Good outcomes working with black and minority ethnic children in residential child care

‘Residential workers and managers have a crucial role in providing positive culturally specific experiences for the children and young people in their care, in supporting the development of their cultural and ethnic identity and in assisting young people in their transitions to adulthood’.
(Kendrick 2008, p.131)

Kendrick’s recent study, based on both the latest research and key earlier studies on residential child care, is intended to provide guidance for developing best practice, policy and improved outcomes for children in residential child care. Within the chapter on black and minority ethnic children in residential care it provides a very useful summary of the key messages and recurring themes emerging from literature and research on this area of practice. The themes and issues raised will be very familiar to those who have worked in, or researched, residential child care. Given the deep-rooted nature of racism and historical inequalities within our society it is perhaps unsurprising that problems and issues remain unresolved and are sometimes reflected in the care system. Issues raised in the past by young black people in the care system, of a sense of isolation and alienation, of being ‘dropped in a white sea’, and of discrimination, lack of understanding or culturally insensitive provision (Black and in Care 1992) sadly remain a reality for some young black and minority ethnic children in residential child care (Voice for the Child in Care 2004a). Nonetheless, and more encouragingly, Kendrick found that there are examples of good practice and of progress being made:

‘Recent studies have identified a range of positive developments in residential child care for black and Minority ethnic children and young people.’
(Kendrick 2008, p.131)

At the heart of Kendrick’s argument is the contention that positive practice must be based upon the explicit need for, and commitment to, challenging racism in all its forms – again a familiar argument, although notoriously difficult to achieve in practice. This brief review will be largely based on the themes and evidence set out by Kendrick’s study, since it provides such a useful and evidence-based summary of the main issues. It will also draw on other relevant studies and sources, which have similarly examined residential practice in relation to black and minority ethnic children in residential child care. The twin issues of identifying racism and of finding genuine, practical and effective service responses to its many forms are inevitably challenging ones for staff working with black and minority ethnic children, but they are central to good care practice. As one of Kendrick’s sources, a study based on interviews with a group of black and visible minority care leavers, noted:

‘Issues of race, ethnicity, colour and culture were central to identity and self-worth. How these aspects of a child’s heritage, culture and personal reality were fully integrated into the care system made a critical difference to young people…’
(Voice for the Child in Care 2004a, p.1)

The young people interviewed in the above study were explicit that how the care system responded to these core issues made an enormous difference to how they saw
themselves, how well they integrated into their respective minority communities and how resilient they were in dealing with discrimination if and when they encountered it. On the other hand, and reassuringly, the research also found that many of the things black young people wanted from the care system were ‘vastly similar’ to the things most children want from the adults in their lives:

‘These include concerned, warm and supportive adults, caring foster carers and residential staff, competent and supportive social workers and effective models of support as they move from childhood into youth and young adulthood’.
(Voice for the Child in Care 2004a, p.1)

Although the concerns and issues raised by young people are necessarily often inextricably interlinked, interacting and even inter-dependent, for example cultural awareness; links to family and community; the composition of the staff group; role models for black and minority ethnic children and the promotion of a secure sense of identity and self-worth, as Kendrick’s study demonstrates they also often tend to fall into certain broadly distinct categories of emphasis.

**Links to family and community,**

The Voice for the Child in Care research found that birth families were of vital significance to the black child. This was not simply because parents will almost invariably have such importance for all children, but also because, whereas white children growing up in a predominantly white society have countless role models upon which to draw, for black and minority ethnic children the family may be the main, or even only, ‘gateway’ through which they can access their cultural and ethnic identity:

‘Families were loved in their own right, but had a particular emotional importance for youngsters cared for in settings not reflective of their colour or ethnic or religious background’
(Voice for the Child in Care 2004a, p.3.

