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Doctoral Thesis

**What are Managers' Experiences of Managing Staff Teams with Experiences of Racism in Homeless Services?**

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**Statement of Total Word Count for the Thesis**

| | Main text | Appendices (including references, tables and figures) | Total |
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| Thesis Abstract | 266 | - | 266 |
| Part 1: Literature Review | 8000 | 8331 | 16,331 |
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# Thesis Abstract

This thesis explores how managers of homeless services manage experiences of racism among their staff teams. It comprises of four parts: a literature review, research paper, critical appraisal and ethics section. The literature review is a thematic synthesis of racialised social worker's experiences of racism in the social work sector. Data from 12 papers were synthesised using a thematic synthesis approach, producing five themes: 1. Discriminatory treatment, 2. Strain on resources, 3. Complexities of identity and role, 4. Oppressive whiteness, and 5. Strengths, values and resistance. Findings indicate racialised social workers experience oppressive treatment, leading to a drain on resources and difficulties navigating their position in the profession. White peers enact defensive mechanisms creating barriers to change, and structural racism impedes appropriate anti-racist teaching and practice. Recommendations include increased support for racialised social workers, exploration of institutional whiteness, and greater accountability within leadership to instigate change. The empirical paper explores how managers manage experiences of racism in their staff teams in homeless services. Nine managers of homeless services participated in individual, semi-structured interviews. They were analysed using thematic analysis and generated three themes and two subthemes: 1. Structural barriers, 1.1. Vague frameworks, 1.2. Whiteness in services, 2. (Mis)understandings of racism, and 3. White ignorance. Findings indicate guidelines to manage racism are vague and understanding of the complexities of racism are not captured within leadership. Recommendations include developing and embedding anti-discrimination policies and practices and recognition within homeless services of how whiteness manifests. The critical appraisal explores the broader context of psychology and racism in Britain, my whiteness, terminology, and analysis of the research process.

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**A Thematic Synthesis**

Word count (excluding references, tables and appendices): 8000

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## Abstract

This systematic review explores national and non-national social workers' experiences of racism in social work training and employment in the United Kingdom (UK). The review included qualitative and mixed-method studies where qualitative findings could be clearly extracted, based on UK settings and exploring racialised social workers' experiences. The search was conducted on 20th November 2023 using Medline, CINAHL, PsycInfo, Scopus and Web of Science databases. The papers were synthesised using thematic synthesis. Twelve studies with a total of 373 participants were included in the final synthesis. Eight studies were based on prequalified social workers in training. Five themes emerged: 'discriminatory treatment, 'strain on resources', 'complexities of identity and role', 'oppressive whiteness' and 'strengths, values and resistance'. The review found racialised support workers face additional challenges at a cost to academic progress and professional wellbeing. It highlights social work needs to go further in recognising the need to develop support structures for racialised staff and integrate issues relating to racism and whiteness in teaching and practice. A greater focus on systemic racism and whiteness is needed to address root causes of racism in social work, ensure service and training programme accountability, and embed anti-racist practice.

*Keywords:* social work, racism, workforce, employee, thematic synthesis

## Introduction

The British Code of Ethics for Social Work stipulate a legal obligation to 'embrace and promote the fundamental rights of all people, irrespective of aspects of their identity' (British Association of Social Workers, 2021). This includes social justice, whereby social workers should actively reduce oppressive systems and promote equity (Fazzi & Nothdurfter, 2021). They expect social workers to respond to harm, abuse and resistance to change, continue with professional development and critically reflect on themselves, and maintain respectful relationships with colleagues. Singh (2014) argues these standards aim to support an inherently anti-racist work force. However, major political pushback and a shift in political ideology due to the rise of postmodernism and neoliberalism promoted a shift towards individual rights. This amplifies clients' voices and celebrates individual diversity, at the expense of recognising wider, structural inequalities and issues of intersectionality. For instance, The Race Relations (Amendment) Act 2000 necessitated public organisations act upon incidences of racial discrimination (Coxshall, 2020). However, replacement with the Equality Act 2010 increased protection of individual characteristics yet concealed institutional and structural forms of racism (Equality and Human Rights Commission, 2019), and anti-racism initiatives in social work were dropped or weakened. For instance, the official commitment to anti-racist practice was removed from the Diploma for Social Work in the 1990s (Singh, 2014). Social work is now less focused on racism (Sing, 2014; Coxshall, 2020; Giroux, 2006), and was described as an 'increasingly uncritical tool of the UK government's social authoritarianism' (Gilligan, 2007, p.735). Where social work once strived to be politically progressive, it has now become 'managerial' (Singh, 2014, p.25).

**Racialised social workers undertaking a career in social work**

Approximately 26% of social workers in adult social services are racialised (Skills for Care, 2023a; ethnic group breakdown undisclosed), and 24.7% of social workers working with children and families in England are racialised (Gov.UK, 2023; grouped as 14.1% 'Black, African, Caribbean and Black British', 6.1 % 'Asian and Asian British', 3.5% 'Mixed and multiple ethnic groups', 1% 'Other'). In Children and Families services, this has increased from roughly 1 in 5 social workers in 2017 to 1 in 4 in 2023 (Gov.UK, 2023). The proportion of racialised social work students in British programmes has increased from 29% in 2009/2010 to 39% in 2021/2022 (Skills for Care, 2023b; ethnic group breakdown undisclosed). As the proportion of racialised professionals in the workforce increase there should be robust anti-racist structures to support them.

Racialised social work students appear more likely to experience multifaceted difficulties through training than white peers. They are more likely to achieve lower grades and fail modules (Bartoli, Kennedy & Tedam, 2008), take longer to complete (Channer & Doel, 2009), and have major concerns raised about them (Bartoli, Kennedy & Tedam, 2008). They are also more likely to juggle multiple personal responsibilities than their white peers, adding to the strain of studying (Bernard et al., 2010), be positioned as expert on racial issues by superiors, and be recruited for this purpose without appreciation of their skills (Channer & Doel, 2009; Singh, 1992).

Social work training programmes have failed to take a 'global perspective' by not training social workers with appropriate knowledge or skills to work with people from diverse backgrounds (Mbarushimana & Robbins, 2015, p. 139). Therefore, racialised social workers are no more likely to be equipped to be culturally competent than their white colleagues, and there are risks in trying to be (Harrison & Turner, 2011). A high-profile example is the case of Victoria Climbié, who died aged 8 from sustained abuse by her great-aunt and her partner

(Laming, 2003). Victoria was from the Ivory Coast, and her social worker, Lisa Arthurworrey, was of African-Caribbean descent. Lisa admitted making assumptions about Victoria's behaviour in the presence of her great-aunt and her partner as being due to her culture (John, 2001; Chand, 2003). After Victoria's death Lisa Arthurworrey lost her job, yet Victoria's parents described her as a 'convenient scapegoat' for her senior managers (BBC, 2008). Laming's subsequent review criticised senior management for not appropriately supporting front-line staff with Victoria, and then unfairly blaming them while remaining secure in their own positions (Laming, 2003). Yet Chand (2003) argued the review could have done more to examine racial issues. Victoria Climbié's case highlights the risks of putting racialised social workers into professional positions where they need to rely on their own personal cultural competences, without specific training and proper managerial support.

Racialised social workers also find racialised clients can have greater expectations of them than of their white colleagues. For instance, clients may expect them to mediate between themselves and the service (Chand, 2008). This can cause internal conflict navigating where loyalties lie (Webb, Maddocks & Bongilli, 2002), and make it harder to form trusting relationships with clients due to being representatives of powerful white institutions (Wainright, 2009; Mbarushimana & Robbins, 2015). Compounding this are institutionally racist policies social workers are expected to follow. Unison (2024) said 'social workers are on the frontline of the government's attempt to create a hostile environment for asylum seekers and refugees' (p. 3), which the European Network Against Racism (2016) argues is motivated by racism. The Refugee Council (2021) criticised the Nationality and Boarders Act (Legislation.Gov, 2022) for criminalising refugees, and the Immigration Acts of 2014 and 2016 (Gov 2014; Gov, 2016) restrict refugee and asylum seeker's access to health and social care. Robinson (2014) found lack

of structural support made it extremely challenging for social workers to appropriately help

refugees and asylum seekers. The Counter-Terrorism and Security Act 2015 legally mandates

specified authorities, including social workers, comply with Prevent Duty guidance (HM

Government, 2023), which was established to 'reduce the risk from terrorism to the UK' (p. 3).

However, Iriss (Small, 2023), a social work charity organisation in Scotland, criticised

PREVENT's impact on social work for imposing a relational shift from establishing care and

trust to policing vulnerable people.

These issues exist within the narrative of post-racialism, which proposes racism is

resigned to history and no longer requires examination or challenge (Clarke, 2023; Crenshaw,

2011). The 'postracial paradox' (Goldberg, 2015, p. 11) purports people now live free from

oppressive racial parameters. Through the 20th century, the British government denied the

existence of its colonial history, its integration of racism in social formation, and its impacts on

national policy frameworks (Lewis, 2000). For example, the Children Act 1989

(Legislation.Gov, 2024) codified parental and local authority rights and responsibilities regarding

children, and race was a required consideration. Yet Lewis (2000) criticised this clause for its

weakness, ambiguity, and blindness to institutional racism. In present day, British Government

official statistics show racially motivated hate crime is increasing in England and Wales, from

37,484 in 2013/2014 (Home Office, 2014) to 101,906 in 2022/2023 (Gov, 2023).

**Colonial legacies**

Britain's colonial history invested in empowering whiteness to sanction superiority and

control over the colonised (Clarke, 2023), rationalising a cheap workforce and extraction of

resources from racialised communities (Tarlow, 2024). White supremacist narratives encoded

certain characteristics such as civility and respectability as white traits, which became

normalised within British identity and now exist as norms against which others are measured.

This normativity grants white privilege and conceals whiteness from criticism (Clarke, 2023).

Critical Race Theory (CRT) is a framework that conceptualises colonial legacies in present-day

Britain. It proposes racism exists inherently within institutions, which enables white people to

enjoy economic and political advantage at the expense of racialised people (Delgado &

Stefancic, 2017). The systems in which we exist are not neutral, and racism is not irrational, or

accidental, but structural (Afzal, 2023). It can thus be argued that the greater responsibilities

racialised people shoulder are designed within racially hierarchical political and legal systems to

advantage white peers (Delgado & Stefancic, 2017). Ahmed (2007) describes how white people

'inherit the reachability', whereby white people are afforded ease of access to things not afforded

to racialised people (p. 154). Additionally, Puwar (2004) describes the disruption and

disorientation when spaces predominantly occupied by white people are 'invaded' by racialised

people (p. 8) and suggests racialised people may experience hostility and exclusion in their

attempts to exist within white spaces. This places accountability not with those who struggle but

with the system itself.

Considering Britain's colonial legacy, social work's shift away from anti-racist practice

and the growing proportion of racialised social workers, racialised social workers' experiences of

racism should be explored. This review aims to explore and integrate findings from papers

examining student and qualified racialised social workers' experiences of racism in the UK.

## Method

### Identifying relevant literature

The Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA) guidance and checklist were followed for clarity of reporting (Page et al., 2021). The review included all papers that collected data qualitatively or used a mixed methods approach to explore, at least in part, racialised social workers' experiences of racism (Table 1).

ChatGPT assisted search term development (Table 2). To capture as many relevant articles as possible, these were intentionally kept broad. For instance, racism was also explored using terms like racial prejudice, bias, intolerance, hatred and profiling, bigotry, ethnocentricity, xenophobia, hate speech, supremacy, and colourism. Boolean operators were used and a proximity search was included. Four terms were generated to encapsulate the population, nature of experience, location and profession. These were then searched using the formula: Term 1 AND Term 2 AND Term 3 AND Term 4 (Table 3).

Five databases were systematically searched on 20<sup>th</sup> November 2023: Medline (340 articles), CINAHL (331 articles), PsycInfo (396 articles), Scopus (1 article) and Web of Science (6 articles; Figure 1). All articles were imported onto an Endnote file and duplicates removed. All titles of articles were then screened using the inclusion criteria. Firstly, the titles were screened, then the abstracts, then the full paper. Reference lists of the final papers were then searched for further relevant papers based on their title, which were individually sourced and read to check for relevancy according to the inclusion criteria. If relevant, they were included in the final list and their reference lists were screened for further potential articles. This process sourced 6 further articles.

### Quality appraisal

The papers were assessed for methodological quality using the Critical Appraisal Skills

Programme (CASP) Qualitative Checklist tool (Table 4). This three-subsection, ten-question

quality appraisal tool assesses result validity, guides a quality assessment of the results, and

enquires whether the results can help locally. Each question is answered with 'yes', 'can't tell' or

'no'. This is a popular critical appraisal tool for its conciseness, relevancy and applicability with

no necessary prior expertise, and is approved by Cochrane and the World Health Organisation

(Nadelson & Nadelson, 2014; Long, French & Brooks, 2020). Naicker (2022) was critical of the

racial bias in the CASP tool, which they argued led to unrobust methodology and an under

representation and misconstruction of minoritised populations in health research. Since this

review represents racialised voices among both the research and participant population, I

approached the CASP results with caution to not exclude racialised voices on merit of quality.

Two papers were excluded during this phase: De Souza (1991) and Bernard et al. (2014).

De Souza (1991) had a rich dataset and the paper had been referenced in other relevant papers,

suggesting other researchers valued its content (Fairtlough et al., 2014; Sangha, 2022; Wainright,

2009). However, it did not include information about the participants such as how they were

recruited or how many there were, and there was no information detailing how the data was

acquired and analysed. Therefore, the framing of the article as a qualitative study was uncertain

and it may instead stand well as a reflective piece. Bernard et al. (2014) was also excluded

because it used the same dataset as Fairtlough et al. (2014). Fairtlough et al. (2014) was selected

because it had a greater focus on Black social workers, whereas Bernard et al. (2014) also talked

about findings from other client groups which were not relevant to this search and therefore

contained less relevant information.

**Characteristics of selected studies**

The twelve papers included in this thematic synthesis were published between 2001 and 2022, comprising 383 participants. Eight studies used a student social work population (208 participants). All studies took place in England. Where data collection took place varied, and included 11 Universities, 3 further education colleges, 2 higher education institutes and 6 local authorities. Other relevant data extracted included the author and year, ethnicity, gender and setting of recruitment (Table 5), study aim and research questions, research design, data collection method, data analysis and main findings (Table 6). The papers used various data collection forms, including individual interviews (11, including semi-structured interviews (7), structured face to face interviews (1) and loosely structured interviews (1)), focus groups (4), questionnaires (1), and documentary evidence (1). Qualitative methodology included thematic analysis (5), grounded theory (3) and case study methodology (1). Four papers did not describe their approach, although one appeared to have used thematic analysis. All papers included participant quotations to illustrate common themes.

**Thematic synthesis**

The finalised list of twelve papers were uploaded into Nivo, a qualitative data analysis software computer programme, and the relevant result sections were encoded and grouped into themes using Thematic Synthesis. Thematic Synthesis was the preferred methodology due to the transparency of methodological approach and its suitability for synthesizing findings from studies using a range of different methods, including mixed methods (Thomas & Harden, 2008). Including studies with mixed methodology allowed additional rich information in an area of interest where the number of available papers was limited.

The process of thematic synthesis consisted of three stages, in line with Thomas and Harden's (2008) approach. In the first stage, I independently developed codes line-by-line from

all areas of the articles that could be interpreted as describing the findings. This was to capture

all relevant information including that which might not directly be sourced from the results or

discussion section. I searched for and coded direct quotes from participants and key concepts and

interpretations proposed by the researchers, keeping the codes as close in meaning to the original

text as possible. I developed 598 codes in total. I regularly consulted with two supervisors to

minimise researcher bias. In the second stage, I searched for themes across the initial codes and

grouped them where I observed corroboration between articles to develop descriptive themes. As

I began to group concepts, they evolved and changed depending on the new information that was

added. As such, some initial codes existed in multiple grouping depending on how they

'translated' in accordance with the information that was added from other articles (Thomas &

Harden, 2008, p. 5). I wrote the descriptive themes as a set of results which were reviewed by my

supervisors and discussed. I then returned to the data set and developed analytical themes. These

transcended the findings of the individual articles to form the 'line of argument' outlined below

(Thomas & Harden, 2008, p. 3; Table 7). The analytical themes were then reviewed by my

supervisors and discussed. I then developed the final write up, and regularly returned to the raw

data to ensure it was appropriately represented in my analysis. My whiteness and WEIRD

education mean I viewed this work through my learned understanding of the world and

internalised biases, ignorance and racism. I continually examined my whiteness, received regular

supervision and grounded my work in theories and research conducted by racialised scholars to

limit the impacts of my own prejudices and blind spots.

## Results

Five themes emerged from the analysis: discriminatory treatment, strain on resources, complexities of identity and role, oppressive whiteness and strengths, values and resistance.

**Discriminatory treatment**

Discriminatory treatment largely centred on student experiences, perhaps because accentuated power imbalances with assessors made this more prominent pre-qualification.

Qualified social workers experienced managers to be undermining, discriminatory and unsupportive, and to highly surveil them (Brockmann, Butt and Fisher, 2001; Obasi, 2022) which was also found among students (Tedam 2014, Bartoli, Kennedy & Tedam, 2008) despite students reporting their work was high quality and viewed so by others (Tedam, 2014). Students also described supervisors and assessors as punitive and mistrustful (Tedam, 2014; Fairtlough et al., 2014; Hollinrake et al., 2019; Bartoli, Kennedy & Tedam, 2008). Student participants who asserted themselves with superiors experienced accusations of lying, manipulating and being aggressive (Hollinrake et al., 2019). This hindered progression, and they were more likely to fail or leave placements (Bartoli, Kennedy & Tedam, 2008; Fairtlough et al., 2014). All students in Bartoli, Kennedy & Tedam's (2008) study experienced emotional or physical health problems, which was met with unsupportive and punitive attitudes from supervisors including beliefs that they were uncommitted or incapable. Unfair treatment and pessimistic attitudes from supervisors, including higher expectations, scrutiny and inadequate support, increased students' anxiety, disempowerment, reduced their motivation and confidence and inhibited their ability to learn (Tedam, 2014; Channer & Doel, 2009; Fairtlough et al., 2014; Hollinrake et al., 2019). 'Some [Practice Educators] 'find it easy to fail black students and difficult to pass us'. (Tedam, 2014, p. 139). Obasi (2022) linked hypervisibility of racialised professionals in predominantly

white spaces to negative stereotypes like deviance. One participant described: "Did you expect me to come around with a knife or something? Just because I'm from x (name deleted) and you are supposed to have a certain way of speaking and a certain way of being." (Fairtlough et al., p.616).

