision making) in a unequal way. In this context, **'racism' is a specific form of oppression** that stereotypes and negatively values peoples' ethnic and cultural attributes. In relation to the focus on this document, it is important also to distinguish between: '**racism' and xenophobia**. According to the Merriam-Webster Dictionary (2024):

'**Xenophobia** is the fear and hatred of strangers or foreigners, whereas '**racism'** has a broader meaning, including *"a belief that racial differences produce the inherent superiority of a particular race".* Although they are similar, they are different enough that it is possible for one to be both xenophobic and racist.'

In the section **'What is the issue?',** we discussed the findings of the Migration Observatory on Migrants and Discrimination in the UK, and we noted how people born in the UK but from ethnic minorities groups were more subject to discrimination than migrants (Fernandez-Reino and Cuibus, 2024). There are multiple explanations of why this could be the case, such as adult children of migrants may be more aware of existing ethnic inequalities and more likely to attribute them to discrimination; or UK-born ethnic minorities may be both more exposed to discrimination and more aware that they are being discriminated against, as they are native English speakers (Fernandez-Reino and Cuibus, 2024). This just shows the **complexity of discrimination - in the way how it is acted, but also in the way how it is perceived by the person discriminated against.** In this sense, tackling discrimination is also very important because of **the negative effects on the person who is subject to the discriminatory behaviour.** For example, Hacket et al. (2020) in a longitudinal study in the UK found that people who have experienced discrimination and racism experience longer and chronic health problems and have poorer mental health compared to those who do not.

Box 3: Levels of racism and reflexivity

Quoting Ta-Nehisi Coates *'Race is the child of racism, not the father.'* **'Racisms' do not exist in singular or static forms but it is historically and politically determined -** the idea of 'race' is a political one and it has emerged in a very specific historical moment (see **Box 1**).

We have also seen how 'racism' is a form of categorisation of groups of people on the basis of physical, cultural and symbolical differences. This categorisation is also characterised by a **dimension of power and domination** where some groups of people are excluded, marginalised and inferiorised (Nazroo et al., 2019). 'Race' continues to be reproduced because the inequities created during colonialism still endure today and if we want to eliminate these inequities, it is important to work on the root causes (Newitt and Warmigton, 2024). 'Racism', in fact, is not only an individual problem but it is a way of thinking that is rooted in the system. In order to understand the extent of the problem and its consequences, Jones (2000) has developed a framework based on three levels:

- **Institutionalised 'racism'** occurs within systems of authority, manifesting as differential access to power and resources. In social care, this means different access to services, resources, and opportunities such as good housing and appropriate social care support. In terms of different access to power, the author refers to adequate and prompt information but also getting involved in the decision making process. 'Institutionalised racism is normative, sometimes legalised, and often manifests as inherited disadvantage' (Jones, 2000: 1212)

  - this level is also defined by other authors as **structural 'racism'.**

- **Interpersonal or personally mediated 'racism'** occurs between individuals, often stemming from their implicit and explicit biases. In other words, it refers to conscious or unconscious beliefs and assumptions about a person on the basis of their ethnic group. This level is the one that is most commonly associated with 'racism'. As an example of this form of 'racism' - evidence has shown that often people using services have refused their social care worker because of their ethnic background. The justification for this request is that they think they are less professional and skilled than other white colleagues.

- **Internalised 'racism'** is the effect of long standing racism on the people who are the subject of 'racism'. Jones (2000) defined it as the 'acceptance by members of the stigmatised races of negative messages about their own abilities and intrinsic worth'. As an effect, this type of 'racism' is linked with getting less involved in decision making, feeling to not deserve to use services, and avoiding seeking help and support when needed.

When trying to address 'racism', it is important that actions take into account all the different levels in order to allow change to happen. This is only possible if we use **a critical-reflexive approach** to our **conscious and unconscious prejudices.**

Reflexivity involves two main steps: 1) interrogate our beliefs, assumptions, structures, and the ways how we talk and behave in relation to 'race', and 2) thinking critically and carefully how these influence our ways of behaving and acting in relation to other people (Video).

Race Equality Matters has developed a framework called 'Tea Break' to support organisations to create a safe space to hear about race inequality through the honest voices and feelings of its colleagues.