Young people in from the Black and in Care group spoke of being ‘kept away from themselves’, ‘brought up to be white’, of losing their sense of racial and cultural identity, and of the problems this created for them on returning to their communities upon leaving care. Some of their comments echo a central contention of the influential earlier study of ethnicity and children in care by Gill and Jackson (1983). This found that some black children brought up in a predominantly white context could lose a positive sense of their racial identity and heritage, even viewing themselves as ‘effectively white’. This in turn could set up powerful conflicts of identity when they move out into a wider world where visible difference may have greater significance than in the home. Further evidence of the crucial importance of family links came from a study of moving on and leaving care schemes cited in the Department of Health study *Caring for Children Away from Home: Messages from Research:*

‘Even where family relationships were poor, family links, including those with brothers and sisters, grandparents and other members of the extended family, were very important to most.’
(Department of Health 1998, p.59)
The study found that maintaining family links were associated with a positive sense of identity, the secure sense of self which provides a platform for secure future personal growth and development. Ince’s study *Making it Alone: a study of the care experiences of young black people* similarly also stressed the importance of maintaining and facilitating positive links with family and community where possible. Lost contact could result in ‘displaced identity’, especially when children came into care early and remained there for long periods. Conversely being older at the point of entry to care might mean one’s sense of identity was already strong enough to survive:

‘My advantage was as a black person I had my family before going into care. So I knew about cooking and the way black people live their lives. But for those of them who are in care and don’t know, it’s hard when they leave’.
(Ince 1998, p.57)

Obviously where there has been traumatic rejection or abuse by the child’s parents there may be an answering rejection by the child of the parents’ ethnic identity or culture. Nonetheless other links to wider family, culture and community may be available and should be facilitated.

‘Relatives who may have been more distant should be approached to take on more of a key role and helped to understand their role in helping the child feel connected to their family... The needs of asylum seeking young people to keep a connection with family members living in another country should not be minimised’.
(Voice for the Child in Care 2004b, p.41)

The *Practice Guidance to the Framework for the Assessment of Children in Need and their Families* (Department of Health 2000) makes the point that for many black people what is required to achieve a sense of connectedness to their history and heritage extends beyond immediate families and into communities:

‘...the information needed to achieve a sense of connectedness is readily available throughout the community, the child’s sense of continuity is provided by the whole community rather than the individual parent or family’.
(Department of Health 2000, p.53)

Wheal emphasises the extreme isolation of unaccompanied asylum seeking children who have lost not only family but also their community and country. She points out that members of the refugee child’s community in exile may have the potential to become a kind of extended family, ‘with positive outcomes for a lone child’ (Wheal 2002, p.136). Save the Children's report *Cold Comfort: young separated refugees in England* identifies as an example of good practice one borough, with substantial experience of working with separated refugees, operating residential homes exclusively reserved for refugees, as opposed to mixing such young people with ‘citizen children’. Social workers felt such designated homes offered a ‘safe haven’ where specific cultural needs could be met:

‘The refugee children living in this designated home reported a high level of satisfaction with it and there are plans for a second home’.
Ensuring some positive contact between black, Asian or mixed heritage children and young people and ‘others of similar origin’ offers them the opportunity to maintain some continuity and identification with their ethnic background. Without being prescriptive or dogmatic, there is a consensus that the encouragement of any positive links is highly desirable, and may be of increasing importance as young people move towards adulthood and try to make sense of their lives and establish a positive sense of their own identity:

‘This approach would help to keep questions of ethnic identification ‘open’ for the young people. Some mixed heritage children, particularly those who have been brought up solely by a white parent, may see this as less important to them and, where comfortable with their identities, this view should be respected’.

The above study re-iterates the point that placements in locations that reduce the possibility for ‘cultural continuity’ should be avoided, a point confirmed in several other studies (Dwivedi 2002). The intention of Care Matters to impose a statutory duty on local authorities ‘to secure a sufficient and diverse provision of quality placements in their local area’ which consider the needs of particular groups such as black and minority ethnic groups is therefore to be welcomed (Department for Education and Skills 2007, p.48). Obviously the physical location of children’s homes can facilitate or hinder the maintenance of contact with families and communities, as can the attitudes of staff. Jones and Wall (2005) observed that parents of black children often talked of the ways in which they felt ‘pathologised’ and excluded from their children’s lives and identified positive work that could be done, including work with families, to support a child’s sense of identity and connection with their heritage. Calling for homes to facilitate the greater involvement of black families in the home, they say the aim in this aspect of care, as in others, should be to achieve ‘inclusive practice’:

‘Inclusive practice is achieved for example, when a worker takes the trouble to find out how a parent wishes to be addressed; how they wish to receive information (whether it should be translated); whether an interpreter or a worker who speaks their first language would help; what the significance is to them of religious and cultural traditions….’

