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NATIONAL CHILDREN'S BUREAU
Part of the family

Thinking together about anti-discrimination and allyship

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Important to say upfront

- It’s a journey, not a destination
- It’s not all plain sailing
- I am not a world-leading expert (in anything!)
- RiP is continuously learning and iterating; we have not got it all cracked
- Take care of yourselves and each other



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Thinking about language

- Language matters – and sometimes we might feel so worried about getting language wrong that we don't say something when we need to…
- Black and Global Majority? Racially minoritised people/groups? People of Colour? People facing racism? Black and Brown people? (and why we don't use 'BAME')
- LGBTQ+ people? People with LGBTQ identities? Lesbian, Gay and Bisexual people? Trans and non-binary, or trans as umbrella term? Queer? The LGBTQ+ community?
- People with disabilities? Disabled people? Autistic? Neurodiverse/ neurodivergent / neuro-atypical? Deaf people?
- Citizens? Clients? Service users? Children and families?
- **What language and terminology do you use locally?**

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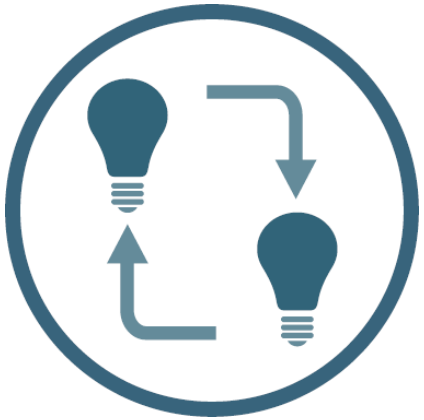
OPTIONAL opening activity

Think of a place / space / context / group where you know you *belong*…

What makes it feel that way?



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Working Together 2026

- Local authorities consider the economic and social circumstances impacting children, young people, and families and actively seek to **address discrimination and inequality experienced by families** (p10)

- the Equality Act 2010, which puts a responsibility on public authorities to have **due regard to the need to eliminate discrimination and promote equality of opportunity**. This applies to the process of identification of need and risk faced by the individual child and the process of assessment (p12)

- Local safeguarding partners need [to be**] creating an anti-discriminatory environment** in which it is safe to challenge, including assumptions and bias that relate to race, ethnicity, sex, disability, and sexuality (p14)

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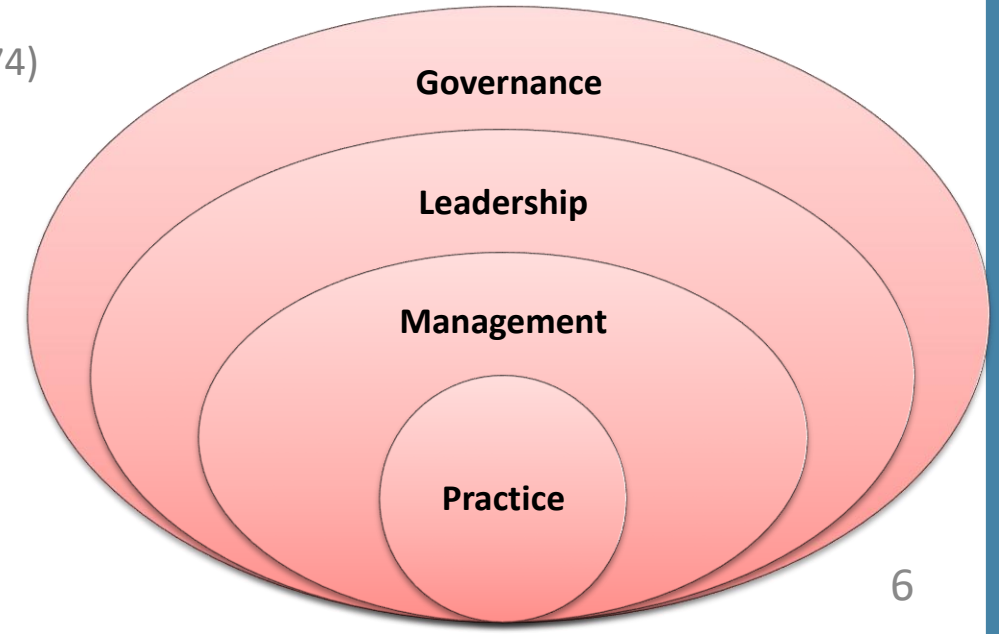
Anti-racist workplaces