Garner (2007) wrote white people's inability see projections of their whiteness in others results in perceiving racialised people as threatening, which leads to hypervisibility and increased surveillance and suspicion (Puwar, 2004) and exerting authority (Garner, 2007).

Speaking English as a second language, using a different form of English, or speaking with accents from racialised regions such as Africa were viewed negatively. Participants experienced disrespect when they were not understood, such as no effort to understand or ending the conversation (Fairtlough et al., 2014; Tedam, 2014; Hollinrake et al., 2019) which Tedam (2014) interpreted as overt racism. This led to challenges including poorer development, alienation (Fairtlough et al., 2014) and being perceived negatively (Fairtlough et al., 2014; Sangha, 2022). Participants felt their cultures and experiences were not valued within dominant British culture, leading to feeling tense, unconfident and fearful of being judged as inferior (Sangha, 2022; Hollinrake et al., 2019). Students feared not knowing how they would be received or valued, which they did not expect white peers to experience (Hollinrake et al., 2019). A participant describes:

> I felt like I had something to contribute but I didn't feel like that was received
> from the other students. That did put me off completely. So in that case it would
> be hard for me to talk about my family because you've already assumed that I'm
> substandard. (Channer & Doel, 2009, p. 18).

Fairtlough et al. (2014) and Obasi (2022) argued individuals whose norms and values did

not reflect the dominant group were granted less credibility, and subsequently less power and

invisibilisation. This suggests racialised students and qualified social workers did not fit

normative standards and were thus deemed inferior. Fortier (2018) described Britain's

'gatekeep[ing]' of the English language as a colonial legacy, thereby maintaining hierarchy and

prestige and restricting social mobility of non-native speakers (p.1256).

**Strain on resources**

This theme largely focuses on student experiences, which may influence professional

identity development. Experiences of hypervisibility and othering were shared between student

and qualified populations. The tension between hypervisibility and invisibility lies in how

whiteness functions. The dominant white gaze renders racialised people as othered, hypervisible,

and monitored in white spaces, while simultaneously their identities, values and experiences are

devalued, distorted and invisibalised (Garner, 2007).

Racialised students were more likely to have external responsibilities such as childcare

and financial and emotional family support, creating additional stress (Bartoli, Kennedy &

Tedam, 2008; Fairtlough et al., 2014; Sangha, 2022). They were also more likely to pay higher

fees as overseas students or work outside their studies disproportionately to white peers

(Fairtlough et al., 2014; Dillon, 2011).

Participants were more likely to feel lonely, isolated, and 'othered' (Tedam, 2021, p.

1730; Fairtlough et al., 2014; Obasi, 2022; Hollinrake et al., 2019; Channer & Doel, 2009).

Mbarushimana and Robbins (2015) suggested low confidence prevented services from

benefitting from racialised social worker's skills and expertise, which they interpreted as

internalised racism and suggests a link between student and qualified experiences. Channer and

Doel (2009) argued support groups can have the opposite effect for racialised people if most group members are white: 'it can be so isolating when you are on your own...the reaction of white students put me off completely' (p.19). Mbarushimana and Robbins (2015) suggested racialised social workers witnessing white colleagues act in racist ways towards racialised clients impacted on their relationships and trust in peers. Compounded by feeling unable to report it, this likely further contributed to feeling isolated.

Experiencing and talking about racism drained psychological and emotional resources and confidence (Channer & Doel, 2009; Hollinrake et al., 2019), and juggling multiple responsibilities made accessing emotional support harder (Sangha, 2022; Bartoli, Kennedy & Tedam, 2008; Obasi, 2022). Hollinrake et al. (2019) thought racialised students appeared more likely to manage emotional difficulties internally, which was significantly different to white peers who were more likely to seek external support. Racial battle fatigue is a framework to understand emotional, psychological, physical and social costs of racism on racialised people (Smith et al., 2016) and the energy required to withstand and resist racism (Martin, 2015). Racialised students are more likely to be burdened with additional stressors of racism, more isolated, and possibly conflicted within their identity and pressures to assimilate to whiteness.

**Complexities of identity and role**

This theme explores how external pressures impacted on racialised social workers' identities and roles. Students found developing a single sense of self challenging, which did not appear to be an issue for qualified social workers. An expert stance on racial issues was imposed on students without wider institutional support. Perhaps comparatively, qualified social workers felt pulled toward a supporting role for racialised clients.

Both student and qualified participants experienced an oversimplification of their

identities by others (Hollinrake et al., 2019), which Mbarushimana & Robbins (2015) defined as

''a one-size-fits-all' approach' (p. 145). Yet, students struggled to integrate increasingly complex

elements of their identity including ethnicity, culture and social history into a single self and

experienced incohesion between their identity and expectations of them (Sangha, 2022;

Fairtlough et al., 2014). One participant said 'and that's been a big thing for me, you know,

having an identity' (Sangha, 2022, p.1756). Another described:

> Coming from a country that has been colonised by the west, some of the
>
> ideologies that you have been brought up with [...] that you cherish and then you
>
> come to this country and you realise that everything you cherish is what oppresses
>
> you. (Fairtlough et al., 2014, p.611)

Sangha (2022) argued racial inequalities and disempowerment negatively impacted on

coherent identity development. Channer & Doel (2009) suggested conflicts between racialised

social work student's personal and professional values could feel 'traumatic' (p.5). Brockmann,

Butt and Fisher (2001) noted qualified social workers may find racist experiences more harmful

when directed at their professional identities, suggesting these may feel insecure.  Mbarushimana

& Robbins (2015) reported qualified social workers did not experience conflicts between

individual and cultural values and professional identities. However, both Mbarushimana and

Robbins (2015) and Brockmann, Butt and Fisher (2001) said racialised professionals may

underreport and excuse racist experiences. Brockmann, Butt and Fisher (2001) viewed this as

resistance to power enforcement by refusing to recognise racism and its impact, which can result

in underreporting incidents and excuse racist motivations.

The role of expert was imposed on participants (Hollinrake et al., 2019), to educate white

peers and teachers on 'relationships between 'their' communities and white people' (Channer &

Doel, 2009, p.19), and support racialised clients (Mbarushimana & Robbins, 2015). They were

no more likely to have theoretical knowledge and training to draw from than white peers yet

could be inappropriately allocated clients just because they were also racialised (Channer &

Doel, 2009; Fairtlough et al., 2014; Wainright, 2009). Some viewed it as a responsibility

expected of them beyond that of their white peers without recognition or support (Mbarushimana

& Robbins, 2015), resented its difficulty, and believed they were required to challenge the status

quo on racial issues:

> But why should we have to challenge? Like. . .I have got enough to do, and I
>
> don't need any extra work from challenging when no one else.. if other people
>
> don't have to challenge about things then why should I have to? (Hollinrake at al.,
>
> 2019, p. 596)

Fairtlough et al. (2014) warned placement as expert can be a form of hyper-surveillance

because they are exposed to increased scrutinization. Mbarushimana and Robbins (2015)

described making those oppressed by the system responsible as 'inoperable' (p.148) because

management did not endorse efforts to instigate change. Wainright (2009) argued individual

expertise should not lead to underuse of theoretical and research knowledge and white

professionals not taking responsibility.

Some racialised students liked the supporter role because they experienced safety and

commonality with one another (Sangha, 2022). Students may prefer to be with peers of a similar

ethnicity and be taught by racialised professionals to enhance learning, and racialised clients may

prefer a case worker of a similar ethnicity to their own (Wainright, 2009; Mbarushimana &

Robbins, 2015; Brockmann, Fisher & Butt, 2001). Homophily is a social phenomenon whereby people prefer developing connections with people like them (McPherson, Smith-Lovin & Cook, 2001). Gilkes-Boor (2019) found Black University students actively sought to befriend other Black students and were willing to try hard despite campuses being predominantly white and social pressures to develop cross-racial friendships. Stearns, Buchmann and Bonneau (2009) partly attribute this to needing to develop racial solidarity, which increases as the predominance of the Black population in social contexts decreases.

Some participants reported racialised perspectives were needed in race-related matters and voiced a need for greater representation. For instance, to incorporate perspectives of lived experiences of racism into discussion (Wainright, 2009) and provide richer learning opportunities (Wainright, 2009; Channer & Doel 2009; Hollinrake et al., 2019). Students were mostly critical of white staff's poor quality racially informed teaching, which inherently lacked knowledge, depth and sensitivity (Channer & Doel, 2009; Hollinrake et al., 2019). Inadequate teaching compounded students' fears of raising racial issues, and they avoided exploring race in their own work as they did not believe markers considered it relevant (Hollinrake et al., 2019; Channer & Doel, 2009). This obscures racialised experiences and values and omits racialised literature from entering social work academia, thus preventing issues of race and racism from being critically examined in social work. Channer and Doel (2009) recommended social work courses utilise Black practitioners to review academic material to ensure race is discussed appropriately, and Brockmann, Butt and Fisher (2001) recommended increasing racialised professionals in managerial positions to progress institutional anti-racism measures.

**Oppressive whiteness**

White students and colleagues reacted negatively to conversations about racism and enacted defensive mechanisms to squash them.

Participants reported challenging reactions from white peers when racial issues were raised, including discomfort, embarrassment, fear, 'explosive' emotions, silence, guilt, an apparent lack of interest and ignoring or deflection (Channer & Doel, 2009, p. 18; Tedam, 2021; Obasi, 2022; Hollinrake et al., 2019; Mbarushimana & Robbins, 2015). Obasi (2022) suggested talking about racism is taboo, therefore anxiety arises when it is discussed. Channer and Doel (2009) noted negative reactions can harden ideologies, inhibiting future learning and alienating racialised social workers, particularly those with weak family, community and spiritual connections.  Brockmann, Butt and Fisher (2001) were concerned majority-white teams may interpret implementing anti-racist policies as accusations that they are racist and inhibit change.

Some believed white peers did not think about or understand racism (Hollinrake et al., 2019; Obasi, 2022; Mbarushimana & Robbins, 2015; Brockmann, Butt and Fisher, 2001). Fairtlough et al. (2014) argued white supervisors praise of racialised students using covertly racist descriptors like 'maturity' and 'attitude' suggested they did not understand how racism functions (p. 616). One student got the impression white peers thought she talked about racism too much (Channer & Doel, 2009), and others felt they were expected to tolerate it (Obasi, 2022). One student said: 'Many colleagues were indifferent. Some never asked or mentioned it, others were always claiming racism is worse in the US than it is here in the UK.' (Tedam, 2021, p. 1731).

Hollinrake et al. (2019) described denying racism as reluctance to 'see' the issue (p.590), which Obasi (2022) described as 'problematic and dangerous' (p.488). Mills (2017) describes 'white ignorance' (p.49) as an epistemology structurally maintained by suppressing and avoiding

knowledge and subsequent learning, thus normalising inappropriate practices. For instance,

Channer and Doel (2009) described social work teachers appeared to avoid talking in detail

about how to work with Black families, potentially due to feeling intimidated by Black students'

presence, disadvantaging everyones' opportunities to learn.

Obasi (2022) described 'blind[ness]' to whiteness in social work services, thereby only

functioning appropriately for white professionals and service users (p.488).  Hollinrake et al.

(2019) recommended white lecturers take more responsibility to examine white privilege and

facilitate spaces for this among students. They also suggested social work students are not yet

adequately prepared to apply anti-racist practice to their work. Brockmann, Butt and Fisher

(2001) and Mbarushimana & Robbins (2015) argued increasing the proportion of racialised

professionals in managerial positions and developing widespread awareness of the need for anti-

racist policies is required.

**Strengths, values and resistance**

This theme discusses strengths and resources racialised students and qualified social

workers drew on for resistance against racism.

Some racialised students developed characteristics through training, defined as 'personal

determination' (Channer & Doel, 2009, p. 21), 'aspirational capital' (Sangha, 2022, p. 1760), and

'resilience' (Bartoli, Kennedy and Tedam, 2008, p. 82). They decided to pass despite their cohort

tutors, rather than from being supported by them (Channer & Doel, 2009). Students were

unwilling to fail after the work they put in to succeed (Sangha, 2022), education was valued as a

vehicle to success, they were motivated by their desire to succeed and help others in their

communities who had been disadvantaged (Fairtlough et al., 2014; Dillon, 2011) and amplify

black perspectives in the profession (Channer & Doel, 2009). Students and qualified social

workers relied on informal networks for support, such as racialised colleagues, family and

cultural communities (Mbarushimana & Robbins, 2015; Sangha, 2022).  They were less likely to

feel they do not belong in the field when they had relatives in social work or a similar field

(Fairtlough et al., 2014).

Dillon (2011) found students who were previously refugees or experienced racism in UK

expressed motivation to use this to empathise with and support others. She argued challenging

life experiences racialised social workers were more likely to experience could lead to insights

and empathy skills making them valuable assets to the profession. The demand to develop

complex self-identities and experiences of oppression can also equip racialised social workers

with complex skills. Students developed adaptable communication skills, willpower and

resilience to work towards goals, and skills to move through social institutions (Sangha, 2022).

Qualified social workers reported challenging others honed their skills and abilities to do so in a

way that made them feel heard and empowered (Mbarushimana & Robbins, 2015).

Mbarushimana and Robbins (2015) found racialised social workers were enthusiastic to share

their experiences. Raising awareness about how oppression functions and is experienced could

positively impact on services, which managers could promote.

## Discussion

This review explored social workers' experiences of racism in the UK. It found white senior staff discriminated against social workers, and white peers enacted defensive mechanisms to avoid conversations about racism, thus maintaining their ignorance and inhibiting change. Experiences of oppression and isolation made it difficult to develop coherent identities and drained racialised social worker's resources. They developed skills to manage these challenges which brought them closer in line with the professions' values.

To align with social work's value of social justice (British Association of Social Workers [BASW], 2021), social work institutions need to recognise the challenges racialised social workers face. This exploration of the relationship between the participants and themselves, others and the system in which they exist is unsurprising, since racism is understood to exist in part relationally (Tabili, 2003; Frankenberg, 1993). Participants' efforts to merge a cohesive single self (Sangha, 2022) can be viewed as intersectional identities, whereby multiple identities an individual possesses shapes their experiences of social power and privilege (Crenshaw, 1991). This could be applied using the Social GGRRAAACCEESSS framework, which defines aspects of social difference (Birdsey & Kustner, 2021). Intersectionality of the Social GGRRAAACCEEESSS means depending on the levels of power and privilege applied to intersections of identity, they are afforded variable levels of social power and can experience discrimination and oppression across categories.  It is possible the struggle to become a cohesive self is due to the multiple oppressions of their identities within the wider dominant discourse (Carastathis, 2016). Therefore, how individual intersectional identities affiliate with dominant identities in British society will likely impact on their ability to exist cohesively and may influence professional identity development.

Positioning racialised social workers as experts creates a toll not experienced by white

peers, termed 'activist burnout' by Gorksi (2019, p.667). Corbin, Smith and Garcia (2018)

suggest Black women embody protective and defensive responses to the daily aggressions within

predominantly white and misogynistic spaces, described as the 'STRONGBLACKWOMAN'

and the 'Angry Black Woman', both of which are perpetuated by mass media's caricaturist

portrayal of Black Women (p.626). However, these positions are emotionally and

psychologically draining to uphold, resulting in 'racial battle fatigue' which can be discordant

with self-identity (Corbin, Smith & Garcia, 2018, p.626; West et al., 2016; Smith, 2004).

The strain on resources can be further framed using 'the minority stress model' whereby

minoritised groups experience additional stressors than the majority group specifically due to

their minoritised status (Settles, Buchanan & Dotson, 2019, p.64). Chronic stress depletes

psychological and physical resources and can lead to negative health outcomes (Juster, McEwen

& Lupien, 2010).  Additionally, Essed (2008) describes 'everyday racism' as daily experiences

of racism interact with institutional racism, to the point that they are normalised and embedded

in everyday life (p.202). Thus, these experiences become mundane and difficult to both identify

and oppose, yet negatively impact on psychological health, such as low mood (Broudy et al.,

2007), low self-esteem (Nadal et al., 2014), and poor physical health outcomes (Grollman,

2012), which Nadal et al. (2017) argues this is likely due to the impact of a sustained stress

response on the body. Puwar (2004) describes how racialised bodies entering white spaces

highlight their historical and ideological exclusion from them. As such, the minority stress

model could be seen to capture what happens to racialised people when they enter these spaces.

Racialised professionals can also work harder, or overperform, to deal with pressures of

hypervisibility and scrutinisation (Settles, Buchanan & Doston, 2019). Instead of positively

combatting racism held in the judgement of others, overperformance creates a view that they are

exceptional from the norm of their group (Richards & Hewstone, 2001). This risks applying

additional pressures on racialised groups to maintain a high standard of work, or perfectionism,

to demonstrate their worth.

To further examine how oppressive whiteness interacts with discriminatory treatment,

Ahmed (2007) posited that black and brown bodies disrupt white spaces simply by existing

within them, leading to hypervisibility, which is compounded when racialised people do not

diminish themselves to fit within the white spaces they occupy to reduce white people's

experiences of disorientation. Ahmed perceives whiteness as a force which racialised people are

required to embody to progress. However, when it is not possible for black and brown bodies to

fade away in a white space, 'people are thrown, because a whole world view is jolted' (Puwar,

2004, p.43). While visibility offers opportunities to be fully seen, empowered and for viewpoints

to be heard (Brighenti, 2007), hypervisibility is deviance from the norm (Settles, Buchanan &

Dotson, 2019).

A connection between being purported experts and experiencing discrimination can be

drawn. Tate (2014) argues hypervisibility and othering stems from racialised people being

perceived as representatives of their race, and white people scrutinising them against their

preconceived racial stereotypes for potential trouble. This leads to high levels of scrutinisation

and lack of control by the individual over how they are viewed by others (Bringhenti, 2007),

which Yuval-Davis, Kannabiran and Vieten (2006) term 'super surveillance' (p.79). The impact

of this on racialised people likely connects to the psychological pressures as explained using

minority stress model described above (Settles, Buchanan & Dotson, 2019). These distortions

against whiteness-as-norm position racialised people as 'other' (p. 2478), separate from

whiteness, objectified and not belonging (Frankenberg, 1993). This stereotyping creates a dual

effect of hypervisibility and obscuring racialised people in white spaces under what Yancy

(2008) calls the 'white gaze' (p.32). Tate (2014) described the experiences of Black academics in

white institutions as embodying a perpetual strangeness, whereby they are rarely befriended

within the institution, since this would require them to be viewed with a relative commonality to

'white sociability' (p. 2482). They are therefore forced to occupy a strange space (Ahmed, 2007),

and their professional progression is impeded by not being able to rely on 'who knows you and

who you know' (Tate, 2014, p.2482).