The composition of the staff group and role models for black and minority ethnic children

‘It is now commonly recognized that black children face much greater difficulty in handling racism and clarifying their own sense of self if they are brought up in settings and neighbourhoods lacking positive role models’.

Whilst Chakrabarti and Hill note that some local authorities acknowledge their lack of the appropriate staffing to meet the needs of black children, they also cite other research by Barn, Sinclair and Ferdin (1998) which provides ‘examples of very good
work conducted by black residential staff in children’s homes, for example on identity issues’. It is evident from all the research quoted above that children from black and minority ethnic communities are likely to be best placed either close to their families or cultural communities and not isolated within largely white areas. However in addition to this, the composition of the staff group is obviously potentially important in ameliorating isolation and providing a sense of identity, belonging and positive role models. However progress in this area is still patchy:

‘Sinclair and Gibbs (1998) found that seven per cent of the staff were black and minority ethnic …..However, there was wide variation between authorities ranging from none to one in eight’ (Kendrick 2008, p.128)

Kendrick notes that residential services have been criticised for failing to provide sufficient black role models for the children in their care. Ince’s (1998) study claimed that:

‘There is an urgent need to expose black children in the care system to black role models – both workers and carers. Black carers should be able to transmit positive values and challenge injustice in an attempt to safeguard the rights of the child’. (Ince 1998, p.93).

Ince’s study noted that, in the absence of positive black role models, some young people could come to internalise the racist stereotypes of society and ‘look down on black people’ (Ince 1998, p.75). Given the frequently negative representation of black people within the media or that they may have personally been ill-treated or abused by black parents this may be all the more likely. Jones and Waul in Crimmens and Milligan (2005) also point out that young black people grow up in a society where media images of black people are often negative and that it is therefore no surprise that many black children internalise such negative views about black people. Positive black role models can help to dispel these views. This requires that homes employ black staff, link children to black befrienders outside the home, make links with the black community and facilitate the greater involvement of black families in the home. In one practice example given in the book, a children’s home outlines how it responded to the needs of ‘Simon’, a dual heritage young man with a very troubled past, violent behaviour and negative views about black people deriving from his relationship with his Caribbean father and his white mother. The home hoped that by placing black men in key roles in Simon’s life they would offer him alternative and positive versions of black maleness:

‘Simon was confronted on a daily basis with black men who were firm, gentle and cared for him. He saw them at work and at play, as workers, as husbands, as fathers, as sons; they exposed their vulnerabilities to him and their strengths. Simon’s behaviour did improve although there were times when we felt we couldn’t go on.’ (Jones and Waul in Crimmens and Milligan 2005, p.39)

One of the role models provided for Simon was a counsellor whose racial identity matched his own and other studies also commend such positive developments in anti-discriminatory practice:
‘We attempt to recruit team members whose ethnicity/race/culture/religion reflects that of service users. A black counsellor is available (spot purchase)’.
(Broad 2005, p.55)

Another study by Ince and Richards for the Family Rights Group found that the involvement of black staff and inspectors made a positive difference to outcomes (Ince and Richards 2000, p.70). Clearly in some places and at some times it will not be possible to guarantee an ideal balance of ethnicities between the staff group and residents, what remains critical is that all staff are aware of the issues relating to racism, culture and ethnicity and are prepared to take the initiative to ensure equality of opportunity for young people in their care:

‘A pro-active team in a residential home will be continually examining their methods... The main task of staff however will be as role models. Members of staff will understand that way they react to events, their casual comments and jokes will be seen as part of the role model that children and young people build on’.
(Department of Health. Support Force for Children’s Residential Care 1996, p.93)

Identity and self-worth

As the Voice for the Child in Care research referred to above illustrates, and Kendrick confirms, issues of race and ethnicity are central to the child or young person’s sense of identity, belonging and self-worth. Encouragingly, it would also appear that some at least have not internalized any negative stereotypes or acquired low self-esteem as a consequence of societal attitudes:

‘The young people were proud of who they were. Their story was not one of negativity or ‘victim status’. They did not want liberals to make it better for them – they just wanted to be treated fairly, equally and with respect’.
(Voice for the Child in Care 2004a, p.5)

