

Curiosity, Courage and Care: Starting conversations about race in residential practice

For Dialogue Ltd


Introduction

‘Far-right’, anti-immigrant, and anti-Black sentiments can have deeply harmful effects on Black children living in residential homes. Such ideologies often manifest in subtle and overt racism within care environments, shaping how children are perceived, treated, and supported.


They may face stereotyping, lower expectations, or cultural invalidation from staff or peers influenced by these wider societal attitudes.

The constant exposure to negative media and political narratives about people who look like them can erode their sense of safety, belonging, and self-worth.

A reminder.....



We know that every young person deserves to feel seen, safe, and valued in this home.



Talking about race and racism is part of making sure we're offering that visibility, safety and value to **all** our children.

Experiences of Black and racially minoritised

In a study by BARNARDOS 20 out of 22 disclosed experiences of racism, microaggressions and/or differential treatment based on their race and ethnicity in **care** settings, throughout their **education** and/or in the **criminal justice** system.

Microaggressions are:

“brief and commonplace daily verbal, behavioural and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group”

(Sue et al., 2007: 273).

Experiences of Black and racially minoritised

- ✓ Black children in care often experience multiple and intersecting forms of disadvantage linked to their race, ethnicity, gender, class, and sometimes immigration status.
- ✓ Their experiences are shaped not only by the trauma of separation from family but also by systemic racism within education, health, and social care systems.

For example:

Care-experienced children and young people are more likely to experience poorer mental health relative to the general population and Black and racially minoritised children are more likely to be referred to CAMHS via social services and not the GP.

- ✓ Stereotyping, cultural misunderstanding, and low expectations can affect how their needs are assessed and met.
- ✓ Black children may face identity struggles as they navigate predominantly white care settings where their cultural and racial identities are rarely reflected or affirmed.
- ✓ These intersectional realities often compound feelings of isolation and marginalisation, impacting their sense of belonging and overall wellbeing.

Pause for reflection

How do we talk about difference with young people here?

What does a safe space for conversations about race look like in this home/unit?

What do we want our young people to learn from how we handle issues of racism?

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- The BRAVE Framework-
An approach
to framing
conversations
about race.

Build (ground the intension in the context of mutual respect, active listening, safety)

Respect (the sensitivity of the topic, and participants in the conversation)

Acknowledge (the various types of racism and people's experiences and understanding)

Validate (recognise and affirm people and their experiences)

Emphasise (next steps, what your home/unit is doing in this area).

Dr. Enrica N. Rugg and Dr. Derek Avery

<https://sloanreview.mit.edu/video/brave-conversations-about-race/>

Intersectional experiences

- Approximately 4500 children of Muslim heritage in the care system in England and Wales, and this number is increasing.
- In 2019 there were 5,070 unaccompanied asylum-seeking children, representing around 6% of all children looked after in England.


(Cheruvallil-Contractor & Halford 2022)



Cultural curiosity

Cultural curiosity refers to an open, respectful, and ongoing interest in understanding the diverse cultural backgrounds, values, beliefs, and experiences of service users and colleagues.

It encourages practitioners to move beyond assumptions or stereotypes and instead engage in genuine inquiry about how culture shapes a person's identity, worldview, needs and decision making.



Concluding reflections

- Create spaces to learn about children's identity, history, resilience, and potential.
- Disproportionality is not accidental. It reflects deeper structural and institutional biases that require collective accountability.
- Ensure every Black child in care feels seen, heard, and valued in ways that affirm their cultural identity.
- Anti-racist care is ethical care so we must question policies, disrupt bias to transform everyday practice.

References

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