Unconscious Bias, Intersectionality, and Social Identity Theory:

UNDERSTANDING THEIR IMPACT ON RESIDENTIAL CARE

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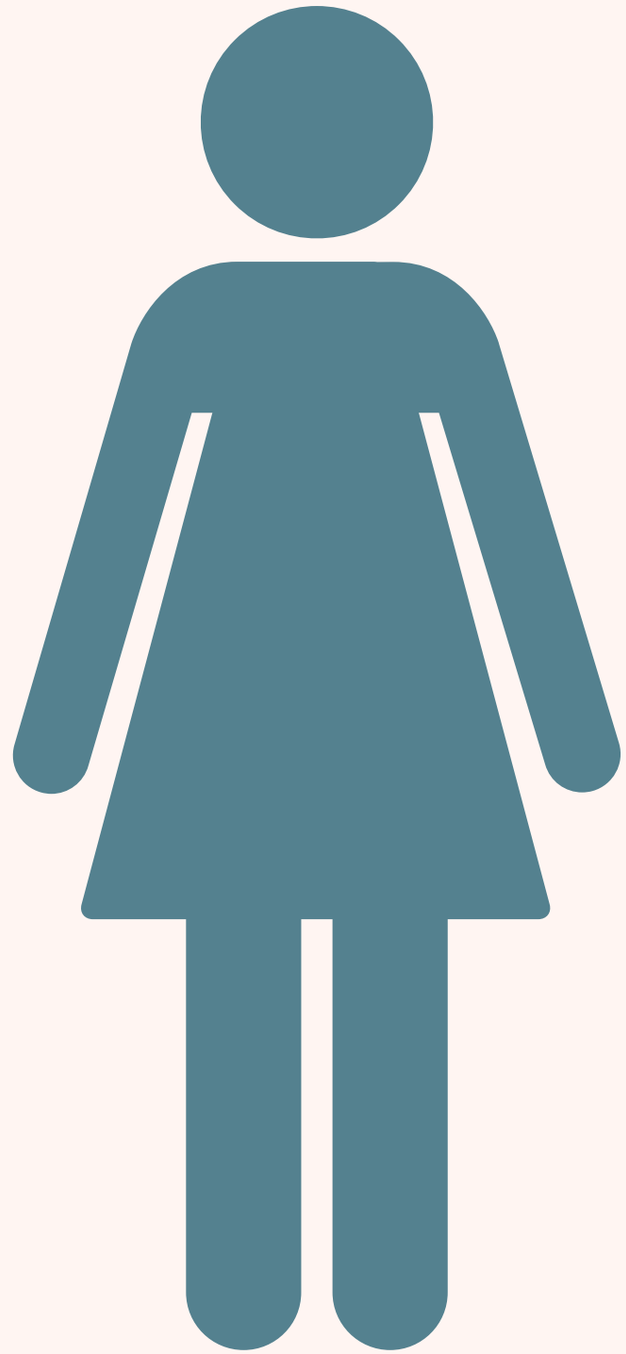
REFLECTIVE QUESTIONS

Of ourselves as people and professionals, and of our work and professions

- How can we protect and assist a child in building resilience from challenges that we are unaware of?
- How can we build an authentic relationship when we only know the parts of the child we are able to see?
- How can we ensure we are positive about their identity if we are unaware of our own unconscious bias?
- How can we help a child to be personally and socially responsible if we are not personally and socially responsible?

MEET BILAN

To illustrate these frameworks, we will be considering the example of a child: Bilan



Bilan is a **14-year-old Black British Somali girl** with a **larger body type** from a **low-income** family. Bilan has always lived in **Hackney**. Bilan's parents are both **Somali** and came to the UK 20 years ago. Bilan has three brothers, she is the oldest and the only female. The youngest Cawo is 10, Casho is 12, and Xirsi is 13. None of Bilan's brothers are in care.