Anti-racist Practices and Inclusive Practices

Anti-racist and inclusive practices can be considered as practices to **avoid discrimination and improve inclusiveness and equality.** However, they are not the same thing. Whilst anti-racist practices are characterised by an active commitment to interrupting systems of 'racism' and there is a strong focus on fighting systems of oppression (Dominelli, 2018); inclusive practices imply the creation of an inclusive environment where all people, regardless of their ethnicity or other characteristics, can access and benefit from social care equitably in line with the Equality Act 2010 and the Human Rights Act. In both cases, equality, inclusion and diversity are important but in the former case, the attention is focused on 'racism' and power dynamics.

Anti-Racist Practices

"Anti-racist/anti-racism is an individual and organisational process of identifying and eliminating racism by changing systems, organisational structures, policies, practices and attitudes, so that power is redistributed and shared equitably" (Miller, 2021: p.2).

This definition recognises four important elements at the core of anti-racist practices:
1. the individual and the organisational levels;
2. the strong focus on fighting 'racism';
3. the wider aim to change structures, policies, practices and attitudes;
4. the attention on power distribution (Miller, 2021).

Dominelli (2018, p.28) explains that anti-racism cannot be considered only a practice but it is **'a state of mind, feeling, political commitment and action to eradicate racial oppression'** and reach an egalitarian society between white and black people. A central element of these practices is **'Conscientisation'** which is a process characterised by continual self-reflection to become aware of power relations that link to behaviours that perpetuate specific hierarchy of privilege and disadvantage and questioning the social inclusion of some to the exclusion of others (Dominelli, 2018). In line with this process of self-reflection, Dominelli (2018) provides a reflective tool to support social workers in counter racism and support anti-racist practice, and avoid the fear of being considered racist, or causing offence.

Dominelli (2018) calls this tool **Strategies of Avoidance:**

1. **Decontextualisation.** People decontextualise racism by conceptualising social relations in a vacuum devoid of power relations. They may accept its existence is 'out there', e.g. South Africa under apartheid, but refuse to believe it permeates their everyday activities. A crucial feature of this strategy denies black people's individual experiences of racism. Or it may ignore racism under the pretext of focusing exclusively on another form of oppression, e.g. sexism.

2. **Denial**. Denial strategies rest on people's rejection of racism, especially its cultural and institutional variants. They ignore evidence of widespread cultural and institutional racism but accept it as personal prejudices held by extremists. #

3. **Omission.** Individuals subscribing to this view ignore the racial dimensions of social interactions, see 'race' as irrelevant in most situations and relate to others as if racism didn't exist. Social workers' comment 'There is no racism here' to describe a district office in an area with a high proportion of black people living in it, without employing black workers or delivering services to black clients, reflects the failure to acknowledge institutional racism and has traces of denial.

4. **The 'colour-blind' approach.** This treats black people as if they were white people accorded an 'honorary' white status. The statement 'I treat everyone the same' is a formulation negating a black person's specific experience of racism.

5. **The 'dumping' approach.** In this, white people hold black people responsible for creating and eradicating racism. It becomes a sophisticated form of 'victim' blaming, e.g. expecting black employees to tackle all matters relating to racism.

6. **The patronising approach.** This deems white ways superior but tolerates black people's approaches to things. Multiculturalism that does not address unequal power relations and structural inequalities exposes this strategy as a superficial acceptance of cultural diversity.

7. **Avoidance**. People are aware of racism in social interactions, but avoid opportunities to confront it. This might mean flinching at racist behaviour but keeping quiet about it, e.g. ignoring racist diatribes by colleagues or service users.

8. **Exaggeration.** This acknowledges racism in everyday life, accepts something must be done, but exaggerates or magnifies the value of minimal steps taken to deal with it (from the view of those at the receiving end), e.g. thinking that racism can be eradicated simply by introducing an 'equal opportunities' policy (Dominelli, 2018, p.29-31).

