Anti-Racist Practice Toolkit Part 2

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:

Using the ROMA Model:

1.How might assumptions about "good care" (home vs residential) be influenced by cultural bias or professional norms?

Answer: Practitioners need to be mindful that ideas about what constitutes "good care" are often shaped by professional norms that may unintentionally privilege residential care as the "safer" or "more appropriate" option. In this case, Daniel's preference for Bambedelle to remain at home is strongly influenced by Nigerian cultural and religious values around intergenerational living, family responsibility, and respect for elders.

An anti-racist approach requires avoiding the assumption that residential care is inherently better or more objective. Instead, practitioners should explore both options openly and equally, recognising that home-based care may be a legitimate and culturally meaningful preference. At the same time, Oluwakemi's concerns about caregiver strain and sustainability should also be taken seriously without framing her perspective as less culturally valid.

The key is to hold all perspectives with equal respect and ensure decisions are not shaped by unconscious bias towards Western models of care.

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2.How do we build trust with a family who have experienced coercion or disempowerment in previous statutory interventions?

Answer: The family's previous experience of statutory intervention, particularly Bambedelle's detention under the Mental Health Act 1983, is likely to have created fear, mistrust, and a sense of powerlessness in relation to services. This means engagement may initially be cautious or resistant.

Building trust requires transparency about roles, rights, and processes, as well as clear and consistent communication. Practitioners should avoid jargon and ensure that Bambedelle and his family understand what is being assessed and why. It is also important to acknowledge past negative experiences rather than ignoring them, as this can help reduce defensiveness and build credibility.

Consistency in workers and involving Bambedelle and his family in decision-making processes can also help rebuild a sense of control and partnership.

3.How can we explore differing family perspectives without privileging one cultural viewpoint over another?

Answer: The differing views within the household should be explored in a way that does not automatically prioritise one cultural or relational perspective over another. Daniel's emphasis on family-based care and Oluwakemi's concerns about sustainability and safety both reflect valid but different experiences and pressures.

Practitioners should facilitate open discussion where each person's views are heard separately and together, ensuring that power dynamics within the household do not silence certain voices. It is particularly important to ensure that Bambedelle is supported to express his own wishes in a way that is not influenced by family pressure or assumptions about his cognitive abilities.

The focus should be on shared decision-making that considers cultural context, safety, wellbeing, and sustainability without privileging one worldview as inherently correct.

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4.How can Bambedelle's voice, wishes, and best interests remain central while also addressing carer strain and safety concerns?

Answer: Bambedelle's wishes, feelings, and best interests must remain at the centre of all assessment and planning. This includes taking time to understand how he defines dignity, independence, and quality of life within his cultural, religious, and familial context. Where cognitive decline is present, appropriate communication support should be used to ensure his voice is not lost.

At the same time, Oluwakemi's experience of caregiver strain must be recognised as a significant concern, as unsupported caregivers may become overwhelmed, which can impact the wellbeing of the whole household.

Balancing these needs requires a holistic approach that considers both individual wellbeing and family functioning, ensuring that support is offered to sustain care at home where possible, while also honestly exploring alternatives if risks become too high.

5.How can we build on strengths such as intergenerational commitment, faith, and family cohesion?

Answer: An anti-racist, strengths-based approach recognises the value of intergenerational commitment, cultural identity, and faith as protective factors within the family. The household's cohesion and shared values can be a significant source of resilience and continuity of care for Bambedelle.

Practitioners should actively identify and build on these strengths, for example by supporting culturally appropriate care arrangements, involving wider family networks where appropriate, and recognising the role of faith and cultural responsibility in caregiving motivation. However, strengths-based practice should not overlook risk. Instead, it should integrate cultural strengths with practical support such as respite care, carers' assessments, and tailored home support services that respect the family's values while ensuring safety and wellbeing for all members.

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