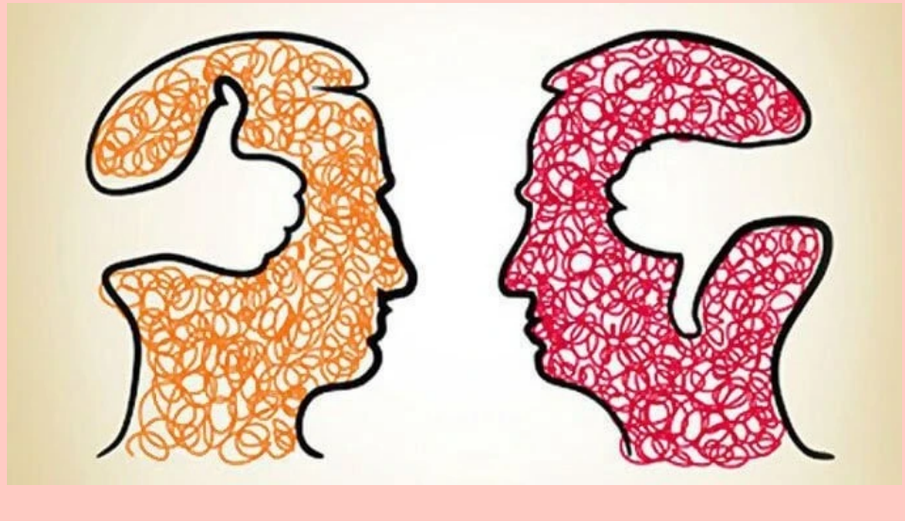
Bilan sometimes seems to do things that are inconsequential or **impulsive**, sometimes she finds it hard to concentrate.

Bilan was brought into care when she was 11 years old after a safeguarding call from the doctor, which informed social services that she had suffered a case of FGM. Bilan's parents are currently being investigated for child abuse.

UNCONSCIOUS BIAS

Unconscious bias refers to the '***automatic***' judgments we all make about people based on their identity. These judgments occur without conscious awareness and are influenced by societal stereotypes, messages from those around us, our background, personal experiences, social norms, cultural conditioning and the media.

Our brains process around 11 million pieces of information per second, but we only consciously capture around 50. This often leads us to take mental **shortcuts**, and unconscious bias is one of them. It can lead to both favouritism and 'unfavouritism': bias, as biases influence our decisions without our awareness.



The historical, evolutionary, and psychological development of unconscious bias is complex. Studies have shown that unconscious bias is also seen in other animals, suggesting it is an **evolutionary** trait, developed to promote **survival**.

It is imperative that, in understanding unconscious bias, we separate it from conscious bias and **discrimination**. When our bias has **power** behind it, it will become discrimination and have incredibly negative effects on those affected.

We must be **aware** of where we are **perpetuating** and **creating unconscious bias** within the homes, via our actions and language. For example, are we conscious about ensuring it is not only female practitioners cooking and cleaning? Are we mindful of the language we are using? Are we intentionally educating ourselves? Are we open to learning? More importantly, are we open to learning from the children?

CONSIDERING UNCONSCIOUS BIAS IN THE LIFE OF BILAN AT SCHOOL

- **The head teacher of Bilan's school has had some previous experience working with *looked-after children*. Two previous students of theirs were looked-after children, and both caused lots of *disruption*. Much of which had severely negative consequences on other children at the school. As a result of this experience, the head teacher has requested that Bilan be excluded from school trips due to fear of the same disruption. The head teacher told Bilan that they are not being excluded, they just don't have the means at the moment to include her in school trips, because the social worker gave permission to attend the trip last minute.**

YOUR REFLECTIONS?

HYPOTHESIS

- It is possible to hold unconscious beliefs about various social and identity groups, and they can be incompatible with our consciously held values.