Those interviewed for the Blueprint Project in the example given above were extremely conscious of their history and had a strong political awareness of black issues. This may reflect both the extent to which the debate has moved on since earlier studies such as Gill and Jackson’s. Where earlier generations of black people struggled to achieve acceptance as recently arrived immigrants in the 1950’s and 1960’s, many young black people now see themselves as black British with every right to be here and to be treated equally. It is also possible that the self-selecting nature of participants in research projects, with possibly more aware and motivated individuals stepping forward, could affect findings. As the Blueprint research itself acknowledges other young people interviewed were ‘less conscious’, which is defined in terms of them not making any links between their personal experience and the wider history of black people. Nonetheless, despite differences in how they defined their blackness and its relationship to society, all were said to be proud to be black and wanted to expand their knowledge and awareness of this identity:

‘They want to know about their history, to learn about black achievers and to have positive black role models who have not subjugated blackness for achievement and status. They want black carers who will be kind to them and support them. They want
to keep links with their families and to feel secure and comfortable in their skins and in the company of other black and minority people’.
(Voice for the Child in Care 2004a, p.6)

This is confirmed by a study of racial identity attitudes and self-esteem amongst young black people in residential care carried out by Robinson (2000). She found that the young black people studied had quite high levels of self-esteem, which she felt could be attributed to several factors such as the number of black and minority ethnic staff, the location of homes in multicultural areas where the maintenance of cultural and familial links was possible, and the fact that aspects of African Caribbean culture such as music and hairstyles are now widely perceived to have a positive status.

Another recent study emphasises the complexity and diversity of attitudes around identity, culture and placement, and that to some young people ethnicity is only one factor, and not necessarily the determining one, in what makes the best placement:

‘I was always placed with the same background, people from Trinidad. I didn’t like it because….I felt at the time, ‘why did they place me with Trinidadians? Just because I’m a Trinidadian doesn’t mean you need to place me back with a Trinidadian family. Any person who is suitable to look after a child I’m happy with’.
(Granville and Miller 2006, p.44)

Despite earlier research such as that of Gill and Jackson, Biehal and others (1995) call for a ‘more open attitude to young people’s self-definitions of ethnic identity’ rather than dogmatically assuming, for example, that a mixed heritage child will or should automatically consider or position themselves within a ‘black’ identity:

‘Young people of mixed heritage who do not see themselves as black should not be pathologised as suffering from ‘identity confusion’.
(Biehal and others 1995, p.129)

What is important is that the young person is making their identity choices for positive reasons and that they are not rejecting any aspect of their cultural origins because of unresolved confusions and tensions arising from family rejection or conflicts. In such cases Biehal states that the young people may benefit from counselling or other help. What also appears to be critical is a willingness in carers to honestly acknowledge issues of race and racism and to demonstrate respect and value for the cultures of the young people:

‘Talking through emotional and cultural issues, valuing and acknowledging cultural identities, heritage and histories of ethnic minority people’.
(Dwivedi 2002, p.261)

Support and promotion of religious and cultural practices

‘It is vital for residential work to provide black and minority ethnic children both culture-specific and multicultural experiences. Caeser et al (1994) identify food and diet as perhaps the most obvious example of integrating culture into the day-to-day experience of residential child care’.
(Kendrick 2008, p.130)
The National Minimum Standards acknowledge this importance, albeit in typically modest terms, requiring that staff ‘take into account the religious, racial, cultural and linguistic backgrounds of children and their families….’ (Department of Health 2002, p.13. Of course ‘taking into account’ is capable of wide interpretation, from the tokenistic to the environments where such considerations are central and fully integrated into the normal working day:

‘Berridge and Brodie (1998) identify good practice in residential care homes where lists had been made of food stores and places of worship for different minority ethnic groups, where children and young people were taken shopping in black areas and culturally appropriate educational materials were in evidence’. (Kendrick 2008, p.130)

Similarly Jones and Waul make it a determining feature of good practice that children and young people are exposed to black theatre, languages, literature, music, food, celebrations, newspapers and so on ‘as part of everyday life’ (Jones and Waul in Crimmens and Milligan, I 2005, p.38) For many children of black and minority ethnic backgrounds diet and religion assume a greater significance in establishing identity and culture than may be the case for white children, and if so these aspects of their cultures must be identified, respected and facilitated without them being singled out or made to feel awkward or strange:

‘The principle of ‘inclusive services’ requires that black children are not excluded from living in a residential home because of their religious or dietary needs….’ (Jones and Waul in Crimmens and Milligan, I 2005, p.41)