    The hypervisibility and invisibalisation of racialised people in white spaces exist within

parameters of whiteness-as-norm (Dyer, 2017). White people, including self-identified

progressives, can perpetrate racism while framing themselves as victims. DiAngelo (2018) terms

this 'white fragility' (p.23), whereby white people are unfamiliar in recognising and talking

about their own race, since whiteness is so normal to white people that it is invisible (Dyer,

2017), as is their resultant privilege (Ahmed, 2007). Garner (2007) argued normalising whiteness

directs examination away from it, rendering it invisible.  Therefore, white people racialise others,

and thus analyse others in racial terms, without seeing or analysing themselves (Dyer, 2017) or

understanding how race also shapes their lives (Frankenberg, 1993). Identifying, disrupting or

encroaching upon whiteness can create intolerable internal instability for white people which

leads to acts of resistance (Ahmed, 2007; DiAngelo, 2018; Adu-Gyamfi et al., 2022; DiAngelo,

2018). Dyer (2017) argues bringing attention to whiteness challenges its authority, raises

awareness of its limitations, and ends its supremacy. Therefore, overcoming these barriers and

scrutinising whiteness is necessary. However, dimensions of intersectionality such as class,

gender and religion, white supremacy and systemic racism also need consideration (Adu-Gyamfi et al., 2022).

Discriminatory treatment and oppressive whiteness appeared to exist within teaching and supervisory practises. Fullan (1991) argues no concrete change happens until it is embodied within the teacher. Therefore, deep change is needed within the teacher's own identity and mindset to ensure skilful and long-term change (Gaine, 2000). However, this has proven extremely difficult (Allcott, 1992; Bagley, 1992) and may require abilities to draw on reflective skills that teachers are neither trained in, nor supported to practise (Gaine, 2000).

Legha (2023) offers a comprehensive six-step guide for anti-racist training for supervisors to support anti-racism in the supervisory relationship using a CRT framework. This would require systemic support to facilitate the time needed.  Yet Bussey and Jemal (2023) argue this can be organisationally challenging in health and social care services that are mainly white, financially bound to upholding existing customs and principles, and those following a business-model framework which are more likely to incorporate neoliberalism and managerialism, because these services are more likely to sustain systemic racism and hinder anti-racist initiatives. Also, targeted support for supervisors assumes all supervisors intend to be anti-racist and simply lack means (Noon, 2018). However, Universities UK's (2020) survey of student's experiences of racial harassment in higher education found the largest percentage at 27% of 585 participants reported they experienced racial harassment in teaching settings. Social work students require appropriate supervision and support throughout their training (GSCC, 2007), yet without a systemic and concerted effort to generate anti-racist practice in higher education, they can lack the supportive leadership needed to achieve good grades (NUS & Universities UK, 2020; Campbell, Hawkins & Osman, 2021).

The impact of colonialism and imposition of white Western epistemologies and values on British institutions needs consideration. The dominant Western, Educated, Industrialised, Rich and Democratic (WEIRD) viewpoint (Henrich, Heine & Norenzayan, 2010) laid the foundations for Western knowledge generation, which broadly claims global generalisation, yet racialised people are not represented and their experiences are distorted and framed as deficient (Arnett, 2008; Teo, 2010). For instance, Hill Collins (2002) argued white, elite men's dominance of Western epistemologies and interests warps and excludes Black women's knowledge and experiences. Black Feminism's work on intersectionality offers a comprehensive perspective on issues of dominance and oppression, yet Hill Collins (2002) described their work as 'subjugated knowledge' (p. 251). It has also been described as epistemic violence, where epistemologies that do not represent the Western, Eurocentric experience are disregarded and excluded (Pieterse & Gale, 2023; Teo, 2010), and scientific racism, where examination of the other justifies differences as logical innate attributes (Teo, 2010; Garner, 2010).

Tusasirrwe (2023) described social work scholars' push back against normalising and centring Western principles. She asked for broader epistemological stances to include diversity, and to examine the colonial legacies of how social work functions today. She argued Western ideologies are limited and not able to appropriately, respectfully or creatively support people. Therefore, many perspectives within multicultural Britain remain largely absent in social work teaching (Graham, 1999), resulting in white ignorance (Mills, 2017). Mills (2017) argued to destabilise power imbalances within patterns of knowledge dissemination, people can reverse their ignorances by acquiring relevant knowledge and undoing cognitive patterns that lead to misinterpretations and falsities. On a societal level, he argues developing practices that highlight how faulty practices are encouraged, find ways to remove ourselves and overturn them is needed.

**Limitations**

There will be complexities and nuances not captured, and I do not claim to speak for all

situations. The studies took place in England; therefore, the findings cannot represent all of the

UK. The participants were predominantly women; therefore, the findings likely largely represent

female perspectives and experiences. This review was conducted using Western methodological

processes, and therefore contains inherent limitations and biases. For instance, I did not apply a

CRT lens to the CASP tool; therefore, the papers were not checked for racial bias before

inclusion. The review focused on individuals so is limited in highlighting structural issues

underpinning and maintaining racial injustice.

**Recommendations**

Nadal et al. (2017) encourages research into the impact of everyday racism on clients

within social work, however, do not address racism experienced by social workers. Pitcan, Park-

Taylor and Hayslett (2018)'s study on Black men's experiences of microaggressions in the

workplace suggest workplaces incorporate a framework such as Byars-Winston's (2014), which

focuses on science, technology, engineering and mathematic (STEM) careers. It could be

adapted to social work by training psychologists in cultural competence to support racialised

social workers navigate and progress within the field.

A comprehensive and multi-faceted network of support may relieve racialised social

workers of their inequitable burdens of disorientation, isolation, undermining of confidence and

racial battle fatigue. Social work institutions can proactively create or support access to support

groups, mentorship and social networks to cope with social ostracising (Abbas, 2023), with care

taken to ensure they are well-matched in terms of compatibility (Bowleg, 2021).

Exploring whiteness in social work can develop understanding of how racism manifests. Clinical psychologists could offer reflective practice models to generate reflexivity for teachers and practitioners in individual supervision (Ooi, Coker & Fisher, 2023), consultations (Haydon-Laurelut, 2013), and group settings (Shepherd & Rosebert, 2007). Clinical psychologists may also require training, such as the anti-racism leadership for health and care course by the King's Fund (King's Fund, 2024) and ongoing reflexive supervision (Pendry, 2012). Ahsan (2020) recommend psychologists naturalise to the physical discomfort of staying with discourse about racism, to avoid defensive mechanisms such as intellectualisation.

Gaine (2000) argues change needs to demonstrate clear financial remuneration to be motivating, which can be challenging to evidence when tackling insidious systemic racism, particularly in predominantly white areas. Gaine (2000) laid out a comprehensive map of elements of education that need addressing to create anti-racist change and suggested students lobby their educational institutions for better education on racism. Yet this may be problematic in majority-white institutions since white students would need to both recognise the problem and feel motivated to push for change. Also, students hold limited power in academic institutions and exist temporarily for the duration of their studies. Abbas (2023) recommends systematic change in UK Higher Education curriculums that integrate diversity of knowledge rather than teaching issues of race as optional additions. This helps address epistemologies of ignorance in white spaces and centralises the value of diverse students' experiences.

A greater top-down influence and scrutiny could manage supervisory behaviour and prevent certain individuals acquiring positions of power. A criterion with demonstrable aspects of anti-racist leadership could enable positions to be taken up by appropriate individuals. The North West Anti-Racist Framework (NHS England, 2024) and the National Children's Bureau

(2024) laid out criterions for anti-racist leadership, which could be consulted to develop a measurable audit. Individual training does not capture how racism operates systemically (Delgado & Stefancic, 2017). Therefore, positive impacts of individual motivation to change may be impeded by wider structural influences such as organisational procedures, absence of collective responsibility and power distribution (Noon, 2018).

Racialised presence may not resolve racialised representation in social work. Wainright et al. (2009) argue, 'anti-racist expertise is developed through an accumulation of experience and knowledge, and it is not something that is inherent within Black people' (p. 32). Additionally, Frankenberg (1993) frames whiteness as relational, yet white people may view racism as irrelevant to themselves 'rather than as a system that shapes our daily experiences and sense of self' (p.6). Evidence of positive change appears lacking, therefore exploring resistance to change and barriers experienced among those in decision-making positions in social work institutions could be helpful. Greater accountability at all levels of the system via implementation and auditing of meaningful anti-racist initiatives could be developed, using critical perspectives such as intersectionality and CRT.

Lourde argues, 'the master's tools will never dismantle the master's house' (p.237), whereby tools currently used, which tend to focus on individualism, will not overcome intersectional oppressions (Bowleg, 2021). Instead, critical perspectives such as intersectionality (Crenshaw, 1991) and CRT (Delgado & Stefancic, 2001) can examine power and privilege structures and illuminate hidden institutional inequalities (Bowleg, 2021). The continuing subjugation of racialised social workers undermines the profession's avowed ethics and needs urgent addressing through multi-faceted interventions, with a greater focus on systemic change, whiteness and using supportive frameworks such as CRT which examine structural issues.

Finally, a greater focus and celebration is needed on the array of strengths racialised social workers bring. Their richly varying cultures, beliefs and knowledge can be integrated within social work and social work teaching and enhance the profession.

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**Appendix**

**Figure 1: Flowchart of the selection process (PRISMA)**
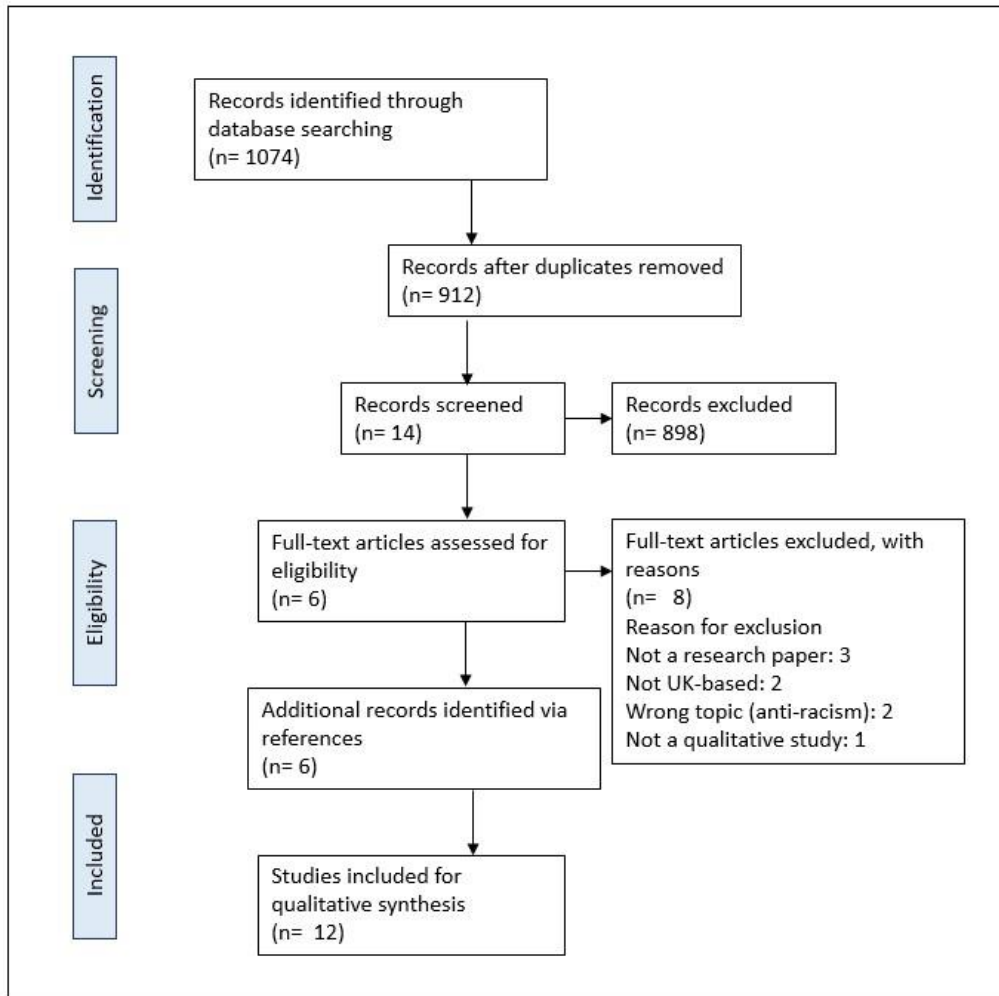
**Table 1: Inclusion criteria**

| Criteria | Rationale |
|---|---|
| Studies based on UK settings | Experiences of racism will vary depending on cultural and historical factors of the area |
|  | It will also make it possible to make specific UK-based recommendations, which would |
|  | be harder to achieve if recommendations were universal |
| Studies exploring racialised social workers only, or studies where the findings of white and racialised participants are clearly separated | To focus on the sole views and experiences of racialised social workers |
| Studies exploring experiences of racism, at least in part, and findings presented in a way that they can be clearly extracted | There are several studies with rich findings related to experiences of racism, which have emerged from broader questions but are relevant to this review |
| Qualitative studies or mixed-methods studies where qualitative findings can be clearly extracted | To gather a rich data set of experiences, any studies that included a qualitative dataset were included |

**Table 2: Use of Chat GPT**

| Question | Other words for racism | Other words for ethnic minority | Other words for health personnel | Other words for social care | Other words for social care workers |
|---|---|---|---|---|---|
| Chat GPT response | Prejudice, bigotry, racial discrimination, racial bias, ethnocentrism, xenophobia, racial profiling, systemic racism, hate speech, white supremacy, segregation, racial microaggressions, apartheid, colorism | Minority ethnic groups, racial or ethnic minorities, underrepresented ethnic groups, diverse ethnic communities, non-dominant ethnic groups, culturally diverse populations, marginalized ethnic communities, multicultural communities, people of diverse backgrounds, non-majority ethnic populations | Healthcare professionals, medical professionals, health practitioners, healthcare providers, medical practitioners, healthcare workers, medical personnel, health experts, healthcare specialists, medical staff, health caregivers, healthcare team, medical team members, health professionals, clinical staff | Social services, social support, care services, supportive care, social welfare, community care, personal support, social assistance, social aid, social intervention, care and support, welfare services, personal care, social work, support services | Caregivers, support workers, care assistants, social workers, personal care aides, care providers, care professionals, home care workers, care coordinators, care specialists, supportive care providers, care helpers, care practitioners, social service workers, direct support professionals |

**Table 3: Search terms**

| | Term 1 | Term 2 | Term 3 | Term 4 |
|---|---|---|---|---|
| Description /Key words | "Black and Minority Ethnic" OR (MM "Minority Groups") OR (MH "Black People+") OR (MM "Ethnic and Racial Minorities") | "Racism" OR "Internalized Racism" OR "Systemic Racism" OR "Internalized Racism" OR "Systemic Racism" OR "Antiracism" OR "AntiSemitism" OR "Black Lives Matter" OR "Critical Race Theory" OR "Hate Crimes" OR "Race and Ethnic Discrimination" OR "Racial Bias" OR "Racial Disparities" OR "Racial Justice" OR "Racial Trauma" | UK OR United Kingdom OR Britain OR England OR Wales OR Scotland OR Northern Ireland | "Health Personnel" OR "Professional Personnel" OR "Allied Health Personnel" OR "Mental Health Personnel" OR "Psychiatric Social Workers" OR "Frontline Employees" OR "Home Care Personnel" OR "Rescue Workers" OR "Social Workers" OR NHS OR National Health Service |

| Title OR Abstract | "minorit* ethnic*" OR "racial minorit*" OR "ethnic* minorit*" OR "underrepresented ethnic*" OR "diverse communit*" OR "non-dominant ethnic*" OR "marginalis*" OR "*global majorit*" OR Black OR BME OR "Black and Ethnic Minorit*" OR "minorit*" OR divers* OR "Black and minority ethnic*" | racist OR racism OR racialism OR "rac* prejud*" OR "rac* bias" OR "rac* intolerance" OR "rac* hatred" OR bigot* OR "rac* discriminat*" OR ethnocent* OR xenophobi* OR "rac* profil*" OR "system* rac*" OR "hat* speech*" OR "suprem*" OR "rac* micro*" OR "colouris*" OR "coloris*" | UK OR United Kingdom OR Britain OR England OR Wales OR Scotland OR Northern Ireland | (health* N3 (prof* OR pract* OR provi* OR work* OR person* OR expert* OR speciali* OR staff* OR caregiv* OR team*)) OR (social N3 (service* OR support* OR car* OR welfare OR assistan* OR aid* OR intervent* OR work*))  OR (support* N3 (service* OR work* OR direct OR profession*)) OR (car* N3 (service* OR support* OR assistan* OR provid* OR profession* OR work* OR home OR coordinat* OR speciali* OR support* OR help* OR practition*)) OR (community N3 (car*)) OR (person* N3 (support* OR car* OR aid*)) OR (welfare* N3 (service*)) |

**Table 4: CASP findings**

| No. | Author | Date | Research design appropriate | Recruitment strategy appropriate | Data collected to address research issue | Relationship between the researcher and participants | Ethical issues considered | Data analysis rigorous | Clear statement of findings | How valuable is the research |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Bartoli, Kennedy & Tedam | 2008 | Yes | Yes | Yes | No | Can't tell | Can't tell | Yes | Good |
| 2 | Brockman, Butt & Fisher | 2001 | Yes | Yes | Yes | Can't tell | Can't tell | Yes | Yes | Good |
| 3 | Channer & Doel | 2009 | Yes | Can't tell | Yes | Yes | Can't tell | Can't tell | Yes | Good |
| 4 | Dillon, J. | 2011 | Yes | Can't tell | Yes | No | Yes | Yes | Yes | Can't tell |
| 5 | Fairtlough et al. | 2014 | Yes | Yes | Yes | Yes | Can't tell | Yes | Yes | Good |
| 6 | Hollinrake et al. | 2019 | Yes | Yes | Yes | Yes | Yes | No | Yes | Good |
| 7 | Mbarushimana & Robbins | 2015 | Yes | Yes | Yes | Yes | Yes | Can't tell | Yes | Good |
| 8 | Obasi | 2022 | Yes | Yes | Yes | Yes | Can't tell | Can't tell | Can't tell | Good |

| 9  | Sangha     | 2022 | Yes | Yes | Yes | Can't tell | Yes        | Yes        | Yes | Good |
| 10 | Tedam, P   | 2014 | Yes | Yes | Yes | Yes        | Yes        | Yes        | Yes | Good |
| 11 | Tedam      | 2021 | Yes | Yes | Yes | No         | Yes        | Yes        | Yes | Good |
| 12 | Wainwright | 2009 | Yes | Yes | Yes | Yes        | Can't tell | Can't tell | Yes | Good |