As we can see, anti-racism is always characterised by **two main elements:**

1. The recognition and critical thinking about racism as a structural issue that impacts white people and people of colour differently;

2. Activism on dismantling white privilege at multiple levels from structural to individual (Copeland and Ros, 2021).

However, **assessment of anti-racism outcomes in social worker education** highlighted that only the first element is addressed, **anti-racist education** supports a better understanding and awareness of structural group inequality and to address prejudice,

discrimination and injustice (Copeland and Ros, 2021). However, **the training doesn't predict actions to address these problems** (Copeland and Ros, 2021; Cane and Tedam, 2022). In particular, it was found that despite the training, newly qualified social workers didn't find themselves equipped and supported to challenge and oppose oppressive practices (Cane and Tedam, 2022). Copeland and Ros (2021) also noted a **lack of assessment to assess the effective impact of anti-racism in social worker education.**

Other criticisms of anti-racism and anti-racist practices is the limitation of the scope around 'race' (Thompson, 2021). In other words, anti-racism reduces the multidimensionality and intersectionality of discrimination only to the opposition between white and black people (Thompson, 2021; Sefa dei, 1999). More specifically, Sefa Dei (1999) criticises the way anti-racism is based on a definition of race and racism, which only has skin colour as a signifier. In this sense, this criticism is very similar to the one also given to 'cultural competence training', in which the idea of culture is reduced to race and ethnicity, ignoring other identities and framing race and ethnicity as the only source of discrimination (Beagan, 2018).

Box 4: Why is it important to critically reflect on 'race' in social care?

Being aware that 'race' is not a scientific category and that the term has been socially and historically constructed is important because it allows **a reflection about the cultural implications of certain beliefs**. For example, Dominelli (2018, p.12) in her book 'Anti-racist social work' highlights that any practices aimed to tackle 'racism' have to be 'locality-specific and culturally relevant' because each context is characterised by specific beliefs and prejudices. Additionally, having a better understanding of certain assumptions is important to avoid repeating the same schemes established by long standing 'racist' structures and ways of thinking. In order to understand how these assumptions work, we will use an example: **the deficit model.**

Statistics show that social care staff from minority ethnic groups have lower wages compared to white people in the UK (Equality and Human Right Commission, 2022). **The deficit model** explains this as due to the lack of working skills, knowledge or experience of people from ethnic minority groups. **Whilst** the deficit model appears to be anti-racist saying that the social care workforce from Ethnic groups has lower wages because it needs extra support and skills, it just repeats the scheme of superiority of the white people who need to support the less experienced care workers from other ethnic backgrounds. The deficit model **completely ignores societal or institutional structures and the discrimination that exists within them,** such as prejudices and bias on the part of managers and colleagues, barriers to talk about discrimination and less opportunities to progress in career and get promotions (Equality and Human Right Commission, 2022).

This has also important **implications in practice.** For example, if we use the deficit model to inspire policies and guidelines to reduce the wage gap, we are at risk of maintaining the status quo without addressing the real barriers that stop the social care workforce, from ethnic groups, from progressing with their careers and getting better wages.

This is why it is so important to use continual *reflexivity* to understand all the different levels that interact in discriminatory behaviours, practices and policies (See **Box 3)**.

Inclusive practices

"Everyone should have an equal opportunity to access high quality care and support to meet their individual needs and people should not be disadvantaged due to their background, culture or community" (Skills for care, 2024)

In line with the Equality Act 2010, inclusive practices should be characterised by three dimensions:

Equality - ensuring that everyone is given equal access to resources and opportunities to utilise their skills and talents. Taking a systems approach to what we do and how we do it and identifying and removing long standing, structural barriers to success.

Diversity - being reflective of the wider community. Having a diverse community, with people from a broad range of backgrounds represented in all areas and at all levels.

Inclusion - an approach where groups or individuals with different backgrounds are welcomed, culturally and socially accepted, and treated equally. Engaging with each person as an individual. A sense of belonging that is respectful of people for who they are.

In terms of inclusive practices in social care, this means that social care professionals should be confident with differences and organisations and providers should be inclusive (Skills for Care, 2024).

Although these tips have been created in a different context (Australian health care), we found that they are suitable also in the UK social care context because they are aimed to support 'self-reflection':

a) beware of assumptions and stereotypes,

b) replace labels with appropriate terminology,

c) use inclusive language (see **Box 4**),

d) ensure inclusivity in physical space,

e) use inclusive signage,

f) ensure appropriate communication methods,

g) adopt a strength-based approach,

h) ensure inclusivity in research,

i)   expand the scope of inclusive healthcare delivery,

j)   advocate for inclusivity,

k)   self-educate on diversity in all its forms, and

l)   build individual and institutional commitments (Marjadi et al., 2023).

