Anti-Racist Practice Toolkit Part 1

CASE STUDY 2: FACILITATORS GUIDANCE

The Role of the Facilitator:

- To encourage the social workers to share their thoughts about the case study.
- To facilitate discussion to identify the opportunities and challenges of this scenario.

SUGGESTED QUESTIONS FOR FACILITATORS TO ASK THE GROUP:

1. What evidence of internalised racism can be identified within this case?

Answer: Internalised racism may be evident if Naseem or Farah have come to believe that they should not expect the same level of support as other families or feel reluctant to challenge professionals because they assume their concerns will not be taken seriously.

For example, Farah may minimise her own difficulties as a carer because she believes she should simply "cope" rather than seek support. Similarly, Naseem may have experienced years of discrimination that have shaped her expectations of services.

2.How might internalised racism affect access to support?

Answer: Individuals who have internalised negative societal messages may be less likely to advocate for themselves, challenge poor practice, or seek support. This can lead to unmet needs, delayed intervention, and increased carer strain.

3.What examples of interpersonal racism might occur in this situation?

Answer: Examples could include staff making assumptions about Naseem because of her ethnicity, speaking only to Farah despite Naseem's ability to participate, dismissing cultural preferences, or making insensitive comments regarding language, religion, or family structures.

Professionals may also incorrectly assume that the family will provide all care because they come from a South Asian background.

Don’t forget to share the critical reflection survey and encourage completion. Set aside 5 minutes for this at the end of the session

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People with dementia are often particularly vulnerable because they may struggle to challenge discriminatory behaviour or communicate concerns. Experiences of racism can increase distress, confusion, anxiety, and feelings of isolation.

4.What indicators of institutional racism might be present?

Answer: Institutional racism may be evident if dementia services are not accessible to people who speak languages other than English, if assessment tools are not culturally appropriate, or if there is a lack of culturally responsive dementia provision.

If interpreter services are difficult to access or care options fail to consider cultural and religious needs, this may result in unequal outcomes.

As dementia progresses, many people revert to their first language. Assessments conducted only in English may not accurately reflect cognitive functioning, wishes, feelings, or care needs. Failure to recognise this can lead to inappropriate assessments and care planning.

5.How might structural racism affect Naseem and Farah?

Answer: Structural racism can contribute to inequalities in health, housing, income, and access to services over a lifetime. These cumulative disadvantages may increase the likelihood of poorer health outcomes in later life and reduce access to resources that support ageing well.

Farah may also experience economic disadvantage due to caring responsibilities, which can affect employment opportunities and financial security. Communities experiencing socioeconomic disadvantage may have fewer specialist services, longer waiting times, and less access to preventative support. Structural inequalities can therefore affect both diagnosis and ongoing care.

6.What evidence of aversive racism might emerge during assessment?

Answer: The social worker may view themselves as competent and committed to equality but feel uncertain discussing culture, race, language, or religion. They may therefore avoid exploring these issues, despite their relevance to care planning.

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The practitioner may unintentionally assume that Farah's family will naturally provide all care or may underestimate the impact of caring responsibilities because of stereotypes about South Asian families.

7.How could supervision support the social worker?

Answer: Supervision should create space for critical reflection about assumptions and decision-making.

Questions might include:

·What assumptions am I making about this family?
·Have I explored cultural and linguistic needs fully?
·Would I assess this situation differently if the family were White British?
·Have I considered how dementia affects language and communication?
·Am I avoiding discussions about race or culture because I feel uncomfortable?

Reflective supervision can help practitioners move beyond "colour-blind" practice towards culturally responsive and anti-racist practice.

8.Why is it important to consider race, culture, language and dementia together when assessing Naseem's needs?

Answer: Dementia does not exist in isolation from a person's identity and lived experiences. Race, culture, language, migration history, religion and experiences of discrimination can all influence how dementia is understood, experienced and supported. An effective Care Act assessment should therefore consider not only cognitive impairment and physical needs but also the person's cultural identity, communication preferences, social connections, and experiences of inequality. Failing to do so risks producing a care plan that does not fully reflect the person's wellbeing, wishes, or strengths.

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