- Know it is a non-linear journey with detours and pitfalls
- Intersectionality as solidarity “the only good kind of whataboutery” (My colleague Lauren)
- Learning not training; multi-level CPD, think system
- Never make those facing racism bear the emotional labour of educating others
- Micro-aggressions, mentalising and weathering (Geronimus, 2021)
- Self-awareness and Critical Consciousness (Freire, 1974)
- Cultural humility, respectful curiosity
- Calling in > calling out
- Representation is not enough
- Politically savvy



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Neurodiversity in the workplace

- Everyone is neurodiverse, est. 1/7 are neurodivergent (Walker, 2021; Fletcher-Watson, 2021)
- Social model of disability applies to the workforce – Contextualised; person-centred; social notion of barriers; acceptance / adaptations (Guthrie & Solomon, 2024)
- Myths and misconceptions…'lacking empathy' / 'poor communication skills' (Barnes, 2022)
- Highly heterogenous experiences, including re assistance and adjustments
- Strengths-based conceptualisation (*and* recognising challenges)
- Overt, covert, interpersonal, institutional and infused ('internalised') ableism
- Our own experiences, attitudes and biases shape our leadership…

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Neuro-inclusive anti-ableist workplaces

(Guthrie, 2024)

- Mentalising through a ND lens:
  - Assumptions – check your biases re normalcy / acceptable behaviour or processing
  - Behaviour – how is your framing shaping your responses and behaviour
  - Cultural humility – proactive curiosity, ongoing learning, power conscious
- Identity first language (with some exceptions), BUT led by person
- Beware privileging diagnosis (barriers); start with strengths
- Some things that really matter for (some) ND colleagues are good for everyone – agendas in advance; explicit clarity; space to digest; permission to ask questions
- Staff support networks
- Taking our own medicine – inc beware infantilising

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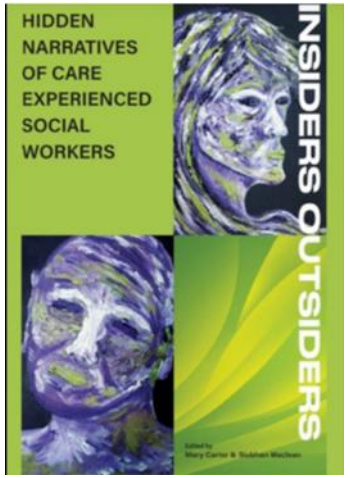
as a care experienced person you will understandably experience inner conflict. At the beginning of my social work career I found this immensely difficult to overcome, as your feelings are telling you something whereas policy and legislation are telling you another. (Steven, SW)



I have never been able to discuss the dichotomy of being care experienced and working in social care. I often found myself wondering where I fitted. (Marie, SW)

One of my colleagues shared with me that I needed to be careful at work as they were aware that management had been questioning whether some of my emotional responses were provoked due to me growing up in care; I was so disheartened to hear that. (Annette, SW)

"I've never shared with anyone at work my care experienced past because I feared judgement and 'reduction' to only that side of me" (Karin, SW)

care experienced people don't stop becoming care experienced once our files closed. I am senior social worker now and the importance of my care experience has not lessened. My care experience is a large part of my identity ..15 years on (Marie, SW)

One manager literally outed me, in a meeting – talked about the domestic abuse. And another one made a big fuss about how proud she was to see me doing well - (Lou, SW)

…accusations of being 'too close', 'too involved', 'not having the distance needed', and other such phrases. (David, SW)

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Trauma-informed workplaces - social / care-experienced colleagues

- Stigma and shame thrive in dark quiet spaces… It matters what we say and don't say, in public, in private and in organisational policies
- Assumptions re capabilities – imagine a doctor, etc
- Beware 'toxic kindness' – being proud is not a defence under GDPR
- Othering – anti-oppression is not an intervention, it's a mindset.
- Language matters - lived experience and learned experience are **not** mutually exclusive.
- Note where the emotional labour falls
- Support networks, regional / sub-regional collaboratives

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- What practical actions would help to make your workplace ‘inclusive by design’?
- How do you model with each other the kind of anti-discriminatory inclusive practice that families deserve and need?