Box 5: Language Matters!

Language affects our mind and actions and it contributes to how our biases, assumptions and stereotypes are created https://www.bbc.com/creativediversity/nuance-in- bame/introduction.

The term BME (Black Minority Ethnic) came into popular usage in the 1970s. It was created within the anti-racist movement to raise attention, unite all ethnic minorities under the label of 'Black' and empower 'blackness' (BBC, 2024). However, studies in the 1990s showed that few South Asians identified as Black, and this was when the term BAME emerged – Black Asian and Minority Ethnic (Lockier, no year).

Whilst the use of both BME and BAME was used by popular institutions such as the BBC and NHS (BBC, 2024), the UK government decided to stop its use in 2022 (Gov.uk, 2022). The acronym has been highly criticised because it implies generalisation and includes some ethnic minority groups, whilst excluding others (Lockier, no year). Another reason why these terms have been criticised is because they present **being white as the norm** in Britain, rather than acknowledging the now super diverse richness of Britain's people (Lockier, no year).

This example is just further confirmation of how *reflexivity* and understanding the historical and social context where words, beliefs and practices have developed, are essential elements of tackling discrimination.

Lockier (no year) notes that labels such as BAME and BME are problematic because they group all minoritised people who are less than the 86% white British, often masking further inequalities faced by certain ethnic groups. The author invites critical reflection because the use of all inclusive and uniform labels, such as BAME, conflates both race and ethnicity, merging them as though they are the same and eliminating diversity (Lockier, no year).

Examples of Inclusive practices

An essential element of inclusive practices in social care is making sure that **voices are heard, people diversity acknowledged and support is person-centred**. The following examples of inclusive practices apply different levels of participation and co-production to make sure that services are tailored on the basis of the needs of all the people who require them.

Seldom heard groups: This model stresses the responsibility of agencies to reach out to excluded people, ensuring that they have access to social care services and that their voices can be heard (Robson et al, 2008). Essential core values for the application of this model is respect and acceptance of diversity - staff are required to build strong relationships with people who use services, developing trust and mutual understanding (Robson et al., 2008). One of the main elements for the success of seldom heard groups is to make sure to map the community where the service is provided. The identification and analysis of subgroups is an essential prerequisite for engaging with these groups. Service providers have a duty to ensure that all members of their communities have their right to services made a reality in practice (Robson et al., 2008). Here is a guide on how to work with seldom heard groups that has been created by the Health Watch.

Involving people from ethnic minorities groups in the creation of training: as noted by Skills for Care (2024), in order to provide a good quality and inclusive social care service, social workers need to be confident in dealing with diversity. As a requirement of social work education, people with lived experience are involved in the training process (Fox, 2022). This should be good practice in any form of training resource like this co-produced training for practitioners working with migrant communities. This online training resource was developed in partnership with practitioners which identified the area where they felt less confident in working with migrant communities. The content was co-produced with professionals and migrant families during an ESRC funded research project 'Everyday Bordering in the UK', The impact on social care practitioners and the migrant families with whom they work.

> **Having read the material above, in the first Local Network Meeting, we'd like you to discuss:**
> **Your experiences…**
>
> - Would anyone like to share their experiences of inclusive practices or wider projects aimed to tackle discrimination in social care?
> - What can be done to avoid discrimination and support people to have more equal access to and provision in social care?
>
> **Thinking about this discussion document…**
>
> - Does anyone in the group have experience of inclusive or anti-racist practices included in this document?
> - Were there any ideas in this document that you think could facilitate people?
> - Anything in the document you didn't agree with, or didn't match your experience?
>
> **Next steps…**
> - Are there any next steps you'd like to agree as a group? Anything you'd like to discuss?
> - Do you think there is anyone else who should be involved in your meeting?
> - Is there anything you need from the IMPACT team?

"Good support isn't just about 'services' – it's about having a life"

References

This list of the references is for those who are interested in learning more about the evidence used for this document or specific topics. These are not compulsory.

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