**Table 5: Study and participant details**

| Study Number | Author & Year | Location | Participants | Ethnicity | Gender | Setting of Recruitment |
|---|---|---|---|---|---|---|
| 1 | Bartoli, Kennedy & Tedam (2008) | University of Northampton | 15 social work students | Black African (Ghana, Zimbabwe, Cameroon, Nigeria) | 13 women, 2 men | University |
| 2 | Brockman, Butt & Fisher (2001) | 5 local authorities in England | 134 social workers | Black Caribbean, Black African or Black other (80%), Indian, Pakistani or Bangladeshi (18%) | 91 women, 43 men | Unknown |
| 3 | Channer & Doel (2009) | Sheffield Hallam University | 5 post-qualified students | Black | Women | University |
| 4 | Dillon (2011) | 3 Further Education colleges in | 46 social work students | Black African (19), Black British (16), Black Caribbean (6), Black European (2), Asian (2), South American (1) | Approximately 42 women and 12 men, although this figure includes the 8 White | Colleges |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | South East England | | | participants also recruited to the study) | |
| 5 | Fairtlough et al. (2014) | 8 Universities across England | 75 social work students | Black British (12), Black Caribbean (14), Black African (25), Asian (11), mixed Black and other background (10), other black group (3) | 69 women, 6 men | University |
| 6 | Hollinrake et al. (2019) | University of Suffolk | 29 social work students | Asian, Asian British - Bangladeshi (3), Asian, Asian British - Indian (1), Black, Black British - African (16), White/Black Caribbean (4), other mixed background (3), other ethnic background (1), White and Asian (1) | Unknown | University |
| 7 | Mbarushimana & Robbins (2015) | East Midlands | 5 social workers | Indian-British UK-born (2), Black African non-UK born (2), African-Caribbean non-UK born (1) | 4 women, 1 man | Local authority |

| | | | | | | |
|---|---|---|---|---|---|---|
| 8 | Obasi (2022) | local authority North of England | 6 social workers | Black | 6 women | Unknown |
| 9 | Sangha (2022) | East of England county | 16 social work students | Black African (7), Black Zimbabwean (1), White and Black African (1), African American (1), Black British African (1), Black Caribbean (1), White and Black Caribbean (1), Black Swedish (1), Indian Bangladeshi (1) | 13 women, 3 men | University |
| 10 | Tedam, P (2014) | Two Higher Education Institutes in the Midlands | 2 social work students | Black African from two different countries in West Africa | 2 women | Higher Education Institutes |

| | | | | | | |
|---|---|---|---|---|---|---|
| 11 | Tedam, P (2021) | England | 20 social workers | Black African | 16 women, 4 men | Via Twitter, LinkedIn and email, and interviewed remotely |
| 12 | Wainwright (2009) | North West of England | 20, (n= 10 students, 10 teachers) | Black and Minority Ethnic (BME) heritage | 12 women (n= 7 students, 5 teachers), 8 men (n= 3 students, 5 teachers) | Unknown |

**Table 6: Study characteristics**

| Study number | Name & Year | Study aim/research question | Data collection method | Data Analysis | Key themes |
|---|---|---|---|---|---|
| 1 | Bartoli, Kennedy & Tedam (2008) | To gain an understanding of the student's 'lived' experience of practise learning | Focus group or individual interviews (2 participants) | Unknown | Gender norms and expectations, financial pressures, health related problems impacting on placement, homesickness and culture shock, unfamiliarity of UK systems, cultural diversity, motivation to study and preconceived ideas of profession, experience of racism |
| 2 | Brockman, Butt & Fisher (2001) | To examine different forms of racism experienced by BAME social workers. | Structured face to face interviews | Based on grounded theory | Racism from service users and/or relatives (general verbal abuse, open rejection, covert rejection, racial violence), racism from colleagues and/or managers (derogatory comments, undermining professional ability/unfair treatment) |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | Strategic manoeuvres needed to progress through career past barriers, need to use initiative to negotiate way through course, lack of support from managers, agency and University, advantages of working differently with racism issues, isolation among White peers because contributions did not appear valued, White fragility and the emotional drain, hypervisibility and positioned as race 'experts', lack of teaching on racial issues and Black perspectives, personal |
| 3 | Channer & Doel (2009) | What were their expectations and experiences of the post-qualifying child care award (PQCCA) | Semi-structured interviews | Unknown | determination key factor for completion of course, |
| 4 | Dillon (2011) | To explore students of the global majority's experiences of moving from further education courses to | Questionnaires, initial and follow-up focus groups, individual interviews | Thematic analysis | Social background factors, prevailing and new forms of social inequalities, motivations for social work, and counterbalances to social inequalities |

| | | | | | |
|---|---|---|---|---|---|
| | | undergraduate social work programmes | | | |
| 5 | Fairtlough et al. (2014) | Investigate experiences of social work education among Black and Ethnic Minority students | Individual interviews (N = 20) and focus groups ( n = 46 in 6 focus groups) | Grounded theory and case study methodology | Barriers to success, e.g. family views, caring responsibilities, economic factors, placement finding and allocation issues, student's experiences of practice education e.g. language issues, unfairly high expectations, experiences of discrimination |
| 6 | Hollinrake et al. (2019) | Explore perceptions and gain an understanding of student's experiences of their teaching | Focus groups (3 groups, n = 4 participants in year 1, 7 participants in year 2 and 3 participants in year 3) | Thematic analysis | Experiences of racism and their effects of learning about culture and ethnicity, accents, generalisations about culture and identity, subtle racism, difficulties challenging and fears of judgement, Whiteness and White privilege, Black History badly taught in schools, ethnic emotional divide, issues discussing cultural backgrounds, hypervisibility and difference, anxieties |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | not experienced by White peers, White privilege on course, safe spaces needed |
| 7 | Mbarushim ana & Robbins (2015) | Explore the experiences of social workers | Semi-structured interviews | Not stated. Appears thematic analysis-derived | No core themes identified, presented as a narrative. Relevant findings include not feeling appreciated for their skill sets, a lack of cultural diversity in more senior positions and being treated differently by management, concerns about treatment of BME service users, challenging racism at work, overcoming challenges |
| 8 | Obasi (2022) | What are the experiences of Black female social workers in the North of England | Loosely structured and semi-structured interviews (n = 6), focus groups (n = 2) | Thematic analysis | No core themes identified, presented as a narrative. Relevant findings include feelings of hypervisibility, isolation and invisibility, increased surveillance, working in white organisations, e.g. colour blindness and white silence and fragility, intersectionality of being female and Black. |

| | | | | | |
|---|---|---|---|---|---|
| 9 | Sangha (2022) | What are the experiences of BAME students in their undergraduate social degree | Face to face semi-structured interviews | Constructivist grounded theory | The key themes were defined as understanding and evaluating self concept, impact of racial discrimination on self concept, and nurturing community cultural wealth and self concept clarity |
| 10 | Tedam, P (2014) | What are the learning experiences of Black African social work students in England | Semi-structured interviews | Thematic analysis | The key themes were defined as a lack of confidence in their skills, knowledge and abilities, finding it easy to fail black African students, lack of support, disrespect and patronising behaviour, racism and unfair treatment and over scrutiny |
| 11 | Tedam, P (2021) | What are the experiences of Black African social workers during the coronavirus pandemic in England | Semi-structured interviews | Thematic analysis | Themed via a Critical Race Theory lens, the key findings are categorised as counter-storytelling, every day racism and whiteness as privilege |

| | | | | 1-64 | |
|---|---|---|---|---|---|
| 12 | Wainwright (2009) | What were the teaching and learning experiences of Black social workers | Semi-structured interviews and documentary evidence | Unknown | Key themes included the influence of Black teachers on the quality of learning and the role of the 'expert', the continuum of ethnicity and experiences of racism within the context of social work, anti-racist discourses, the Black community and anti-racism, anti-racism in practise, the influence of Black perspectives |

**Table 7: Thematic grid charting the development to analytic themes**

| Representative quotation(s) | Codes | Descriptive themes | Analytic themes |
|---|---|---|---|
| An accent (or perceived lack of accent) marks these students out as different, as outsiders, and as problems in terms of communication. (Hollinrake et al., 2019). | Accents result in othering | Participants experienced being othered by white peers due to factors such as having a particular accent and negative perceptions of them based on their ethnic stereotypes. The student participants experienced punitive relationships with their supervisors and had negative and difficult experiences on the course, making it harder to get through and pass. This impacted on their feelings of belonging and worth. | Discriminatory treatment: Whiteness is the norm from which 'others' are appraised and scrutinsed against. Not being able to project their own white dominant norms onto another can lead to them viewing the 'other' as threatening, deviant and inferior. This impacts on their treatment of the 'other' such as via pessimism, hypervigilence and punishment. |
| Did you expect me to come around with a knife or something? Just because I'm from x (Fairtlough et al., 2014).| Mistrustful  Negative stereotypes | | |
| BAME students felt that their contributions about their own | | | |

| | | | |
|---|---|---|---|
| culture and background were not appreciated in group discussions, which undermined their confidence. (Hollinrake et al., 2019). | Not feeling valued | | |
| All of the Black African students have family and others (usually children) are dependent on them, either emotionally, financially or both (Bartoli, Kennedy & Tedam, 2008). | External responsibilities | Participants were more likely to have responsibilities outside of the course, such as childcare and financial burdens. They were also more likely to feel isolated than their white peers, and in white spaces, making it harder to find support. This could make them feel more anxious, have lower confidence, and make it harder to continue. Difficult to speak up about racism. | Strain on resources: impacts of hypervisibailistion and invisibalisation lead to ostracization, resulting in loneliness, internalised racism, lowering confidence. Normative white spaces not feeling safe or supportive for racialised participants. Witnessing racism fractures relationships with white peers leading to further isolation. Management of difficulty |
| Another participant shared her feeling of loneliness and isolation which resulted in her becoming | Lonely and isolated | | |

| | | | |
|---|---|---|---|
| teary and low in mood (Tedam, 2021). | | | internalised. Trying to speak up drains resources (racial battle fatigue). |
| 'Invisible' Black students suddenly find themselves the focus of attention and are expected to be expert on relationships between 'their' communities and white people. (Channer & Doel, 2009). | Oversimplification of identities

Expert role | Student identity oversimplified by white peers and senior staff, not reflected in qualified sample. Difficult to integrate multiple identities into a single self. Needed to be 'expert' with white peers and 'supporter' with racialised peers, without further support to do so. | Complexities of identity and role: challenges of racial inequalities and disempowerment impact on development of secure, cohesive identity. Placement in expert role abdication of responsibility for white people. Supporter role valuable for racial solidarity. Increase of representation providers richer |
| I think it's finding the balance and trying to incorporate all three [identities] together in shaping one person (Sangha, 2022). | Incorporating multiple identities | Poor teaching about racism by white teachers, greater representation of racialised voices needed. | learning opportunities and encourages examination of racism. |

The Black student response also emphasised the importance of a Black perspective, or Black experience, when practising anti-racism (Wainright, 2009).

Voice for representation

Despite generally feeling undervalued, participants also discussed experiencing higher expectations from some BME service users: 'we're telling you more because we feel comfortable telling you more'(Mbarushimana & Robbins, 2015).

Undervalued

Supporter for racialised others

Their fear and uncertainty about how to explore these important

Negative and silencing reactions from white peers. White people were

Oppressive whiteness: silencing conversations about racism inhibits

| | | | |
|---|---|---|---|
| issues, and a lack of awareness about their own white privilege, get in the way of meaningful exchange (Hollinrake et al., 2019) | White discomfort prevents meaningful discussion | unaware of an avoided thinking about issues of racism. White people covertly racist. | anti-racist change. Reluctance to see and discuss racism suppresses knowledge, upholds white ignorance, and normalises whiteness and inappropriate practice. |
| Many colleagues were indifferent. Some never asked or mentioned it, others were always claiming racism was worse in the US than it is here in the UK. (Tedam, 2021). | White indifference | | |
| None of the accounts involve racist language and white staff may well have been unaware that their actions were perceived as racist. | Shutting down the conversation | | |
| | White ignorance | | |

(Brockmann, Butt and Fisher,

2001).

This 'colour-blind', or colour-

evasive approach espoused many

institutions and individuals (Obasi,          Colour-blindness

2022).

I had invested so much in it...I had                                    Development of characteristics          Strengths, values and resistance:

to achieve something out of it so, I          Determination             through training. Informal support       experiences of oppression equip

was, I could not have it any other                                      sought. Experiences of                   racialised professionals with skills.

way. I was not willing to fail...                                       marginalisation impact on values and    Asset to social work profession and

(Sangha, 2022).                                                         ways of working.                         empowerment of racialised voices.

This resilience and determination

have been highlighted by critical             Resilience

race theorists (Banks, 1995) as a

| | |
|---|---|
| key characteristic prevalent among | Resistance to subordination |
| BME students and is potentially | Challenging the status quo |
| invaluable for social work. (Dillon, | Embodied values which |
| 2011) | promote inclusion |
| | Greater empathy for others |
| They had developed a | Develop skills |
| determination to persevere through | Overcome challenges |
| the course (Sangha, 2022) | |

**Section One Appendices**

**Appendix 1-A:** Journal of Manuscript Submission Guidelines

**Appendix 1-A:**

**Journal of Manuscript Submission Guidelines**

**Journal of Ethnic & Cultural Diversity in Social Work Instructions for Authors**

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- Should be no more than 30 pages, inclusive of:
  - Tables
  - References
  - Figure or table captions

- o   Appendices
- Should contain an unstructured abstract of 100 words.

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  - o   Tables
  - o   References
  - o   Figure or table captions
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*Updated 30th October 2023*

**Section Two: Research Paper**

**How do managers of homeless services manage experiences of racism in their staff teams?**

Word count (excluding references, tables and appendices): 7990

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September 2024

Prepared in accordance with guidelines for authors for *Journal of Social Distress and Homelessness*

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**Abstract**

**Introduction:** Homeless services are stressful environments, and staff wellbeing is crucial to a well-functioning service. Data from similar health and social care organisations suggest racialised employees face additional difficulties due to racism. However, research exploring this in homeless services is lacking, and little is known about the presence of anti-racist practices. This study aimed to understand how managers of homeless services manage experiences of racism in their staff teams, with a view to identifying barriers to anti-racist practice. **Method:** Interviews were conducted with nine managers of homeless services and analysed using thematic analysis. **Result:** Three core themes and two subthemes were developed: 1. structural barriers, 1.1. vague frameworks, 1.2. whiteness in services, 2. (mis)understandings of racism, 3. white ignorance. **Conclusion:** Leadership in homeless services is required to develop anti-discrimination policies and practices that support racialised employees. It is hoped the findings and recommendations from this study will further investigation and implementation of anti-racist initiatives within homeless services.

*Keywords:* homeless, racism, managers, qualitative

**Introduction**

Extensive experiences of historical trauma and risk of re-traumatisation make the homeless population highly vulnerable, resulting in a high prevalence of mental health difficulties, substance use and exclusion from mainstream society (McDonagh, 2011; Fazel et al., 2008; Fitzpatrick, Johnson & White, 2011). The multifaceted challenges the population face, and their complex relationship to care, mean the staff who work with them need a diverse skill set to provide effectual support (Lemieux-Cumberlege & Taylor, 2019). Yet, homeless services face a decrease in funding, while the need for them is escalating (Homeless Link, 2022a). These challenges can significantly negatively impact on staff wellbeing, including burnout, stress and vicarious trauma (Lemieux-Cumberlege & Taylor, 2019), however staff support is often limited (Jarret, 2010). The Frontline Network's (2022) survey of homeless sector staff reported 58% of those surveyed said their role negatively impacted their wellbeing. Homeless Link (2022b) also found services faced a high turnover rate and problems recruiting experienced workers, suggesting managers face challenges securing well-staffed and experienced teams which may influence their priorities.

Neither survey reported demographic data on the workforce or information about experiences of racism, yet racism was shown to exist institutionally within homeless policy and decision-making (Halliday, 2000) and within the direct support from healthcare professionals, including psychologists (Pudaruth, 2022). Pudaruth (2022) found racialised homeless people felt abandoned, mistreated and devalued by mental health professionals. Levesque et al. (2021) explored frontline workers' needs in the Canadian Homeless Sector. They found four of the nine Executive Directors contacted reported examples of racist and discriminatory experiences within their team, including verbal abuse, unfair recruitment practices and unequal pay. Levesque et al.

also identified racist views among some of the Executive Directors, and noted the potential

impact people with these views in leadership positions may have on creating inclusive and

protective workplaces for racialised employees. There is currently little available research

exploring employees' experiences of racism in homeless services in the UK (King, 2021),

although a recent qualitative study of racialised staff's experiences in the UK homeless sector

found staff experienced pervasive racism in both overt and subtle forms, and they felt powerless

and unheard by colleagues and managers (Sandhu, 2023). In recent years larger organisations

such as Shelter have established steering groups specifically to address racism within their

organisations (Anti Racism Steering Group, 2020). However, fragmentation of homelessness

services across the UK mean it is unclear how widespread these innovations are or whether other

services are making similar changes.

**UK workforce race equality**

While there is little current research exploring the experiences of racialised staff in

homeless services in the UK, the NHS may be considered a comparable organisation, since it

also functions as a public health and social care service offering support to the homeless

population (Kopanitsa et. al, 2023; NHS England, 2022).

Racialised NHS employees experience extensive racism from both patients and within

the organisation itself (Allan, Cowie & Smith, 2009; Bécares, 2009; WRES, 2021; Reynolds &

L'Esperance, 2023). In NHS recruitment, racialised candidates are 1.74 times less likely to be

selected than their white peers for employment and progression (Kline, 2014) or be selected for

senior or leadership roles (WRES, 2021), and employees are twice as likely to be disciplined

(Archibong, & Darr, 2010). They are also more likely to report bullying and harassment from

coworkers than their white peers (NHS, 2015). Experiences of racial discrimination directly

correlate with poor client experience (NHS, 2017) and treatment of employees is a good gauge of a respectful workplace (West, 2001).