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Working Together 2026

- Effective partnership working with parents and carers happens when practitioners build **strong, positive, trusting, and co-operative relationships** by…ensuring they **understand the families' background, ethnicity, religion, financial situation, ability, education, sex, ages and sexual orientation, and potential barriers these create** in seeking and accessing help and support (p14)
- Assessments: recognise and respect the **individual and protected characteristics** of families, including the ways in which **these can overlap and intersect**, ensuring support reflects their diversity of needs and experiences (p62)
- Recognise how **trauma, racism, discrimination, and past experiences with services affect relationships** and adapt practice accordingly, respecting the importance of different cultural models of parenting and family life (p49)

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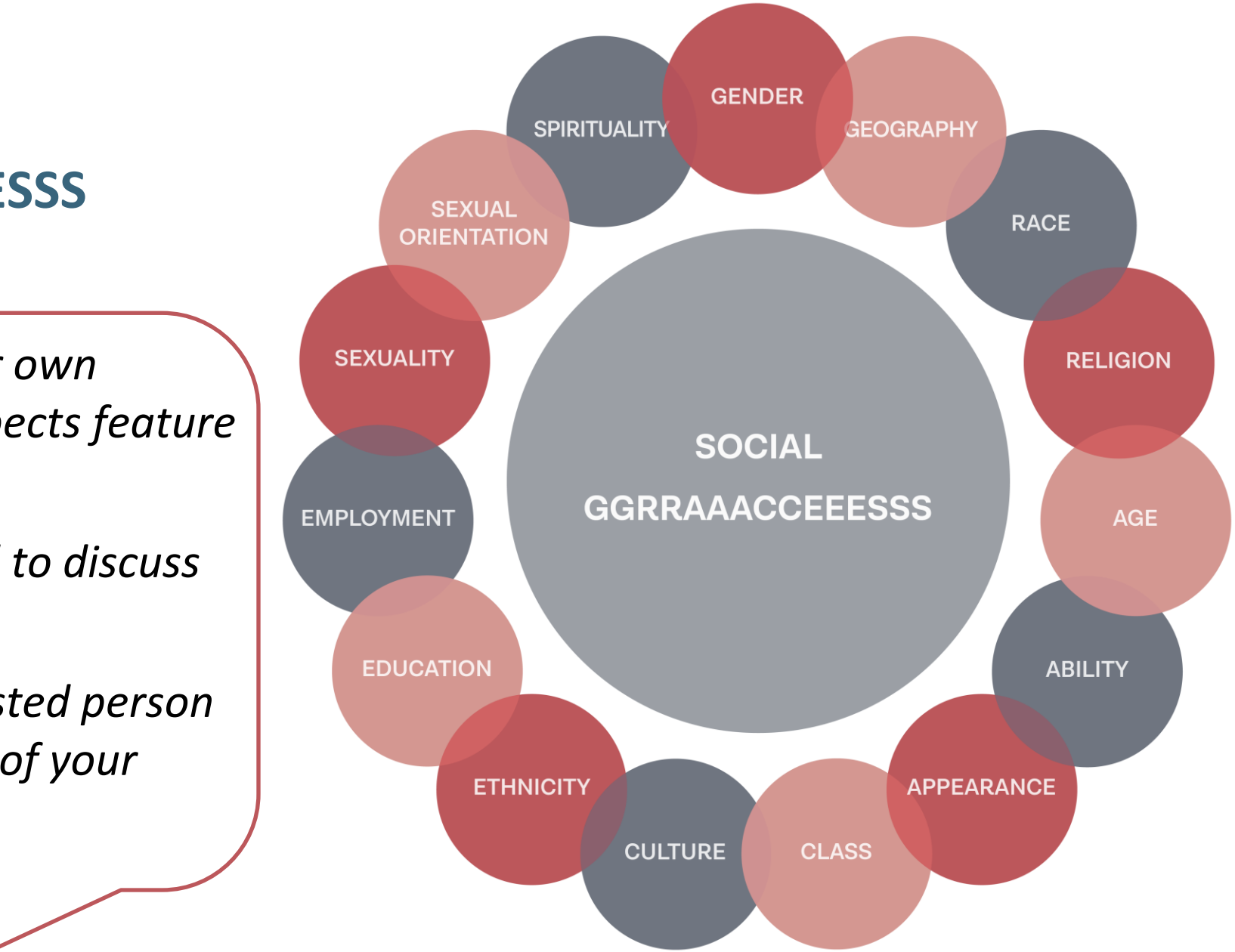
Social GGRRAAACCCEEESSS

When you think about your own identity, which of these aspects feature most prominently?