Thinking further about the unconcious bias in the life of Bilan at school

- **Gender Bias: When someone unintentionally, unconsciously, attributes certain attitudes and stereotypes and acts on this preference, one gender over another.**
- **Confirmation Bias: Tendency to seek out information that confirms pre-existing views.**
- **Conformity Bias: This occurs when we change our opinion to match that of a group.**
- **Affinity Bias (Similarity Bias): Favouring people similar to us. Question – Bilan and you like paintballing, would you prefer to take her paintballing, rather than another to football?**
- **Contrast Effect: Judging people by comparison. Question - Bilan gets on well with another member of staff, would you likely mirror the behaviour of this member of staff?**
- **Anchor Bias: Relying heavily on the first piece of information we receive. Question - How is the looked-after status of Bilan influencing decisions, feelings, and assumptions about her?**

Unconcious Belief

She’s very grown up

(Because she a black girl, and bigger bodied).

Reaction

Treated like an adult, not a child in distress

Real World Impact

Denied emotional support, held to unrealistic standards, more likely to be punished than protected.

Unconcious Belief

She’s lazy and unhealthy

(Because of her body size and low income status)

Reaction

Blames her for fatigue, ignores medical or emotional factors

Real World Impact

Misdiagnosis, lack of care, shame, and avoidance of seeking help.

Unconcious Belief

Her and her family don’t understand how things work here

(Because she’s Somalian)

Reaction

Professionals over-explain or ignore personal perspectives

Real World Impact

Disempowerment, lack of collaboration, breakdown of trust.

TACKLING UNCONSCIOUS BIAS

- things we can do

- ***Awareness*: Countering and minimising our unconscious bias requires being aware of our unconscious biases, consciously identifying them. We cannot manage what we are unaware of.**
- ***Questioning rhetoric around us*: questioning which groups you are likely to favour/disfavour and why, and what stereotypes you apply to them.**
- ***Identify Patterns*: Are there specific scenarios or groups where you notice patterns? e.g. does your assessment of your physical safety affect any decisions?**
- ***Slow Down*: taking time to respond thoughtfully, processing, making fewer judgments and assumptions.**
- ***Communication*: speaking about our evaluation and experience, confirming or challenging unconscious bias.**
- ***Education*: establishing reality and what goes into making a stereotype.**
- ***Structuring the lifeworld*: taking intentional steps to act differently, challenge biases, and ensure more equitable behaviour, e.g. a cleaning and cooking rota involving men and women equitably.**

