

RECONSIDERING TACKLING INSTITUTIONAL RACISM

Presentation to the Inclusion and Exclusion Conference:2005

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We are pointing towards a core process

- Redefining institutional racism towards racial identity as an important part of managerial/professional identity.
- The core process seems to us to also call for more of an `undoable` kind of power to be understood to be operating.
- And it is all this that we think creates an environment in which practitioners can become self motivated in re-working, as it were `for themselves`, the way they work with users.
- We think this is the way to greater equity in health provision, that more empowered self motivated staff is the route to more empowered users.

- The project worked in its first stage with 53 managers and staff.
- In its second stage we engaged with 30 black users of the services provided by the trusts and their respective practitioners.
- In the third stage about 100 staff that were key to delivering mainstream services became engaged in 6 self learning groups.

In this way all three stages contributed to a powerful re-shaping of practitioner-user relationships.

Stage 1: 53 managers and staff.

Focused interviews with these objectives in mind:

1 to become clearer with them about their aims and values as service providers;

2 to understand more about how the service works;

3 to understand their view of how black and racial minorities may or may not enter the system and receive appropriate services;

4 to find out their views of the blockages and obstacles facing black and racial minorities.

Some views

- *“The reason why we don’t get Asians is because the burden is on the family”*
- *“If they could speak English it would not be such a problem”*
- *“Self referrals can be made. However few people know this. There is a reluctance to publicise because of being overburdened with referrals”*
- *“Why don’t they come as they know we are here, I spoke to a group myself”*
- *“It is easy to assume the suitability of our services to black and racial minority communities”*
- *“A lot of projects at the moment are seen as extra pieces of work as opposed to being built into the day to day practice of staff, therefore any new projects need to be developed with the whole service”*

Stage 2: Action research with 30 black users

Keeping detailed records about the patient, their illness, treatment details, and the practitioners involved.

- What they had been asked,
- What they had been told,
- Their feelings of involvement with the process,
- What they understood,
- What was explained,
- Whether they asked questions,
- How far they felt they were understood etc.

- There was a continual stream of black and racial minority elders admitted, discharged and re-admitted within a short period
- Communication was not based on a dialogue between patient and practitioner. The patient was passive. Services received were based on practitioner assumptions of what they believed was required
- Carers were overloaded by functions and excluded
- Information given to patients and carers was either irregular in its frequency or non-existent.
- Patients and carers were unable to see the whole picture of health care, viewed the service they received in a compartmentalised fashion. It was not possible for them to make the links between the various services they may have required.

Stage 3: 100 staff delivering mainstream services

Self learning groups- hospital, community and district nurses, podiatrists, dieticians, doctors, registrars and consultants, managers and assistant managers:..... being challenged and unblocked by each other.

"It is interesting that these cases we are raising are all the ones we usually define as difficult ones. Yet they never see the light of day as I guess we just brush over them because I, for one, don't like admitting that I got it wrong."

"We do not give enough time to question our motives and reasons for doing things in our practice. We hold on to our way of doing things previously."

Some examples of individual statements

- "I will think about how I communicate to patients/ carers and whether I am really getting across"
- "I realise how much of a `professional` I become often to the detriment of my own culture".
- "I will try not to make assumptions that the family will manage but explore the reasons why they do not want services."
- "It was good to be able to talk freely about what it feels like to be black and working for the organisation. "
- "At first I couldn't see that we would achieve anything but after much discussion I have got more than I expected."
- "The input from other staffs experience and perspective was invaluable and it gave me insight into how other staff approach situations."

Conclusions

The power invested in the professional and managerial decision/choices

We think that stage 1 was about us responding to a managerial manifestation of a racist universality.

We think stages 2 and 3 were about responding to a professional practice version of that racist universality.

Conclusions

The dynamics of race and racism in operation

- historically conditioned white professional practice assuming its universality
- managers in stage 1 did not have how they saw themselves in terms of race and racism, as a central part of their identity.
- through to the self learning groups our impression was that by this stage they had really made the link between having a sense of who they are in terms of their race and racism and what the outcomes are for black people.
- The core change process is about these shifts in terms of identity and power

Conclusions

A successful set of interventions to achieve equality in health service provisions

- The core change process can take many, many forms. Indeed it is very important that it does for several reasons
- 1 People within their practices worlds, within specific organisational contexts, may already have moved forward.
- 2 Its not that we used focused interviews, action-research and self learning groups. Rather its the change dynamic to do with identity and power
- 3 The work had a powerful and creative element of intuitive spontaneity running through it.

As Shotter puts it

“The others around us cannot not respond to our voicings, to our utterances. Thus others, in our presence as individual, active `I`s` do not move independently of us; their movements are not wholly their own; they are `coloured` by our individual movements- but our individual movements are also `coloured` by theirs. Thus the momentary activity between us is not individually ours or theirs alone , but ours as a `we`” (2004:pg 34)

BACK TO THE FIRST SLIDE We are pointing towards a core process

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(Note: Most of the work by Shotter is on the web at <http://pubpages.unh.edu/~jds/>)

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