Do any feel sensitive / hard to discuss with a stranger?

How would you want a trusted person to ask about these aspects of your identity?



Burnham, 2012 (based on (1992, 1993) and Roper Hall (1998))

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Even the best tools can't 'do DEI' for us…

- Child's hair is clean and brushed daily
- Kitchen utensils and evidence of home cooking
- Parent/carer regularly reads stories to the child
- Family sit and eat together
- Age-appropriate toys available
- Child/ren are supervised
- Parent/carer supports homework



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Trauma-informed *and* structural / contextual

- The harms experienced by children are embedded in wider social, economic, cultural and political contexts (Featherstone et al 2014)
- Strong association between families' socio-economic circumstances and childhood abuse and neglect
- Poverty and trauma exacerbate one another and limit a young person's chances of achieving interpersonal, economic or social safety.
- Connects to intersectional lens re discrimination and prejudice
- Some research suggests intergenerational experience of trauma
- Important to acknowledge structural discrimination…as one aspect of trauma alongside individual and family issues. (Spacey & Thompson, 2021)

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What helps you do this well?
What would help you do it even better?

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Multi-agency expectations for strategic leaders	Multi-agency expectations for senior and middle managers	Multi-agency expectations for direct practice
create an **inclusive and anti-discriminatory culture** where diversity is understood, and multi-agency and multi-disciplinary working is celebrated	managers **support staff to identify and challenge discrimination, disparity, and negative stereotype**s (p16)	**challenge themselves and each other**, question each other's assumptions, and seek to resolve differences of opinion in a restorative and respectful way…includes providing feedback, advice, and strategies to **challenge racism and discrimination**, and modelling constructive and effective strategies to respond (p17)
What is already helping you to meet these requirements? What needs to improve? How?		

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Addressing white privilege, fragility and resistance

- White privilege does not mean that white people don't experience difficulties, just that skin colour does not cause / add to difficulties. *"I don't see race"* is an expression of white privilege.
- White people are insulated from 'race-based stress'. (DiAngelo, 2011:p. 54) So, the experience of white privilege results in 'white fragility'. Can trigger emotions (fear, guilt, anger or denial). Responses might include:
  - *Withdrawal and/or silence, changing the subject or closing down the conversation*
  - *Minimising what is being said (ignoring the nature of 'weathering')*
  - *Reacting angrily or dismissively.*
  - *White tears; Performative allyship / self-advocacy.*
- *"but I'm not racist"*... Good to hear! But absence of overt racism is a low bar
- *"it's natural to relate to some people more than others"*... if true, we need to 'bake in' anti-racist structures to counter this bias.
- *"Why are you making everything about race?"* Not saying everything is about race, but racism **is everywhere** and intersects with other forms of oppression... of course we need to talk about that!

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- How do you talk about anti-racism with people who think differently / disagree with you?
- How do you respectfully challenge colleagues… or families?

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Stay safe, be smart

- When the world feels frightening and painful, this work is especially hard. And even more necessary.
- Beware unhealthy responses (dissociation / helplessness; hyper-outrage; hyper-vigilance; and more)
- Take care of yourself, your colleagues, your communities and partners.
- Reject the culture war stuff. Stick to the evidence, the ethics and the ethos.
- Let the policy (or law) take the strain…



"Going high does not mean putting on a smile and saying nice things when confronted with viciousness and cruelty. Going high means finding the purpose in your rage. Rage without reason, without a plan, without direction is just more rage. And we've been living in a lot of rage."

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- How will you ensure all this hard work is ‘baked in not bolted on’?
- How will you ensure there are spaces where you can safely disagree, mis-step, feel vulnerable… and ‘top up your tanks’?

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- Supporting neurodivergent practitioners in your social care organisation: Video learning resources | Research in Practice
- https://www.autisticsocialworker.co.uk/ and Home | The Neurodivergent Social Worker
- Supporting children and young people who identify as LGBTQ+: Frontline Briefing (2025) | Research in Practice
- Anti-racist systems leadership to address systemic racism: Strategic Briefing (2024) | Research in Practice
- Supporting Parents with a learning disability - the role of adult services: Research Briefing (2026) | Research in Practice
- Intersecting inequalities: Child social care involvement and youth justice contact | Research in Practice
- On leadership that leads to racial justice | The King's Fund
- ACESCW.pdf

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