INTERSECTIONALITY

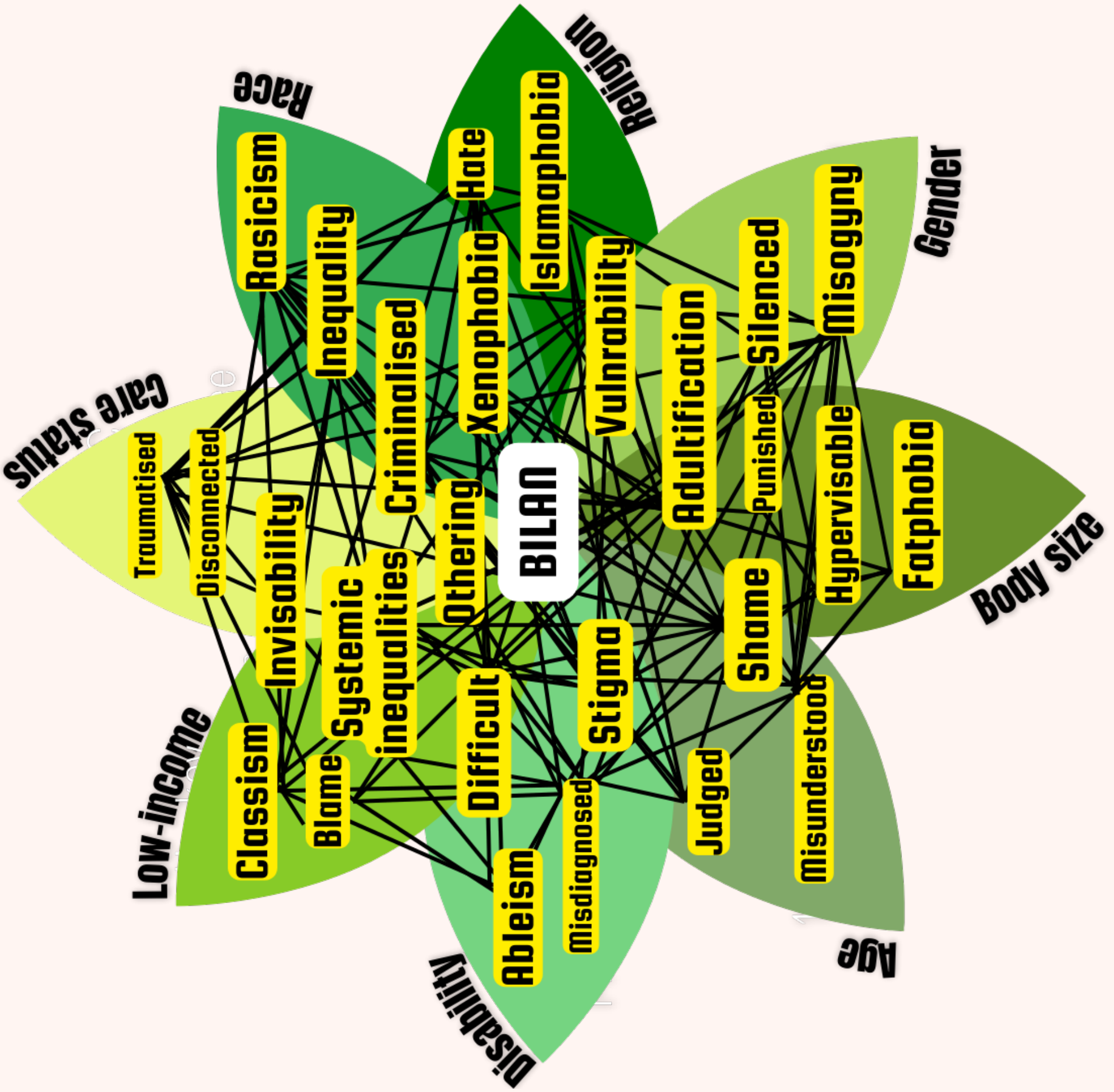
The concept of intersectionality has been developing for many years. Kimberlé Crenshaw introduced the term "intersectionality" in 1989. The reason Crenshaw coined the term was to describe how different aspects of identity, such as race and gender, intersect and create compounded forms of discrimination or privilege. In likening intersectionality to a traffic junction, where accidents can be caused by cars coming from multiple directions, Crenshaw is assisting us to recognise people as the sum of their parts, acknowledging that these identities overlap and intersect in complex ways.

Our society is a **kaleidoscope** of **backgrounds**, **cultures**, and **experiences**. These **overlapping** identities create unique experiences of **discrimination** or **privilege**, and it is essential to acknowledge how these elements intersect and **compound.**

In Residential Child Care, it is important that we understand how the child came to be the person they are. Recognising intersectionality supports this task through bringing an understanding that people's experiences are shaped by a blend of factors, including (but not limited to) age, background, gender, financial status, and where they grew up. It helps us to appreciate each individual's **complexities** and makes people feel **seen** and **valued** for who they truly are.

"If you can't see a problem, you can't fix a problem."

- Kimberle Crenshaw



Bilan's kaleidoscope

SOCIAL IDENITY THEORY

An individual's sense of self is shaped by the social groups to which they belong, and these influence how individuals see themselves and their self-esteem, and also how they perceive and interact with others.

Differentiating self and social identity

Self = what makes a person different from others, e.g. hobbies, education, music choice.

Social identity = what makes them similar to the groups they are a part of (in-group), and different from those they are not (out-group).