The NHS introduced The Workforce Race Equality Standard (WRES) in 2015 to assess and contribute to understanding systemic racism (WRES, 2021). It found employment of racialised staff in very senior management pay bands had increased by 41.7% from 2017, and the rate of disciplinaries for racialised employees had significantly reduced, although they remained at a higher rate at 1.16 times more than for white employees. However, all indicators relating to perceptions of bullying, discrimination, harassment and abuse and beliefs about equal opportunities in the workplace remained unchanged. The rate of white applicants being appointed to the role after shortlisting compared to their racialised peers increased from 1.46 times higher in 2019 to 1.61 in 2021.  Thus, Prerana Issar, the NHS Chief People Officer, stated in the report's foreword 'we still have a long way to go' (WRES, 2021, p. 3), and Woodhead et. al. (2021) argued little progress had been made. Wider social-political roots of racism in the NHS and its similarities as a health and social care public service mean it is highly plausible that similar findings would be revealed within the homeless sector (Law, 2011; Adebowale & Rao, 2020).

**Clinical psychology in homeless services**

Recognition of the need for trauma-informed care in homeless services means clinical psychologists are beginning to play a role in homelessness services. The National Institute for Health and Care Excellence (NICE) recommended exploring the effectiveness of clinical psychology-led psychologically informed environments in homeless services as an area for research (NICE, 2022) and practice guidelines specifically for clinical psychology's role in homeless services have recently been developed (Wells, Tickle & De Boos, 2023). Their role in

supporting emotional and psychological wellbeing means they are likely to be placed in positions where they manage and support racialised employees, yet the current foundation of knowledge is based on Eurocentric epistemology entrenched in colonialism (Phiri, Sajid & Delanerolle, 2023), making the profession potentially ill-equipped to manage racialised professionals.

**Aim**

Managers are in a salient role in that they manage the service, have a direct impact on staff recruitment and culture, and feedback to and communicate with senior management who are less likely to work directly with the client group. It is therefore timely to explore attitudes towards racism in organisations from the perspectives of those in key decision-making positions to make the changes needed to provide equity among homeless organisations' employees.

This research study aims to understand managers' experiences of racism. The research question it addresses is: What are managers' experiences of managing their staff teams with experiences of racism in homeless services?

**Terminology**

Gunaratnam (2003) argues use of racial categories implies they are rooted in biological differences and separate from social, political or historical context. As such, they insinuate 'an internal sameness and external difference or otherness' (p.29). Garner (2017) equivalates racialisation to dehumanisation to describe 'an exercise of power' onto another (p.26). I use the term 'racialised' to signify how racial categories are applied to a group through relational processes rather than inherent descriptors.

Whiteness exists in societal norms that prioritise white people (Picower, 2009), which grant us unmerited social rights we do not even need to think about (McIntosh, 1990). This

makes whiteness visible to racialised people, yet invisible to us (Garner, 2007). However,

Bhopal (2018) argues that whiteness is the most dominant of all physical features.  DiAngelo

(2018) adds that white people have been so powerfully socialised we can find it difficult to view

ourselves racially, and therefore do not perceive its benefits. In slight contrast, McIntosh (2001)

writes 'I think whites are carefully taught not to recognise white privilege' (p.1), suggesting

being unable to recognise our own whiteness is a sinister deliberate technique that sustains

dominance. Thus, as white people, we simply exist as 'human', and those who exist outside of

the 'norm' are racialised (Garner, 2007). We also may not notice what barriers exist for

racialised people as they move through a society developed to advantage white people (Ahmed,

2007a; McIntosh, 1990). Critical Race Theory (CRT) posits racism is embedded in our societal

structures and systems, which results in and sustains racist policies and practices (Crozier,

2023a; Delgado & Stefancic, 2017; Afzal, 2023). A core component of this theory is whiteness,

which CRT argues exists in our society as the dominant norm, rendering it invisible and thus

unchallengeable (Frankenberg, 1994). Garner (2007) describes whiteness as systemic, whereby

the white experience is representative within our social, political and economic structures,

therefore these systems are created by white people for white people's benefit. McInnis (2021)

names this the global system of White Supremacy, which benefits white people and is

persecutory towards racialised people, whose experiences are willfully ignored (Garner, 2007). I

describe those who benefit from this system as 'white'. As a white researcher I am included

within the privilege afforded to me by a system that causes harm to others, therefore where

possible I include myself within descriptions of white people by using the first person.

**Method**

**Epistemological approach**

My epistemological approach for this research was critical realism, which proposes that a reality can exist outside awareness. Therefore, while a phenomenon might be imperceivable, its consequences can be by causatively effecting outcomes (Carter, 2000). As such, critical realism can be applied to social structures, which can exist outside awareness yet provide conditions for actions (Porter, 1993). Porter (1993) connects critical realism to opaque functions of racism in the sociological structures that result in racial power imbalances and racist behaviours and attitudes. Therefore, the participants' views of racism were not accepted uncritically. I believe there are 'truths' regarding how racism exists and functions that my white participants may not be aware of, have knowledge of or deny. This enabled me to critically consider the social contexts my participants existed within and make causal connections between these and their perceived realities (Zhang, 2023; Stutchbury, 2022).

**Design**

Silverman (2021) argues a qualitative design can develop a depth of understanding of people's experiences and their social practices, and therefore can examine social problems. Therefore, qualitative designs have been used extensively to explore racism (Wojnicka & Nowika, 2023; Lowe, Okubo & Reilly, 2012; Spanierman et al., 2008, Truong, Museus & McGuire, 2016; Deliovsky, 2017) and can also be helpful to attend to issues of social justice, for instance via examination of power relations (Maiter & Joseph, 2017), which is pertinent in exploring managerial positions. I therefore selected a qualitative design for this research. I selected to use semi-structured interviews because they offer a systematic approach to interviewing which keeps the line of conversation relevant to the research topic, while also

enabling both exploration of the researcher's pre-defined agenda and key issues for the

participants (Adeyoe-Olatunde & Olenik 2021). I conducted virtual interviews remotely using

Microsoft Teams. Virtual interviewing has been criticised for its potential to negatively impact

on researchers' ability to observe all non-verbal information (Keen, Lomeli-Rodriquez & Joffe,

2022).  To mitigate this, I remained reflexive and tentative in my interpretations of non-verbal

cues during interviews and reflected on these in my journal.

Thematic analysis was the chosen method of analysis for its emphasis on generating

themes across a dataset rather than centralising each participant's subjective experience as other

approaches such as Interpretive Phenomenological Analysis might (Shaw et al., 2014). It allowed

me to scrutinise the findings using my preferred epistemological stance. I selected a reflexive

approach to incorporate reflections of my positionality as the researcher during the undertaking

of data collection and analysis, which is an advised tool for thematic analysis to help build depth

of analysis by examining thoughts and developing meaning (Braun & Clarke, 2022). I kept a

reflective journal in which I recorded a self-critical account of the research process where I

routinely examined the assumptions and choices I was making related to both personal aspects of

myself and my knowledge and research experience. It was essential to reflect on my positionality

as a white researcher doing a project on racism and speaking to white people (Crozier, 2023b).

Upon deeper analysis, I see problematic reflections in [participant]'s transcripts. They

have some blind spots I did not initially notice, likely because of my own blind spots that I have

become more aware of over time, particularly relating to the growing awareness and

understanding of post-racialism and individualism. [reflective journal excerpt]

**Ethics**

Considered ethical issues included participants' emotional discomfort, confidentiality, participant anonymity and data protection. Ethical approval was granted from the University of Lancaster Faculty Health and Medicine Research Committee (Appendix 4-E).

**Participants**

*Inclusion criteria*

Homeless services vary structurally depending on the type of service and the various employed professionals within it.  For instance, they exist within the NHS (GMMH, 2024), Local Authorities (LGA, 2024), and the Third Sector (Crisis, n.d.). I used the term 'manager', commonly understood across the sectors, to capture all professionals who have a position of authority over other professionals within a front-facing homeless service. The participant inclusion criteria were:

1.  To have worked for at least 3 months in the manager role

2.  To work in a homeless service that works directly with homeless people

3.  To work in a service based in the UK

4.  To be able to take part in an online or telephone interview

*Recruitment*

The recruitment pool was national to optimise recruitment and to provide potential diversity of experience. I anticipated that participants from major cities were more likely to have experienced managing racism because heavily populated areas tend to be more diverse. Racism in diverse areas is more likely to be noticeable, because racialised people are more likely to exist in spaces that have been developed by and for white people.

I sent a poster advertising the research to the National Psychology Homeless Network to be disseminated to members via email asking them to circulate the poster. Homeless services

were also identified via Google and contacted directly. A total of 73 services were directly

contacted in England, 12 in Scotland, 3 in Wales and 10 in Northern Ireland. I sent a cover email

and attached the poster to be disseminated to relevant team members. Participants were recruited

to the study via self-referral.  Thirteen people expressed interest in participating, all of whom met

the criteria for the project. Of these, one was not able to arrange a meeting prior to leaving the

service and did not wish to participate after this time, and three stopped responding during email

dialogue about arranging an interview. Therefore, a total of nine participants self-selected to be

interviewed (Braun & Clarke, 2021). The study information was sent to participants when they

expressed interest in the study, and consent was sought at the beginning of the interview.

**Procedure**

*Topic guide*

A topic guide was used to explore information about the participants, the staff they

managed, and the wider organisation. It covered questions exploring the participant's role, their

understanding of racism, organisational context such as ethnic makeup of the team, recruitment

and reporting mechanisms, and staff dynamics.

*Demographic information*

Demographics of ethnicity and location were sought to provide context when analysing

and interpreting the data.

*Interviews*

Participants were interviewed online using Microsoft Teams. Remote interviewing

facilitated UK-wide recruitment, appointments could be made flexibly, and travel expenses were

not needed. I conducted semi-structured interviews with a topic guide to allow for flexibility and

adaptability of questioning depending on what the participants wished to discuss in relation to

my research question, whereby I improvised my questions and gave the participants space to express themselves in an authentic way (Kallio et al., 2016). As such, I initiated interviews by asking participants about their background and role and asked what had motivated them to take part in the study. Based on their answers I then adapted the order in which I followed the topic guide to allow a natural flow of conversation. The interviews lasted approximately one hour.

*Transcription*

The auto transcriptions from the Teams recordings were edited for accuracy. The data was anonymised and pseudonyms used. Additional reflections from the interviews were recorded in a reflective journal.

**Analysis**

*Strategy*

The data was analysed using reflexive thematic analysis, primarily using the techniques posited by Braun & Clarke (2022). As Braun & Clarke (2022) advise, I familiarised myself with the dataset, systemically coding, generating and refining the themes. I followed the Trustworthy criteria, as outlined by Nowell et al. (2017) to present an auditable decision trail to transparently communicate my process and facilitate evaluation by others. This involved evidencing credibility via researcher triangulation and peer debriefing, transferability to other sites via thick descriptions, and dependability via clearly documented and auditable processes at every stage of the research. I kept a record of each decision made throughout the research process, with a clear rationale, for transparency of decision-making. I also kept digital records of raw data, field notes and transcripts. All identifying data was stored in password-protected files on the University server.

I incorporated a primarily deductive approach to my analysis (Swain, 2018). My motivations to conduct the project and a previous literature review I conducted exploring experiences of racism in the National Health Service helped inform my decision-making in the early stages. This evolved over time through the process of the undertaking of the project. I initially incorporated an inductive approach to analysis, whereby I had no pre-existing theoretical approach that I wished to frame the analysis on, and I coded and generated initial themes from within the dataset itself inductively to ensure conclusions could be derived from the data (Braun & Clarke, 2022). To support my critically realist epistemological approach, whereby reality can exist outside of one's awareness (Porter, 1993; Carter, 2000), I then shifted to a deductive approach by applying my own interpretations and existing theoretical knowledge (largely from academics of critical whiteness theory and critical race theory) during the stages of reviewing and defining my themes and writing up the analysis. The six-step guide was a fluid process, where I oscillated between steps as deeper levels of analysis were developed. I initially followed the steps sequentially, and then after developing a provisional set of themes and discussing these in supervision, I returned to the raw data to deepen my analysis. I then reviewed and redefined the themes, and again engaged with the literature and returned to the writeup. In the final stage I reviewed the raw data again to ensure the writeup appropriately captured the content.

**Findings**

This section incorporates both findings and theory. The findings comprised three core

themes and two subthemes: 1. structural barriers, subthemes 1.1 vague frameworks, 1.2

whiteness in services, 2. (mis)understandings of racism, 3. white ignorance.

**Theme 1: Structural barriers**

This theme explores two structural barriers which create challenges in managing

experiences of racism among the staff teams and has been separated into two subthemes: 1.1.

vague frameworks, 1.2 whiteness in services.

*Subtheme 1.1: Vague frameworks*

Most participants said they could only refer to general equality, diversity and inclusion

(EDI) guidelines, and guidelines on how to support staff with incidences of racism were unclear.

They may have been referring to the legal guidelines set out by the Equality Act

(Legislation.gov.uk, 2010), which aims to protect people with 'protected characteristics',

including race, from discrimination. For instance, Emma said, "It is probably just your standard

EDI policies. There isn't anything I think around housing and homelessness, other than your very

bog-standard EDI statements", and Carol said: "Everything's kind of lumped together under

equality, isn't it?"

Vague EDI policies meant how incidences of racism were dealt with varied. Many

participants described talking to perpetrators, who were mostly clients, to educate them to see

things differently. Oliver relied on mediations between a perpetrator of verbal racial abuse and a

victim with a trained mediator who had not been trained to manage racism:

   The perpetrator was open to kind of listening and learning and understanding, but during that

   process, what the mediator wants to happen is for the victim of this to explain why using

those words is inappropriate and how it makes them feel, so that there's a degree of empathy between the perpetrator and victim.

Oliver believed informally seeking a resolution was preferable to more serious approaches such as a "disciplinary" or "putting someone on the street in the middle of winter, high risk of death or injury". He added "racism is quite rare" and they used this approach for other issues "whether it's falling out over who's got the TV remote to, yeah", suggesting this strategy is adopted as a broad approach.

Emma described an incident in a previous management role where a racialised staff member experienced verbal racism from a client. The staff member wanted Emma to evict the client from the hostel, however Emma was reluctant due to the severity of consequence for the client. Emma experienced a "moral dilemma" whereby she wanted to "protect both of them", yet she felt "stuck":

It puts you in a really tricky position, because it's like, I know this client is extremely vulnerable. I know from his history that no other hostel's gonna take him. He's likely at this point got severe brain injury. So he's going to be street homeless with no solution.

Both Oliver and Emma described reluctance to follow the only formal option available of evicting clients who had been verbally racist towards staff members due to their vulnerability and the severe consequences for them should this happen.

Ben worked in a locality with a particularly diverse population, his team consisted of 50% racialised employees, and he was the only participant to report specific anti-racism guidelines. These were initiated by a local commissioner in collaboration with two hate crime specialists in the police. This led to a change in policy which was relayed to homeless services, whereby every instance of hate crime related to any protected characteristic required reporting to

the police. Ben said this changed his approach, from "putting the onus" on the victim to taking

the lead as manager: "It's about me in my managerial position to take ownership of this situation

and say I'm supporting you. This is what I'm doing as opposed to what do you want me to

do?".

*Subtheme 1.2: Whiteness in services*

This theme describes how whiteness in services functioned and impacted on racialised

employees. Five teams the managers worked in were entirely white, and three teams had two or

fewer racialised staff members. All senior staff members appeared to be white. Racialised staff

members generally consisted of students, night workers, agency workers and people who no

longer worked for them. For instance, Carol said "There was one Black support worker that was

permanent. There's a couple of agency workers that came in that were of different ethnicity",

and Lena said, "we've had students that are Nigerian."

Racialised staff in junior and less visible roles may experience negative implications

because they may be less able to speak out about issues of racism or develop supportive

relationships with managers and colleagues. They are therefore likely to be less embedded within

teams. Being the 'only one' could lead to uncomfortable feelings of hypervisibility and isolation,

and alienation when they experience racial abuse (Fairtlough, 2014). It also has implications for

organisational culture, which may appear superficially 'diverse', yet racialised staff members are

transitory, remain at the fringes and their low numbers may not reflect the configuration of the

wider community.

Emma recognised her team were not representative of the city's racial demographics

where there were areas of concentrated racialised communities, such as a large Black community

where the service was situated, and spoke about insidious systemic issues she struggled to understand:

Our service users and staff are not representative of our community. The staffing is pretty much white British from the local area, and that's, do you know what I mean, there's no diversity there. There's something more systemic here that no one's really paying attention to.

Similarly, Emily was new to an NHS management role in a new community service tasked with accessing 'hard to reach groups' including people seeking asylum at a time when increasing numbers of asylum seekers were being allocated to her largely homogenously white locality. She was half-way through recruiting her team, who all needed a healthcare degree. All prospective candidates were white. She wondered why this was, which contrasted with the local hospital which had many racialised employees: "We've got a lot of nurses from India that have come to the ward because I guess the NHS is in such a sticky state with staff and they've gone and invited people over".

Emily believed the difference may be because the hospital tried to attract qualified staff from overseas. However, this lacks nuance concerning racial dynamics within different sectors. For instance, unseen (2022) a UK charity working to eradicate modern slavery, reported the second highest reported instances of labour exploitation of migrants was in the care sector. In contrast, migrant doctors can be drawn to work in the UK due to its prestige and opportunities for career development (Brennan et al., 2023). Emily wondered if apprenticeships may support people to enter the profession, implying prospective racialised candidates were more likely to have fewer qualifications. She later said, "I would think that the majority of people with ethnic backgrounds are gonna be at lower bands." Her reflection implies unexamined negative

stereotyping of racialised prospective candidates and may demonstrate the lack of visibility of racialised staff members in senior positions in homeless services. She also places the issue within the candidates rather than examining systemic barriers. It is possible that Emily viewed diversity and equal opportunity issues in recruitment as requiring action by managers higher up the organisational hierarchy, therefore took a passive and uncritical approach to managing this within her role.

Carol discussed an incident prior to becoming manager where a Black support worker in an otherwise white team complained about racist treatment from a colleague:

The [colleague] tackled [the support worker] and went, why is this guy's room in such a mess? That's your job. And the support worker come back out with 'are you picking on me because I'm Black?' Straight away the [colleague] turned round and went no, I'm picking on you because you're a shit support worker.

The support worker complained his treatment was racist, and the manager at the time spoke to the colleague. Carol viewed the support worker's actions as "using that as a card", in reference to the phrase 'playing the race card' whereby she believed he exploited his ethnicity for personal gain. She later said he "didn't do himself any favours", suggesting speaking out about his experience of racism reduced his legitimacy within the team. Puwar (2004) argues increases in diversity in normatively white spaces makes speaking out against racism more likely. Yet, the lack of racialised employees within senior positions in this sample also fits with Puwar's proposition that these 'spaces' 'are not historically and conceptually 'reserved' for them' (2004, p.33).

**Theme 2: (Mis)understandings of racism**

This theme examines participants' understanding of racism, which highlights individualist, post-racialist views, perceptions of 'reverse-racism' and other forms of prejudice and discusses training on racism.