Jones and Waul give a good practice example from the work of the Bibini Centre where all the children and young people were consciously exposed to a range of diets, including Halal and vegetarian. They believed that for young people seeking to re-establish some connection with their cultural background eating the ‘right’ foods could be an important and easy ‘first step’. Despite some initial opposition, mainly from staff, their food policy enabled them to successfully cater for children from diverse religious backgrounds such as Muslim, Rastafarian, Seventh Day Adventist, Pentecostal and Sikh. Wheal states that members of a child’s own community or religious groups may hold the potential to help them maintain links with their community and to practice aspects of their cultural identity:

‘Ample opportunities should be provided for the child to participate in appropriate cultural and community activities in order to cultivate such links’. (Wheal 2002, p136)

Wade and others (2005) also point out the importance of religion for many unaccompanied asylum seekers and that membership of their church or mosque is not simply about expressing their religious beliefs but also of maintaining a connection with home and community.
**Leaving care**

For all young people leaving care is a time of potential vulnerability when they will need readily available support. For young black and minority ethnic children it may carry additional pressures and dangers of social isolation. Where there has been a lack of contact either with families or local communities the transition can be especially difficult. Young people may find they are ill-equipped to deal with not only the practical aspects of life – managing a budget, finding a job, education or occupation – but also additional pressures, such as encountering and responding to prejudice and racism, or simply fitting back into and communicating with their own communities (Clayden and Stein 2005). Ince calls for young people to be properly prepared and supported to cope with such eventualities:

‘*In the case of black children, a more integrated and positive approach has to be taken to ensure that ‘race’ and culture are also taken into account and cultural values transmitted*’.
(Ince 1998, p.92)

Literature suggests that by pursuing the positive practices indicated above whilst the child is in care workers can best prepare young people for life after care. In addition befrienders or mentors who can act as appropriate role models may need to be recruited to support a young person through their leaving care:

‘*Contingency plans for after care support are necessary as young people are likely to face obstacles after leaving care which make them more vulnerable than the average young person leaving home*’.
(Ince 1998, p.92)

Ince calls for young people to be fully advised of their rights and the available services and for adequate financial and emotional support to be built into the leaving care plan package. Black staff should be recruited ‘at all levels’ to leaving care and after care teams and counselling on matters of race, culture and identity be offered by specialists with knowledge and experience of working with black children and young people. Despite such recommendations however, a recent report for the Joseph Rowntree Foundation the experiences of young care leavers from different ethnic groups found that support from social services was still variable. Social services were seen as providing little support in this area of need:

‘*to have played a minimal role in the development and maintenance of racial and ethnic identity: and in equipping children to deal with racism*’.
(Andrew and Mantovani 2005, p.1)

In such circumstances the role of residential care staff in equipping young people with the knowledge and confidence to cope becomes all the more important.
Conclusion

What Works in Residential Child Care observed that despite the relatively high proportion of the care population with a minority ethnic background, there was ‘a poor understanding of the needs of these services users by staff’ (Clough, Bullock and Ward 2006, p.78). Yet literature also demonstrates that residential care staff can and do make a positive difference to the lives of black and minority ethnic children and young people in their care when they actively and sensitively confront the issues outlined above and implement the key elements of what Kendrick terms ‘positive residential practice’. Such ‘positive practice’ is, he maintains, rooted in an explicit need to constantly challenge racism in all its forms and in the practice or facilitation of a number of measures. These measures, taken together, contribute to an affirmation of the identity and culture of black and minority ethnic children and young people.

‘We have seen that a number of interlinking issues are important: links to family and community, the composition of the staff group, role models for black and minority ethnic children, identity and self-worth, and support and promotion of religious and cultural practices.’ (Kendrick 2008, p.131)

As Kendrick illustrates there is good practice in residential child care in this area. As already observed, given the entrenched nature of racism within our culture and history, problems and barriers of suspicion and mistrust inevitably remain. To many black and ethnic minority children and young people trust in this area must be earned rather than just given. What Kendrick’s research indicates however is that, despite the obstacles, we can make significant progress if we fully understand the issues and are committed to truly anti-racist and anti-discriminatory practice:

‘This research highlights, then, that positive practice and training can make significant inroads into the issue of racism in residential child care, although not suggesting that this is a problem solved’. (Kendrick 2008, p.127)
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