Social identity groups can give you a sense of:

- **Belonging: connection and comfort - not alone in your experiences or perspectives.**
- **Purpose: group affiliations bring shared goals, giving direction and purpose**
- **Self-worth: self-esteem - pride from group achievements and positive group image.**
- **Identity: a framework to understand oneself in the context of a larger community, shared attributes, values, or goals.**

Social identity theory stages

1. Social categorisation - individuals classifying themselves and others into certain social groups - to understand ourselves, and the environment.

2. Social identification - individuals adopt the identity of the group, characteristics, norms, values, and behaviours.

3. Social comparison, where individuals compare their group to others with a likely bias in favour of one's own group (affinity bias!). In rivalry, 2 groups compete in order for the members to retain their own personal self-esteem.

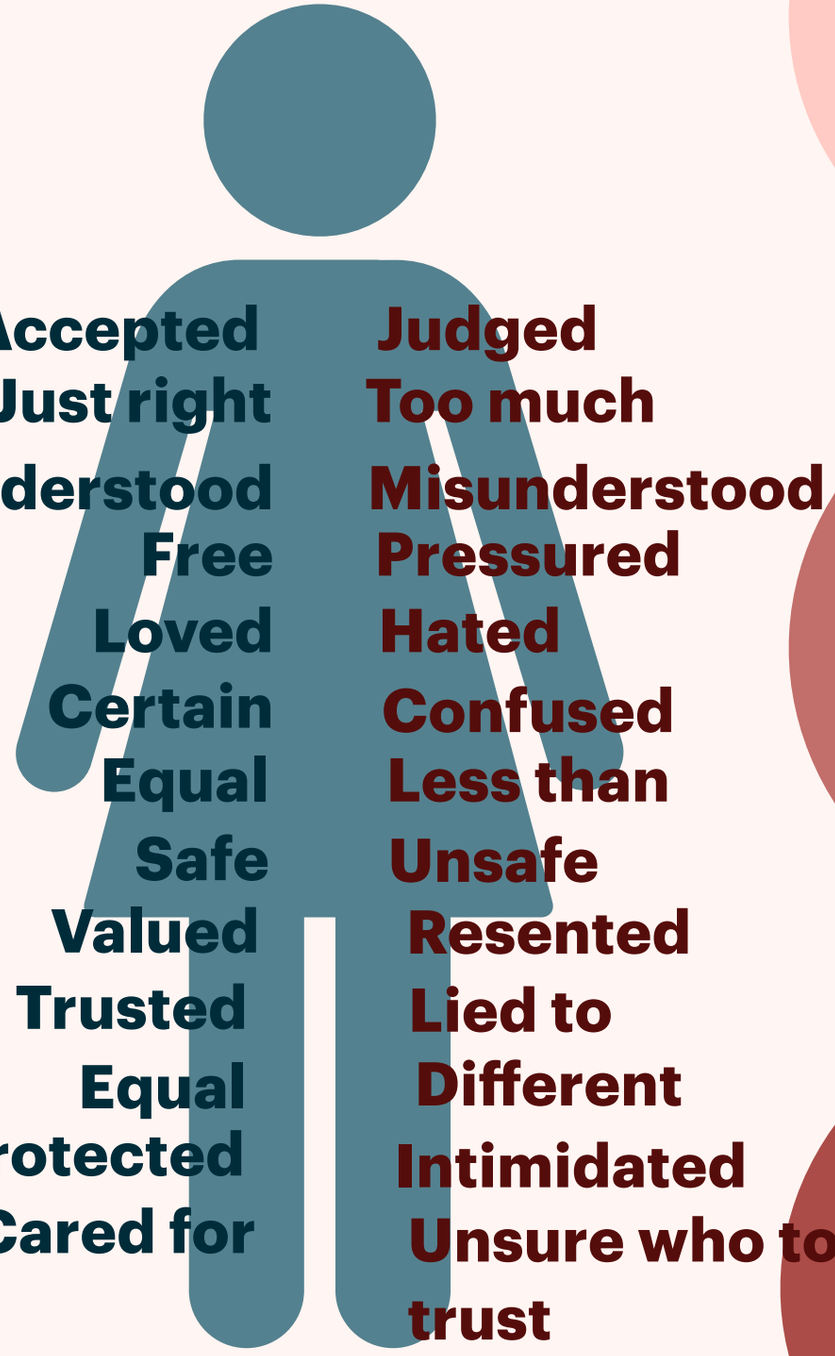
COULD BILAN FEEL....