Nearly all participants described racism as a negative attitude towards another, not treating others the same due to their race, and verbal abuse. Owen said, "I suppose it's when someone who is verbally or threatening or abusive to someone of a different culture really" and Ben said, "Somebody being treated in a way that is not right based on their ethnicity, heritage or appearance related to the color of their skin." These definitions frame racism as one individual's beliefs harming another. Bowleg (2021) argues individualistic views ignore underlying structural and intersectional contexts, which ultimately upholds and maintains these structures because the focus remains on incremental changes rather than transformational change. As discussed above, actions to 'resolve' incidents of racism thus involved attempting to educate the perpetrator. Lentin (2016) argues this links to viewing racism as historical, whereby incidents are instead viewed as isolated and enacted by 'unbalanced or uneducated individuals', while wider issues remain concealed and continue to be reproduced (p.2). Therefore, they are likely to miss opportunities to notice subtler forms of racism such as microaggressions and systemic racism, as Oliver suggests: "Ohh, [racism] doesn't happen so often, so it's never high on my agenda".

Isabel described an experience she had as racism, "There was quite a lot of racism directed at us as white people in their communities, and they would call us 'mongu', which basically meant 'white slave driver', and Carol described a similar view working in Wales:

There has been, you know, I would call it racism, but not in what people perceive as racism, isn't it? But I've been discriminated against because I'm an English person, which is a bit bizarre. So I tend to put British.

This is a conception of reverse racism, or 'white victimhood' where white people believe they experienced racism (Nelson et al., 2018, p.340). White victimhood was politically adopted in backlash to anti-racism policy, as seen in the UK with the rise of narratives such as those within the British National Party, who espoused the party slogan 'Rights for Whites' in the 1990s (Rhodes, 2010, p.85). Framing individual discrimination against white people can be viewed as a false equivalence to racism that diverts attention from the white supremacist structures white people benefit from (Nelson et al., 2018; Sengul, 2022). As such, viewing white people as racially marginalised may be problematic when trying to incorporate anti-racist practice within services.

In effort to contextualise their understanding and management of racism, many participants described experiences of other prejudices they had managed, such as sexism, neurodivergence, homophobia and different British accents. This usually happened when participants did not report an experience of managing racism. For instance, Mary discussed sexism: "Talking to a woman like that is not acceptable". Crenshaw (1991) argues an intersectional approach is necessary to understand how racism intersects with other forms of oppression to reinforce one another. However, discussing other forms of oppression without interlinking them to racism risks derailing the conversation away from racism, which Johnson, Rich and Castelan Cargile (2008) argue is a tactic white people use to avert discussion about race. Grillo and Wildman (1991) argue we can compare our experiences to others to draw on our empathy and to relate to one another. However, it also diminishes the impact of racism and hides the different ways in which racism specifically functions. They also argue it reinforces white supremacy, whereby the issues that concern white people are centralised, rather than race. I noted in my reflections that I felt the urge to defend the participants for this. It is a tactic I have

also been guilty of, and I wanted to evade its sinister foundations. However, addressing this as a

white supremacist manoeuvre is a necessary discomfort.

Services deliver equality and diversity training to comply with British legal requirements

such as the Equality Act 2010 (Bird, 2009), yet short-term training has been criticised for its

tokenism and ineffectiveness. For example, its ability to reduce prejudices is questionable

(FitzGerald et al., 2019) and does not mitigate structural racism (Shelton, Adsul & Oh,

2021).  The training participants described was arranged elsewhere within their organisations and

as front-facing managers their power to develop additional training was unclear. Training

appeared to be general EDI training either at induction or annually. Other training tended to be a

single session, however while racism was occasionally mentioned, it was always combined with

other protected characteristic issues. Ben describes, "issues about discrimination and I think, and

you know how people have been discriminated against. It's a very short, I guess, a very general,

general sort of equality and diversity training."

This suggests a degree of tokenism in training. Ahmed (2007b) was critical of centering

issues of diversity because they can individualise difference, obscuring systemic inequalities and

preventing meaningful action.  Emma and Ben discussed more extensive training, which they

both received before working in homeless services. Three participants touched on issues of

institutional racism, which included both Emma and Ben, suggesting a slightly more developed

view. Both participants said it influenced their thinking as managers. For instance, Ben said, "it's

about me in the managerial position taking ownership of that situation to say I'm supporting

them. This is what I'm doing, as opposed to what do you want me to do? Because that's quite a

conflicting thing to be asked by somebody who's just suffered something like that."

Ben appeared to have shifted to a more leadership stance in managing racist incidences. Emma recently received anti-racism training within an advanced university degree, which appeared to shift her focus from managing direct incidences of racism to getting their 'house in order', implying a move towards systemic change. She believed this could be achieved by increasing representation, which might enable racialised employees to seek appropriate support from people who could relate to their experiences. However, she felt conflicted with the challenge of recruiting more racialised employees into the team before systemic change could occur:

> Which bit do we do first? How do we make the workplace safe for people to come into it and experience racism without the knowledge and expertise and the experiences of people who know and understand racism in a way that me, as a white person, never can.

Emma appeared conflicted by her inability to make decisions on issues of racism due to her whiteness yet knew that change needed to occur: "doing nothing's not OK anymore. We need to do something."


**Theme 3: White ignorance**

This theme explores how participants may not be primed to notice racism and therefore are less likely to prioritise issues of racism in their services.

Most participants believed racism was rare or may not exist within their service, for instance, Emma suggested, "I don't know, because as far as I'm aware [racism has] never happened", and Mary reflected, "I haven't had blatant racism in this particular role". Participants also reflected on how things have moved on from racism of the past, as Isabel suggests: "we all move on, we all evolve". I reflected this made it difficult to examine issues in interview, because

much appeared absent or unspoken. However, it highlighted the view that we now live in an era

beyond racism, termed 'post-racialism', which claims racism is no longer an issue that needs to

be examined or challenged (Crenshaw, 2011). This can be viewed at Governmental level in the

Sewell Report (HMG, 2021) commissioned by the Government to investigate racial and ethnic

disparities in the United Kingdom which claimed institutional racism no longer exists. It was

strongly criticised by organisations including the British Medical Association for downplaying

the impacts of racism, and the absence of recognising structural inequalities (Tonkin, 2021;

Tikly, 2022). This makes it likely that participants will act reactively and unpreparedly to

incidences of overt racism. Their lack of understanding of structural racism and their white gaze

(Rabelo, Robotham & McCluney, 2021), whereby they view the world through what they

consider 'normal' within the parameters of their whiteness, again makes them more likely to

miss subtler forms of racism.

  Isabel reflected on the strangeness of the whiteness of her staff team: "But like my direct

team, yeah, everyone is white British. It's been a, it's always a bit bizarre." This also implies she

may not have proactively explored the underlying causes. Mills' (2017) white ignorance' (p.49)

is an epistemology that persists by avoiding knowledge and learning. It is possible Isabel's white

ignorance led to avoiding exploration of possible causes of the entirely white team. Similarly,

Emma's reflection: "people who know and understand racism in a way that me, as a white

person, never can" implies she believes she is unequipped to appropriately intervene on racist

issues because she is white. Yet, imposing an 'expert' stance onto racialised people risks placing

responsibility to intervene onto those oppressed. It also blurs the differentiation between

individual experiences and theoretical knowledge, which Wainright et al. (2009) argues is not

inherently understood by racialised people and can result in white people staying

unaccountable.

No participants reflected on how whiteness in the work environment may impact on

racialised staff members, suggesting a lack of understanding of power imbalances. For instance,

some participants experienced reassurance about racist incidents from the affected staff

members, or believed they could cope with no further intervention needed. Owen said, "I know

it's the wrong way sometimes of thinking, but the person involved was happy to carry on."

Oliver stated," he has had an infrequent and rare, uh, mostly alcohol-induced words said to him,

which reflected skin colour. He is, uh, able to deal with those in a very grounded way. It didn't

upset him."

Yet, working in white spaces may make it more likely racialised employees downplay

their reactions to racism to avoid being perceived themselves as a problem. Ahmed (2007a)

argues racialised people need to diminish themselves to avoid disrupting white spaces.

Additionally, Sian (2017) argues a racialised employee's status as an 'outsider' within white

workspaces places them in a disempowered position, making it harder to speak out for risk of

being perceived as 'overly sensitive' (p.6). Diangelo (2018) argues white people can often react

poorly to issues of racism and enact defensive behaviours to protect their own comfort at the cost

of racialised people's wellbeing. Dyer (2017) thus argues whiteness's authority needs to be

attended to and scrutinised for it to be challenged. I noted the participants did not reflect on their

whiteness or the whiteness of their institutions in any meaningful way, therefore this remained

invisible and unchallenged in their reflections.

**Theoretical Considerations**

This research found structural barriers exist that prevent appropriate mitigation of discriminatory practice, therefore managers need to rely on their own best judgment without support or training.

While most participants appeared ideologically anti-racist, the focus on incidences of verbal racism suggests the complexity of racism was not captured.  Covert racism, such as structural racism, was not perceived by most participants or understood in any meaningful or concrete way. Instead, they discussed overtly noticeable issues (McKinney 2005). This leads to managing racism reactively, rather than preventative proactivity. It also centres white perspectives; whereby structural racism remains unnoticed and upheld. Participants' understanding of how racism can be enacted was also limited and focused solely on individual acts from which the participants were separated. Individualism ignores cultural, institutional and systemic racism (DiAngelo, 2022).

The lack of motivation to understand racism can blind people to internal racism, leading them to believe it does not happen within themselves or their services (Fletcher et al., 2015). DiAngelo (2022) argues people with anti racist ideological values without examining their own internalised racism, which she believes all white people have, are the most harmful because they can insert themselves into anti racist spaces and hinder real progress (Garner, 2007). As Post and DiTomaso argue, 'the ultimate white privilege is the privilege not to be racist and to still benefit from the existence of racial inequality' (2018, p.61). This also risks performativism, whereby white people talk about antiracism yet implement little action (DiAngelo, 2022).

 Acknowledging the existence of whiteness was also missing within the data. Garner (2007) argues whiteness is a 'dominant and normative space against which difference is

measured' (p. 35). The assumption that whiteness is the 'norm' and universal renders it invisible, yet existing outside of this is to be deviant. Invisibalising whiteness prevents us from addressing its relationship to power (hooks, 1992), instead, silence perpetuates its power (Garner, 2007). The participants' awareness of racism was usually only triggered when racialised people were present (Frankenberg, 1994) and they did little to tackle it other than occasionally having direct, 'educational' conversations with overt perpetrators of racism, which again highlights the assumption that racism is perpetrated by individuals alone. This also fits with the invisibility and normalisation of the power of whiteness, making it unquestionable (Garner, 2007). It was interesting that participants viewed themselves as appropriately placed to 'educate' others on racism, since most participants had received no anti-racist training. It highlights their unawareness of their superficial knowledge and reflected a possible assumption that holding liberal values was enough (DiAngelo, 2022).

The service guidelines the participants described did not appear to have specific clauses for anti-racist practice. Instead, standard EDI policies were applied, which can be misinterpreted and misused (McInnis, 2021). They also focus on the diverse 'other', which as outlined above is problematic in its erasure of whiteness. McInnis (2021) writes, 'will there be a time when monitoring of institutions considers favouritism to white people, not only discrimination against Black people?' (p.33). Managers therefore needed to apply their best judgements as to who to protect and who is perceived to be in positions of power within their own frames of reference. Internal training also focused on all-encompassing EDI topics, which again focus on understanding the 'other' (Wood & Patel, 2017). Notably, there was an absence of courses for white people to learn about whiteness, preventing helping white people understand the environment racialised people navigate.

**Limitations**

The participants were self-selected; therefore, results may reflect views from managers who are more likely to recognise the issue of racism and may be less likely to uphold oppressive racial tactics such as silence if they are willing to take part in a research study about racism, which may not represent wider ideology.. My ethnicity as a white researcher may have impacted my decision-making throughout the project due to my own socialised worldview, and I may have missed nuance or opportunities to interpret issues in an alternative way. The processes of this research can be viewed as rooted in colonial Western methodology and as therefore potentially inherently racially problematic due potential reinforcement of power structures. For instance, interviewing people with white privilege and the same ethnicity as my own may be problematic in how they presented themselves with me and assumptions we may share. I have outlined recommendations to instigate change at individual, cultural and organisational levels. Yet, the multifaceted forms in which racism exists mean none are panaceas and there are many possible approaches, which need to exist at every level and are dependent on context. For instance, there were differences within the organisations I sampled, such as racial demographics of the areas where some were more highly predominantly white than others, and services were based in both England and Wales. Attending to local racial dynamics is important for tailoring anti-racist priorities, while also considering the importance of standardised processes, policy and legislation.

**Recommendations**

While there is no singular solution, there are numerous actions organisations can take towards embedding anti-racist practice at management level, and clinical psychologists could play a key role. The DCP Racial and Social Inequalities in the Times of Covid-19 Working

Group published a paper detailing changes clinical psychologists need to make to tackle racial inequalities (BPS, 2020), including developing culturally sensitive and psychologically 'safe' workplaces. The recommendations below are designed for all leaders of homeless services, including clinical psychologists.

More detailed guidelines are needed specifically regarding managing incidences of racism within staff teams in homeless services, while also maintaining appropriate support for the clients. To achieve this, committed resource for anti-racist practice is needed within EDI departments, and changes need to be integrated in services' leadership strategies. The North West Black, Asian and Minority Ethnic Assembly published an anti-racist framework detailing the organisational change the NHS needs to implement to be 'unapologetically anti-racist' (NHS England, 2023, p. 3). A strategy such as this could be reviewed within the homeless service sector setting and adapted where appropriate.

Spaces for reflection and teaching are needed for integrated change within services and staff teams. White awareness training (Ryde, 2009; Diangelo, 2018) can help white employees unpick their unconscious bias and begin to see themselves in racial terms. It enables them to acknowledge emotions that arise, such as guilt, when they realise racism is deeply rooted in society and it is impossible for white people to not experience privilege, and can create spaces to explore issues of privilege (DiAngelo, 2016). Incorporating mindfulness training can support white employees manage the guilt that comes up from raised consciousness about white privilege, which engenders self-compassion and supports resilience (Birnie et al., 2010). DiAngelo (2016; 2021) describes her experiences of training white people about whiteness and outlines the processes needed for this. There are also specific courses available that homeless services could purchase or draw from (Equality and Diversity UK, 2024; LSBU, 2024).

Incorporating a cultural wealth model is a strengths-based approach whereby the narrative is switched from racialised people being disadvantaged within these services to being seen as valuable holders of knowledge and skills not accessible from a Eurocentric perspective (Hillen & Levy, 2015). Incorporating culturally sensitive practice in the workplace could help teams critically examine our own white, Eurocentric culture, and competently explore and understand those of others (Hollinrake et al., 2019). Yosso (2005) discusses incorporating cultural wealth through the lens of critical race theory, based on the premise that Eurocentric knowledge can inherently silence, devalue and 'other' racialised people's knowledge. Cultural wealth training could help managers identify where structural and institutional racism exists in the workplace and foster a greater awareness among those in powerful positions of the problem.

Naqvi et al (2022) state 'effective leadership, embedded accountability and concerted effort by all staff' is needed (p.2024). Organisations should consider how to diversify recruitment, and support progression into leadership roles for racialised employees (Naqvi et al, 2022). Homeless services could consult organisations who demonstrate good practice. For instance, NHS Providers (2024) compiled a list of NHS Trust initiatives that implement inclusive recruitment practices. For example, Avon and Wiltshire Mental Health Partnership NHS Trust won a Gold award in 2023 for their inclusive practice and have remained in the 'Inclusive Top 50 employers list' in the UK for six years (AWP, 2024).

The Mandela Model (Tedam, 2011) is an anti-discriminatory, social work-specific strengths-based tool that facilitates discussion and exploration of differences and similarities in power and lived experiences and develops a deeper understanding to help avoid oppressive practice. This could be adapted to a homeless service context to support managers in their

supervisory relationships with their employees by supporting the development of meaningful relationships founded on respect for diversity and a deeper understanding of cultural contexts. Incorporating an anti-oppressive tool into the supervisory relationship may enhance racialised employees' experiences and professional development.

**Future research**

Large-scale systemic collection of data on homeless services is needed for workforce analysis and could support development of targeted action and increase service, leadership and decision-maker accountability. Further evaluation is needed to identify embedded racism within service policies and guidance, processes of recruitment, progression opportunities and training, and a regular review launched to identify areas of progress and further barriers to change. For example, indicators of inclusivity could be monitored such as levels of self-reported workplace bullying and harassment, and representation in positions of seniority and leadership (Naqvi et al, 2022).

**Conclusion**

This preliminary study created a foundation upon which to build targeted interventions for anti-racist practice in homeless services. Leadership in homeless services is needed to develop policies and practices that support anti-discrimination of racialised employees, and to integrate consistent change within services. Noting the absences in what was said by the participants helps to explain why things are not culturally shifting, such as the lack of recognition of whiteness and understanding of how racism can manifest and be managed. Lack of training and structural challenges such as limited funding hinders progress and should be prioritised. Recognising the negative impacts of white privilege, cultural norms and structures, and perpetuation of white spaces is crucial for meaningful change to occur.