Home

Judgemental
Liars
Incapable
Misunderstanding
Different
Fake
Unknown
Scary

Unknown

Inquisitive
Caring
Inclusive
No judgment
Protective
Fun



Accepted	Judged
Just right	Too much
Understood	Misunderstood
Free	Pressured
Loved	Hated
Certain	Confused
Equal	Less than
Safe	Unsafe
Valued	Resented
Trusted	Lied to
Equal	Different
Protected	Intimidated
Cared for	Unsure who to trust

School

Incapable
Misunderstanding
Hostile
Resentful
Liars
Judgmental
Different

Family

Intimidating
Untrustworthy
Dangerous
Contradictory
Incapable
Confusing
Belonging

Who could the unknown be....

Thinking of an intersectional theraputic care plan for Bilan

Area of Care	Basic Residential Care Plan	Intersectional Residential Care Plan
Identity	Notes ethnicity and age. No deeper exploration.	Recognises Bilan's overlapping identities: Black, female, Muslim, Somali, survivor of FGM, larger-bodied, from a low-income background. Plans care with these layers in mind.
Cultural Needs	Provides halal meals, notes background.	Explores possible trauma/fear around Somali/Muslim identity due to FGM. Offers culturally competent mental health support. Aims to preserve cultural pride while addressing trauma.
Mental Health	Refers Bilan to CAMHS for attention issues.	Uses trauma-informed, culturally aware therapy. Recognises how race, gender, and body image intersect in her mental health. Seeks Black female therapist or culturally competent practitioner. Aware of the crossover symptoms of ADHD and trauma
Emotional Wellbeing	Monitors mood and behavior. Provides generic support.	Addresses potential fear of adult men, supports with female key workers. Supports Bilan in navigating internalised shame around culture and body. Develops safety plans for dysregulation.
Health	Tracks physical health. Notes history of FGM.	FGM addressed sensitively with access to survivor support. Non-pathologising approach to body size. Supports positive body image. Health is approached holistically.
Education	Notes concentration problems, informs SENCO.	Investigates neurodivergence (ADHD), provides trauma-informed learning support. Prevents school from mislabeling her behavior. Connects identity to learning challenges.
Sex and Relationships Education	Refers to standard PSHE curriculum.	Aims to deliver bespoke, trauma-informed RSE. Ensures consent and bodily autonomy are emphasised. Avoids retraumatisation. Aims to discuss sex positively within safe contexts.
Family Contact	Sibling contact encouraged. No parental contact.	Aims to enable safe, sibling bond for emotional stability. Parental contact is kept restricted but explored therapeutically if safe.
Social Development	Encouraged to attend group activities.	Encouraged to join culturally relevant or body-positive peer groups. Promotes social spaces where identity is affirmed.
Staff Training	Generic safeguarding and trauma awareness.	Requires staff to have anti-racist, body-positive, trauma-informed, and culturally competent training. Focus on intersectional care.

Components of identity that contribute to the concept of intersectionality, that can be included in an Intersectional Therapeutic plan

- Age
- Financial status
- Weight
- Sexuality
- Gender
- Class
- Race
- Location (where they are living)
- Religion
- Food
- Music
- Gender Identity
- Physical Appearance (eg, ‘Good looks’).
- Language and fluency
- Disabilities
- Mental Health
- Education
- Care Status

Thank you!

ANY QUESTIONS?