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**Table 1: Participant demographic information**

| Participant | Race/ethnicity | Location |
| --- | --- | --- |
| Carol | White British | Welsh city |
| Owen | White British | Welsh city |
| Emma | White British | Northwest English city |
| Lena | White British | Northwest English city |
| Ben | White British | London borough |
| Oliver | White British | London borough |
| Emily | White British | Southwest English city |
| Isabel | White British | Southeast English city |
| Mary | White British | Welsh city |

**Table 2: Summary of themes and subthemes**

| Themes | Subthemes | Example codes | Statements from participants | Reflexive log excerpts |
|---|---|---|---|---|
| Theme 1: Structural barriers | 1.1 Vague frameworks | Bog standard EDI statements | "I wouldn't imagine that there says anywhere in the policy. There will be policies that talk about diversity and how you do it. You know, equal recruitment, but I don't know if there's anything written down. I don't know" (Emily) | Participants appeared to be quite vague about the relevant policies. I wonder if this because the policies are vague, or the participants haven't referred to them in the context of managing racism, which makes it harder for them to access the relevant parts on the spot? |
| | | Unspecific policy | | |
| | | Nothing written down | | |
| | | Rely on intuition | | |
| | | Limited and ineffective | "You can give people written warnings, but too many written warnings and they're gonna be evicted. It's not gonna get you that far". (Emma) | |

| 1.2 Whiteness in services | Team entirely white | "I would think that the majority of people with ethnic backgrounds are gonna be at lower bands" (Emily) | I noticed something like a dismissiveness or defensiveness when [participant] said all staff members in more senior positions in the service were white when they described other characteristics they possessed, suggesting they were still a diverse group. I noted something similar in [participant]'s account of their entirely white team. Perhaps it feels uncomfortable to reflect on this and examine it directly? |
|---|---|---|---|
| | Junior racialised staff | | |
| | Team not ethnically representative of area | "The representation of staff doesn't represent the community" (Emma) | |
| | | "We've got a bank worker who isn't white" (Lena) | |
| | Can't recruit racialised staff | "He could be quick to play the race card" (Oliver) | It was interesting that participants often reflected with surprise or concern that their teams were perhaps over-representatively white, but that nobody appeared to have concrete ideas as to why this might be or |
| | Using the race card | | |

have made steps to explore it further. Perhaps this is due to apathy? Lack of priority due to other demands? Lack of support from more senior management? A view that the responsibility for this lies higher up in the chain?

| Theme 2: (Mis)understandings of racism | Verbal abuse | "I suppose it's when someone is verbally threatening or abusive to someone of a different culture". (Owen) | It seems like if nobody is being called names or experiencing overt hostility then racism is a non-issue. Racism needs to be overtly noticeable for it to have been considered an incident requiring intervention. |
| | Mistreatment by others | | |
| | Teaching the perpetrator | "People would use language to discriminate against them, or by being ignored". (Lena) | |
| | Changing minds | | |

| | | | |
|---|---|---|---|
| | Discrimination as white person | "I would enable them to understand that that behaviour was inappropriate". (Mary) | |
| | Comparison to sexism | "I don't like sexism or ageism or anything like that". (Owen) | |
| Theme 3: White ignorance | Racism never happened | "As far as I'm aware it's never happened". (Emma) | I noticed positivity in the participants' views that things are 'better' now, or 'we' (collectively, well-meaning people?) |
| | Racism used to be worse | "We all move on, we all evolve". (Isabel) | 'know better', which felt removed from what I understood about racialised people's lived experiences. How does this |
| | Awareness is better | "I think the awareness is getting much better". (Owen) | happen? And how does it influence reducing the impacts of racism? |

**Table 3: Example excerpts of coded data**

| Extract | Code |
|---|---|
| I think racism itself and the whole idea of it is quite divisive itself (Carol) | Racism is divisive |
| The Black Lives Matter protests and all that, I mean I was involved in some of the stuff in social media. Some of the discussions, that kind of thing. (Carol) | Conversations about racism on social media |
| I'm Black. No, you're being treated like anybody else. But he was, you know, using that as a card (Carol) | Using the race card |
| You're a rough sleeper and you say, you hear on the, in the right-wing media that they tell you ohh this person from Poland is getting a house and this person came from a boat and they're getting accommodation. You're still rough sleeping. It's a really easy way to just blame that person. (Mary) | Right-wing media shows immigrants getting accommodation<br><br>Rough sleepers primed to blame immigrants |
| So we, we got with me. I'm White British. [name] is White British, there is [name] White British, and it's actually an assumption. But I'm making a reasonable guessed assumption. And [name], so all of us are White British. (Emily) | The entire staff team are white British |

And sometimes I think the other thing we've struggled with is what we call our roles. I think people get a bit confusing. So when I worked in supported accommodation I was an assessment and resettlement worker, which was a bit of a mouthful, but they restructured that role and they called them coaches. (Isabel)

The names of our roles can be confusing

We have a bit of a problem with recruitment anyway. I struggle. It's an absolute nightmare because again, short term contracts, like year contracts, that's all people are being given and there is a massive risk at the end that there won't be anything else. (Isabel)

Short term contracts make recruitment difficult

When I was on the frontline I had quite a few conversations that I just kind of shut down ultimately. We're not getting into this, at the same time I'm here to support you (Isabel)

I shut down conversations about racism with clients

Ohh it doesn't happen so often, so it's never high on my agenda (Owen)

Racism not high on agenda

Things have changed a lot in the last ten, twenty years, certainly when I started off in 2000 there was a lot of different ways of thinking compared to how it is (Owen)

People think differently to how they used to

Infinitely easier than managing services because you're constantly firefighting (Emma)

Constantly firefighting

**Table 4: Clarke and Braun's six steps for thematic analysis**

| Step | Process |
| --- | --- |
| 1 | Familiarise with the data |
| 2 | Generate initial codes |
| 3 | Develop themes |
| 4 | Review |
| 5 | Define |
| 6 | Write-up |

*Note:* From Clarke & Braun (2021)

**Section Two Appendices**

**Appendix 2-A:** Journal of Ethnic & Cultural Diversity in Social Work Instructions for Authors

**Appendix 2-A:**

**Journal of Social Distress and Homelessness Instructions for Authors**

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**Section Three: Critical Appraisal**


**Reflections on the exploration of experiences of racism among social workers and**

**management of experiences of racism in homeless service staff teams**


Word count (excluding references, tables and appendices): 4000

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Prepared according to guidelines for the Journal of Social Distress and Homelessness (Appendix 2-A)

## Introduction

The systematic literature review examined social workers' experiences of racism. It found racialised social workers experienced discriminatory treatment from white senior staff, and their white peers did not understand how racism functioned and enacted defensive mechanisms to shut down discussion. It was challenging for racialised staff to develop an integrated sense of self, and experiences of oppression and alienation in white spaces drained their psychological resources. Racialised social workers developed mechanisms to deal with experiencing racism within and outside the profession that make them an asset to the profession in line with the field's purported values. The empirical paper explored how managers of homeless services managed experiences of racism in their staff teams. Participants had vague guidelines for managing racism, leading to informal approaches or feeling unable to adequately support staff with racist experiences. The participants were unsure why staff teams were either mostly or entirely white. The normatively white spaces created implications for racialised staff members in speaking out about experiences of racism, and they risked facing repercussions for doing so. Participants appeared to have limited understanding of how racism operates, which suggested they were likely to miss subtler forms of racism and systemic racism.

I found conducting this thesis both deeply challenging and meaningful. The topic is sensitive with many complexities that I grappled with throughout the process. This critical appraisal unpicks some key challenges I experienced and reflections I have since made, about myself, the process of the thesis, and wider influences that both hindered and supported it. Here I cover key issues I believe are important to reflect upon, namely psychology and racism, my whiteness, terminology and analysis of the research process.

## Psychology and racism

British institutions have Eurocentric foundations, which are deep-rooted in colonialism (Phiri, Sajid & Delanerolle, 2023). Khanna (2003) describes this in the context of psychoanalysis, whereby the European colonial mentalities that developed the practise of psychoanalysis encrypted these mentalities in the discipline.  Similarly, Fernando (2017) argued clinical psychology was generated from European values, in which racism and white supremacy exist. It is important to consider the ramifications of this, as grounding understanding of what is it to be human from a position of colonialism renders those who do not fit as invisible, or inhuman, and further legitimises oppression of racialised people (Williams, 2023; Wood & Patel, 2017).

The field of psychology faced increased pressure following the Black Lives Matter movement to scrutinise itself (Gillborn et al, 2021). The American Psychological Association (2021) published an apology for perpetuating racism and insufficient anti-racist action in the United States (2021), and the Chief Executive of the British Psychological Society described psychology as 'institutionally racist' (Bajwa, 2020). Yet criticisms that psychology is Eurocentric continue to be quashed, and efforts to generate change have been criticised for remaining insufficient and tokenistic  (Bhatia, 2017; Gillborn et al, 2021). Calls for change include pressures to decolonise knowledge on which psychology is founded, such as evaluation of psychological theories and models for their Western, educated, industrialised, rich and democratic distortions (De Oliveira, 2020; Henrich, Heine & Norenzayan, 2010), and an increased scrutiny of whiteness in the profession, including the imbalance of opportunities that favour and overrepresent white professionals and a lack of diversity in academic curriculums (Thornton, Keeling & Ramsey-Wade, 2020). Knowing my profession remains limited in providing a framework for developing understanding of the topics I was exploring was daunting,

and at times I felt unequipped and uncertain as to how to appropriately apply psychological knowledge to examine racial issues. There are many psychologists within the field who are working hard to amplify issues of racism within the context of clinical psychology, including Ahsan (2020), McInnis (2020), Wood (2020) and Islam et al. (2022). However, at times I found it difficult to relate clinical psychology in terms of what it can contribute. Instead, I largely reversed the focus to instead explore what clinical psychology could learn and improve on.

The high level of qualification and status as 'expert(s) in application of psychological science' means clinical psychologists are often designated leadership roles within organisations (Rao & Mason, 2023, p.63). Clinical psychologists are also becoming increasingly established within homeless services (Wells, Tickle & De Boos, 2023). The first, recently published, 'Practice-based guidelines for Clinical psychologists in homeless services' discusses trauma-informed approaches extensively (Wells, Tickel & De Boos, 2023). Yet it does not cover issues on racism or offer alternatives to Eurocentric responses. McInnis (2021) highlights racialised clients may need different assessment and support due to the impact of racist experiences and methods of coping, therefore they are likely to present to services differently. The guidelines also cover clinical psychologists' roles in working with, influencing and supporting staff teams, yet again without acknowledgement of racial issues. Research exploring management of racial issues from a managerial perspective could inform development of these guidelines to incorporate racial issues.

## My whiteness

Whiteness is a social construct that privileges white people's needs (Picower, 2009), by providing us with unearned social rights we receive without even having to think about them (McIntosh, 1990). As such, whiteness is invisible to white people yet very much visible to

racialised people (Garner, 2007). Yet, Bhopal (2018) argues being white is the most powerful

characteristic of our identity and 'takes precedence over all other forms' (p.27). Diangelo (2018)

suggests white people's socialisation is so powerful we struggle to see ourselves in racial terms,

and therefore cannot see its privileges and may not notice what barriers exist for racialised

people.

The ethnic makeup of clinical psychologists in the UK is currently 90% white, which is

disproportionately higher than the general population of England and Wales at 81.7% (ONS,

2021). Equal opportunities data demonstrates an increase in racialised applicants to the clinical

psychology doctorate, from 16.6% in 2013 (Clearing House, 2013) to 25.6% in 2022 (Clearing

House, 2022). Successful racialised applicants increased from 12.9% in 2013 (Clearing House,

2013) to 25.1 in 2022 (Clearing House, 2022). However, successful white applicants in both

2013 and 2022 had a proportionally higher success rate to the number of applicants, whereas all

racialised groups had a lower success rate. This trend remained across all racialised groups in

both 2013 and 2022 except the 'other' category, which remained at 3% for both applicants and

successful applicants in 2022. This suggests continuing discrimination towards racialised people

attempting to enter the profession (Clearing House, 2022) and that my whiteness helped me gain

a place on the doctorate. I consider myself to hold progressive values, for instance I believe

society should be fair and equitable and I support doing things differently to achieve this.

However, as is typical of white people (DiAngelo, 2022), I largely ignored or dismissed racial

issues for many years, assuming I was doing enough by having liberal values and good

intentions. I did not understand the extent of the problem or take time to learn. I then had a small

series of conversations with a Black British female activist who attended climate crisis protests

with me that led to an 'awakening'. I was astonished to hear spaces where I felt safe, welcomed

and supported were experienced completely differently by her, who instead experienced

hostility, invisibility and risk. Why had it taken me so long to understand this?

In my subsequent engagement with racial issues, I fell prey to many of the responses of

white people (DiAngelo, 2018). My learning made me feel angry, unseen, regretful of my own

ignorance and complicity, and shame. However, I understood enough that to turn away from

these uncomfortable internal responses would further contribute to the harm caused by racial

oppression, since staying within my comfort is upholding my white privilege (Kenyon, 2022).

Staying engaged and increasing my access to the teachings from racialised people about racism

helped me become better able to decentre myself in these issues, tolerate my emotional

responses, and acknowledge my internalised racism. This process continued through the project.

The more I learned, the more overwhelmed I felt with how little I knew. I tried to mitigate this

by having meetings during the formation of the project with a consultant clinical psychologist

with expertise in racial identity, the Equality, Diversity and Inclusion lead, and a staff member

from the Anti-racism Accountability Group in the Department of Clinical Psychology at

Lancaster University. I also received monthly supervision from a field supervisor, Dr Madeline-

Sophie Abbas, who works as an academic specialising in race and anti-racism (Abbas, 2021;

Abbas, 2022; Abbas, 2023), exposed myself to various racialised voices on social media, and

read around the subject in my spare time. I noticed the focus of my learning shifted from racial

issues of the 'other', people who experience racism, to my own experience and understanding of

whiteness. This learning remains ongoing, and there are facets I can only understand

intellectually because I cannot experientially understand. For example, Ahmed's (2007) account

of the Black body's experience of moving through white spaces, whereby people in Black bodies

feel the whiteness of the spaces that they enter. As such they experience numerous difficulties

such as tensions, resistance and alienation that are difficult to identify and are thus easily

rejected. I found the concept of a space containing what can be considered an invisible yet

hostile substance that Black people need to pass through difficult to grasp and needed to read the

paper several times. As Nascimento (2022) says, when whiteness is the 'norm' it is difficult to

become aware of it (p.188).

This is where I relied on my epistemological stance. I did not think 'truth' could be

equally applied to each person's experience due to their inherent imbalances. Myself, and my

white participants, do not experience racism and so these issues may appear invisible within our

contexts, therefore our realities may not hold equal weight to those who are racialised. White

people are also still part of the racist system founded on white supremacy (Frankenberg, 1994).

Almeida (2015)'s dissection of race-based epistemologies argues we need to consider who our

epistemological stance is serving. I believe that it would not be appropriate or helpful to argue

that racism is not real if one does not perceive it to exist. As Almeida (2015) says, if we need to

ask whether racism is real, we also need to ask, 'whose interests does it serve to say that it is

not?' (p.84). As such, my epistemological stance could be considered critically realist, whereby a

reality can exist outside of a person's awareness yet can create conditions in which they live and

are influenced by (Stutchbury, 2022). This enabled me to reflect on the existence of racism

outside of one's awareness and examine the social contexts in which they live in relation to their

views of reality (Zhang, 2023; Stutchbury, 2022).

While I was gripped for a long time with the sense that my whiteness made me

inadequately equipped to undertake a project on racism, my feelings changed through the

research process. There may be benefits to being a white researcher I had not previously

considered. My discomfort is not the same as someone who has experienced racism personally in

their lives and are potentially more at risk of psychological harm from engaging in this process.

For instance, racial battle fatigue is a term to describe the negative psychological and emotional

impacts on racialised people who work to combat racism (Corbin et. al., 2018; West, Donovan &

Daniel, 2016; Smith, 2004). The potential benefits of being a white researcher interviewing

fellow white people about racism may be useful in allowing whiteness between us to be enacted

within the space, as is a realistic reflection of many British workplaces (Garner, 2007;

Frankenberg, 1994). Also, since clinical psychology remains dominated by white voices, if white

people do not undertake work on issues of racism, the issues remain unfairly shouldered by

underrepresented racialised professionals who may not wish to be boxed into the role of

researching racial issues with its potential emotional and psychological costs. Perhaps, also, there

is power in my white voice speaking out on these topics in a profession in which white people

are over-represented. Can I harness my white privilege of being able to speak freely and be

granted instant trust (McInnis, 2021) to speak on this topic and be heard with less repercussions?

So far I have centered myself and whiteness, which Matias (2016) criticised as the white

emotionality of narcissism, where white people turn talking about racism onto themselves. Yet,

Kovach[1] (2021), an indigenous scholar, views narrating the self as essential in relational work,

and reflexivity is essential in thematic analysis (Braun & Clarke, 2022). What could I have done

to manage centering my voice in this work? I considered including racialised voices within the

process to mitigate for my lack of lived experience and whiteness. However, I worried I could

not make the space safe enough for them, was not confident I could appropriately remunerate

them for their time, and offering to add their names to potential future publications felt

tokenistic. I believed selecting a field supervisor who specialised in racism was more ethical, and

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[1] Nêhiyaw and Saulteaux ancestry from Treaty Four, Saskatchewan and an enrolled member of Pasqua First Nation

I was fortunate to find Dr Abbas who agreed to be involved whom I have met with regularly. I believe exploring social workers' experiences of racism for my systematic literature review mitigated the small number of racialised voices in my own research, since it helped inform my understanding of what to expect from professionals in a similar field to homeless services without risk of direct emotional cost. I believe the contrast between the findings from my SLR and empirical paper are stark, and completing the SLR before analysing the empirical paper's findings helped me notice what my own participant's reflections missed. However, perhaps I was too preoccupied with my own whiteness at times. There is a balance between holding myself to account and centering myself. I tried to alleviate this through ongoing self-reflection, supervision, running a small reflective group with white peers where we reflected on anti-racist issues and our own whiteness and reading on critical whiteness (Garner, 2007; Frankenberg, 1993; Dyer, 2017; Ahmed, 2007).

**Terminology**

It was difficult to apply descriptive nouns to groups I wanted to define. Pale-skinned Europeans created a system of social categorisation, where they claimed themselves to be inherently superior to all 'others' and therefore should be in control (Weed, 2017). 'Race' is thus a social construct developed to maintain power imbalances, and so perhaps continuing to classify people based on their 'race' upholds white supremacist ideals by perpetuating the false concept that race exists.

In recent years, terms such as 'Black and Minority Ethnic' (BME) or 'non-white' (Dawson et al., 2018; Woolf, Potts & McManus, 2011) attempted to capture 'groups' disadvantaged by racism in Britain.  However, they position white-as-norm and disempower racialised people in relation to whiteness. 'People of the Global Majority' is gaining popularity

for its separation from 'white' and empowerment, since most of the global population are not white (Lim, 2020). Estimates of the proportionality of the world population constituting as 'Global Majority' vary, however may be considered roughly 85% (Campbell-Stephens, 2021). Attempts to collectively group 85% of the world population risks flattening identities of hugely varied and complex populations into a single homogeneous group. It is also unclear how this term relates to contextualising racism. However, white supremacy continues to exist and impact on groups of people in different ways depending on where they exist within these arbitrary categorisations (Equality & Human Rights Commission, 2016). While biological 'races' do not exist, white supremacy and perpetuating racism does.

On balance, I decided to refer to people who experience oppression from white supremacy as 'racialised' to incorporate the process of being 'done to' by another and its inherent power imbalance. I also chose to describe people who collectively benefit from white supremacy as 'white'. There are flaws to this concept. There are groups of people who may be socially categorised as 'white' but define their experiences as racist. White supremacy is underpinned by Christianity (O'Connell, 2018), and therefore perpetrates violence onto other religions and cultures whose members may also have pale skin, such as Jewish people and Romani Travellers (McGeever, 2022; Singh, 2014). Yet, I believe separating identity from the process of racism was the clearest I could be to the capture the experiences of the groups I explored through my use of language. I have since learned institutional racism can be described as 'the global system of white supremacy', which McInnis (2021) argues is preferable. Christian (2019) argues naming the hierarchical social framework from which racism originates highlights the coloniser. I have developed my awareness of learning to apply accountability to white supremacy through the course of undertaking this thesis.

**Analysis of the research process**

I made uncritical and unexamined assumptions about research processes during my early decision-making. The 'rules' we follow to generate what is considered legitimate knowledge, or 'truth' in the West are often considered universal, and I assumed as such (Braun & Clarke, 2022).  However, I now understand conventional means of information gathering in the West have been criticised for being synonymous with colonial appropriation and exploitation (Smith, 2021). I realise I did not question how I could generate knowledge through any means other than Western, and my assumption the research methods I was using were universal and unproblematic was invisible to me. For instance, the Critical Appraisal Skills Programme (CASP) is a recommended measure for quality appraisal of academic literature (Long, French & Brooks, 2020). The CASP was developed in the UK (CASP, 2024) and therefore likely reflects an epistemologically Eurocentric perspective. As such, it risks devaluing alternative approaches to knowledge generation and research. However, while utilising the CASP to develop my understanding of the paper's approaches was helpful, I did not use it as an exclusionary tool. Thomas & Harden (2008) recommend determining the quality of the studies via the central objective of the synthesis, rather than the quality of the design of the papers. This supports my reasoning to include all papers if they were relevant to and added value to the subject matter. However, I could have also used a tool to examine the papers from a decolonial perspective. Denscombe's (2024) paper on decolonising research methodology describes alternative approaches which I could have adapted. For instance, I could have explored how the papers critically approached the colonial generation of knowledge in their own research and whether they exposed systemic injustices to support the interests of those disadvantaged by colonialism.

To learn about alternative approaches, I explored various indigenous methodologies (National Centre for Research Methods [NCRM], 2023; The Tīpuna Project, 2024; Zavala, 2013; Chilisa, 2019). These are incredibly extensive and wide-ranging, and it was a helpful learning journey for me to realise this. To draw on a few examples of alternative methods, Chilisa, a Botswanan scholar, describes indigenous approaches to the interview process, whereby information can be developed through acts such as relationship building, knowledge-sharing and storytelling (NCRM, 2023). Carlson, co leader of the Tīpuna project, a participatory action research project in Aotearoa (The Tīpuna Project, 2024), describes interviewing as an entwining of views and energy words, (NCRM, 2023). It might be helpful for approaches outside of Western models in research to be taught on the clinical psychology doctorate in a meaningful and embedded way. A critical lens applied to the current dominant discourses in research methodologies and a decolonial approach would also help clinical psychology doctoral students develop a deeper understanding of the Eurocentrism, and colonial roots, of Western research methodologies (Chilisa, 2019).

Participatory action research projects are research projects that are community-driven, which Zavala (2013) describes as existing in many forms, including 'neighborhood committees, labor unions, women's groups, religious centers, to more advanced structures such as revolutionary parties' (p.63). Zavala discusses various projects in Latin America that have been undertaken from a grassroots origin, such as projects initiated within communities themselves, to their formation through a phased progression of focus groups, working sessions and popular assemblies or gatherings. In terms of my process of generating a thesis topic and undertaking the research, I wonder if I could have done more to incorporate voices of racialised employees in homeless services into the work.

An element of a decolonial approach is action orientation, whereby researchers work with the communities they investigate (University of Warwick, 2024). Applied to a clinical psychology doctoral setting, this is not currently expected. However, to incorporate this approach in a meaningful way, it may be helpful to consider allocating students a placement where they could work clinically with the groups that they are researching for their thesis. This might enable doctoral students to meaningfully support these communities and help trainees to develop integrated and embedded understandings of these communities. However, in this context a power imbalance remains which does not fully address the relationship between community and researcher from a decolonial perspective. I did not ask racialised employees in homeless services if they wanted something, however doctoral programs could require this is asked during trainees' theses in the future.

I explored my analytic approach, thematic analysis, from an indigenous perspective and learned that Braun and Clarke (2022) believe thematic analysis can be utilised by indigenous researchers due to its reflexivity, flexibility, and allowance for nuance, which allows indigenous researchers to incorporate their own worldviews. However, Kovach (2021) argues adopting indigenous approaches are inextricably connected to holding indigenous worldviews. While I cannot replicate this, perhaps I could have learned from these approaches and considered the benefits of preparing relationally with my participants beyond the formalised sending of information and interview. I wonder whether the systems in which I work are presently set up for this in a way that could be considered meaningful, or whether I needed to have used personal resources.

To suggest an alternative methodological approach, Long (2021), a white researcher, explored Black and Black mixed-race people's experiences using Critical Race Theory (CRT) as

a framework for analysis within an adapted form of grounded theory. CRT refigures the

relationships between race and power in society, and frames issues within the context of racism

as inherently existing within societal structures (Delgado & Stefancic, 2017). Ultimately, this

may be a helpful approach to consider in future research exploring racism with white

participants.

I did not require participants to have an experience of managing racism to take part in the

project, since I believed this was not necessary to understand managers' views on their role.

However, I was unprepared for the lack of substance in interviews to draw upon for analysis.

Thematic analysis allowed me to code the data line by line and draw meaning from what was

unsaid as well as what was said (Braun & Clarke, 2022). I could therefore both look for what

existed within the dataset and what was missing, and I relied on the reflexivity element and

existing literature to make sense of this. If I had anticipated this, I could have managed it more

intentionally during the planning phase. For instance, I could have incorporated more direct

questions within the topic guide relating to whiteness, such as their views, understanding, and

experiences of whiteness. I could also have explored their views on how racism might exist

systemically, since only overt experiences of relational racism were discussed in detail.

However, I believe the findings uncovered the absence of reflections on whiteness, which

highlights the invisibility of whiteness. I could have also strengthened my analysis by

incorporating discourse analysis for further insights relating to how their identities, stories and

power are constructed (Tannen, Hamilton & Schiffrin, 2015).

**Final words**

I hope this thesis will contribute to an extensive effort to support management of racist

experiences among staff, and importantly, address their negative impact. I hope I can contribute

to the conversation on racism within clinical psychology from my position as a white researcher, and my findings may critically develop our profession's understanding of racism and anti-racist strategies, within the services in which we work and within ourselves.

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**Section Four: Ethics Section**

**What are managers' experiences of managing staff teams with experiences of racism in homeless services?**

Word count (excluding references, tables and appendices): 7538

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**Research Ethics Application Form v1.7.3**

**Research Ethics Application Form v1.9.4        RECR**

**What are managers' experiences of managing staff teams with experiences of racism in homeless services? - Approved**

**Information Regarding this Research Project**

Are you conducting a research project?

(for more information on research projects please see our  ethics pages)

◉ Yes          ○ No

Does your research only involve animals?

○ Yes          ◉ No

Are you undertaking this research as/are you filling this form out as:

○ Academic/Research Staff

○ Non Academic Staff

○ Staff Undertaking a Programme of Study

◉ PhD or DClinPsy student

○ Undergraduate, Masters, Master by Research, MPhil or other taught postgraduate programme

Which Faculty are you in?

| Faculty of Health and ▼ |
|---|

Which department are you in?

| Health ▼ |
|---|

Will your project require NHS REC approval? (If you are not sure please read the guidance in the information button)

○ Yes          ● No

Do you need Health Research Authority (HRA) approval? (Please read the guidance in the information button)

○ Yes          ● No

Have you already obtained, or will you be applying for ethical approval, from another institution outside of Lancaster University? (For example, an external institution such as: another University's Research Ethics Committee, the NHS or an institution abroad (eg an IRB in the USA)? Please select one of the following:

● No, I do not need ethical approval from an external institution.

○ Yes, I have already received ethical approval from an external institution.

○ Yes, I will be applying for ethical approval from an external institution after I have received confirmation of ethical approval from my Faculty Research Ethics Committee (FREC) at Lancaster University, if the FREC grants approval.

Is this an amendment to a project previously approved by Lancaster University?

○ Yes          ● No

Will your research involve any of the following? (Multiple selections are possible, please see i icon for details)

☑ Human Participants
☐ Data relating to humans (Secondary/Pre-existing data only)
☐ Data collection from online sources such as social media platforms, discussion forums, online chat-rooms
☐ Human Tissue
☐ None of the above

## Project Information

Please confirm/amend the title of this project.

What are managers' experiences of managing staff teams with experiences of racism in homeless services?

Estimated Project Start Date          03/10/2022

**Estimated End Date**          19/07/2024

**Is this a funded Project?**

○ Yes          ⦿ No

## Research Site(s) Information

Will you be recruiting participants from research sites outside of Lancaster University? *(E.g. Schools, workplaces, etc; please read the guidance in the information button for more information)*

⦿ Yes          ○ No

**Please provide the number, type and location of external research sites that you are using (please see help text for details).**

Up to fifteen homeless services in the UK, not yet identified. Participants will have the option to meet at their workplace, however remote participation is also available.

## Applicant Details

Are you the named Principal Investigator at Lancaster University?

⦿ Yes          ○ No

Please check your contact details are correct. You can update these fields via the personal details section located in the top right of the screen. Click on your name and email address in the top right to access "Personal details". For more details on how to do this, please read the guidance in the information button.

**First Name**

Jennifer

**Surname**

Sheardown

Department

Doctorate in Clinical Psychology

Faculty

Division of Clinical Psychology

Email

j.sheardown@lancaster.ac.uk

## Principal Investigator

You have stated that you are the Principal Investigator for this project.

First Name

Jennifer

Surname

Sheardown

Department

Doctorate in Clinical Psychology

Email

j.sheardown@lancaster.ac.uk

## Supervisor Details

Search for your supervisor's name. *If you cannot find your supervisor in the system please contact rso-systems@lancaster.ac.uk to have them added.*

First Name

Suzanne

Surname

Hodg

Department

Health

Faculty

FH

Email

s.hodge@lancaster.a

Do you need to add a second supervisor to sign off on this project?

⦿ Yes          ◯ No

Search for your secondary supervisor's name. *If you cannot find your supervisor in the system please contact* *rso-systems@lancaster.ac.uk* *to have them added.*

First Name

Ann

Surname

Duxbu

Department

Health

Faculty

Faculty of Health and

Email

a.duxbury@lancaster.a

## Additional Team Members

Other then those already added, please select which type of team members will be working on this project:

- ☐   I am not working with any other team members.
- ☑   Staff
- ☐   Student
- ☐   External

Search for the names of all other internal staff here:

First Name

Madeline-Sophie

Surname

Abbas

Department

Sociology

Faculty

Sociology

Email

m.abbas7@lancaster.ac.uk

## Details about the participants

As you are conducting research with Human Participants/Tissue you will need to answer the following questions before your application can be reviewed.

If you have any queries about this please contact your Ethics Officer before proceeding.

What's the minimum number of participants needed for this project?

| 10 | ⊟ |

What's the maximum number of expected participants?

| 15 | ⊟ |

Do you intend to recruit participants from online sources such as social media platforms, discussion forums, or online chat rooms?

⦿ Yes          ○ No

Will you get <u>written</u> consent and give a participant information sheet with a <u>written</u> description of your research to all potential participants?

⦿ Yes          ○ No          ○ I don't know

Will any participants be asked to take part in the study without their consent or knowledge at the time or will deception of any sort be involved?

○ Yes          ⦿ No          ○ I don't know

Is your research with any vulnerable groups?

(Vulnerable group as defined by Lancaster University Guidelines)

○ Yes          ⦿ No          ○ I don't know

Is your research with any adults (aged 18 or older)?

⦿ Yes          ○ No

Is your research data collected with completely anonymous adult (aged 18 or older) participants, with no contact details or other uniquely identifying information (e.g. date of birth) being recorded?

○ Yes          ⦿ No

Is your research with adult participants (aged 18 years, or older) in private interactions (for example, one to one interviews, online questionnaires)?

⦿ Yes          ○ No

_____

Is your research with any young people (under 18 years old)?

○ Yes          ⦿ No          ○ I don't know

_____

Does your research involve discussion of personally sensitive subjects which the participant might not be willing to otherwise talk about in public (e.g. medical conditions)?

○ Yes          ⦿ No          ○ I don't know

Could the study induce psychological stress or anxiety, or produce humiliation or cause harm or negative consequences beyond the risks encountered in a participant's usual, everyday life?

⦿ Yes          ○ No          ○ I don't know

_____

Is there a risk that the nature of the research topic might lead to disclosures from the participant concerning either:

- Their own or others involvement in illegal activities
- Other activities that represent a threat to themselves or others (e.g. sexual activity, drug use, or professional misconduct)?

⦿ Yes          ○ No          ○ I don't know

_____

Does the study involve any of the following:

- Physically intrusive procedures including touching or attaching equipment to participants
- Administration of substances
- Ultrasound or sources of non-ionising radiation (e.g. lasers)
- Sources of ionising radiation, (e.g. X-rays)
- Collection or use of samples of Human Tissue (e.g. Saliva, skin cells, blood etc.)

○ Yes          ⦿ No          ○ I don't know

## Details about Participant relationships

_____

Do you have a current or prior relationship with potential participants? For example, teaching or assessing students or managing or influencing staff (this list is not exhaustive).

○ Yes          ⦿ No          ○ I don't know

If you need written permission from a senior manager in an organisation where research will take place (e.g. school, business) will you gain this in advance of undertaking your research?

⦿ Yes　　　○ No　　　○ I don't know　　○ N/A

Will you be using a gatekeeper to access participants?

○ Yes　　　　　　　　⦿ No　　　　　　　　○ I don't know if I will be using a gatekeeper

Will participants be subjected to any undue incentives to participate?

○ Yes　　　⦿ No　　　○ I don't know

Will you ensure that there is no perceived pressure to participate?

⦿ Yes　　　○ No　　　○ I don't know

## Participant data

Will you be using video recording or photography as part of your research or publication of results?

⦿ Yes　　　○ No

Will you be using audio recording as part of your research?

⦿ Yes　　　○ No

Will you be using audio recordings in outputs (e.g. giving a presentation in a conference, using it for teaching)?

○ Yes　　　⦿ No

Will you be using portable devices to record participants (e.g. audio, video recorders, mobile phone, etc)?

○ No

◉ Yes, and all portable devices will be encrypted as per the Lancaster University ISS standards, in particular where they are used for recording identifiable data

○ Yes, but these cannot be encrypted because they do not have encryption functionality. Therefore I confirm that any identifiable data (including audio and video recordings of participants) will be deleted from the recording device(s) as quickly as possible (e.g. when it has been transferred to a secure medium, such as a password protected and encrypted laptop or stored in OneDrive) and that the device will be stored securely in the meantime

Will you be using other portable storage devices in particular for identifiable data (e.g. laptop, USB drive, etc)? (Please read the help text)

○ No

◉ Yes, and they will be encrypted as per the Lancaster University ISS standards in particular where they are used for recording identifiable data

Will anybody external to the research team be transcribing the research data?

○ Yes          ◉ No

## Online Sources

Does your research comply with the site(s) terms and conditions? Before completing the section below please read the 'Social Media Guidance for Researchers'

◉ Yes          ○ No          ○ It's unclear in the terms and conditions

Is there a reasonable expectation of privacy?

◉ Yes          ○ No

**Because there is a reasonable expectation of privacy, you must obtain consent from site users. Therefore you will need to upload a copy of the Participant Information Sheet & Consent form that you intend to use to obtain their informed consent.**

## General Queries

Does the funder or any organisations involved in the research have a vested interest in specific research outcomes that would affect the independence of the research?

○ Yes          ◉ No          ○ I don't know

Does any member of the research team, or their families and friends, have any links to the funder or organisations involved in the research?

○ Yes          ◉ No          ○ I don't know

Can the research results be freely disseminated?

◉ Yes          ○ No          ○ I don't know

Will you use data from potentially illicit, illegal, or unethical sources (e.g. pornography, related to terrorism, dark web, leaked information)?

○ Yes          ◉ No          ○ I don't know

Will you be gathering/working with any special category personal data?

◉ Yes          ○ No          ○ I don't know

Are there any other ethical considerations which haven't been covered?

○ Yes          ◉ No          ○ I don't know

## REC Review Details

Based on the answers you have given so far you will need to answer some additional questions to allow reviewers to assess your application.

It is recommended that you do not proceed until you have completed **all of the previous questions**.

Please confirm that you have finished answering the previous questions and are happy to proceed.

☑      I confirm that I have answered all of the previous questions, and am happy to proceed with the application.

## Questions for REC Review

Summarise your research protocol in lay terms (indicative maximum length 150 words).

Note: The summary of the protocol should concisely but clearly tell the Ethics Committee (in simple terms and in a way which would be understandable to a general audience) what you are broadly

planning to do in your study. Your study will be reviewed by colleagues from different disciplines who will not be familiar with your specific field of research and it may also be reviewed by the lay

members of the Research Ethics Committee; therefore avoid jargon and use simple terms. A helpful format may include a sentence or two about the background/ "problem" the research is addressing,

why it is important, followed by a description of the basic design and target population. Think of it as a snapshot of your study.

Homeless services can be stressful places to work, which can lead to staff burnout. However, little help is available within homeless services to support staff. Also, while not much is currently known in homeless services, People of the Global Majority are likely to experience racism at work. Management are in the position to support staff, yet little is known about managers' perspective of issues of racism and anti-racist practise. Some homeless services appear to be beginning to use anti-racist strategies, however it is not known how many services across England are currently doing this. This study will explore managers' experiences of managing their staff's experiences of racism in homeless services. This will help us understand what anti-racist strategies could be helpful in homeless services, what might not.

Managers of homeless services will be interviewed (which is defined as employees within supervisory and managerial positions, and those who influence service policy and guidelines). This study aims to interview between ten and fifteen participants. The interviews will be semi-structured, and audio or video recorded. All interviews will be conducted remotely. This will make it easier to interview participants across all of the UK. The data will be analysed using Thematic Analysis.

State the Aims and Objectives of the project in Lay persons' language.

This research study aims to give us an idea of management's experiences of managing staff teams with experiences of racism within their organisations. The main objective is to get an understanding of managers' experiences of managing their staff's experiences of racism within their organisations. It also wants to explore from a manager's view point what appears to be working and what is not.

**Participant Information**

Please explain the number of participants you intend to include in your study and explain your rationale in detail (eg who will be recruited, how, where from; and expected availability of participants). If your study contains multiple parts eg interviews, focus groups, online questionnaires) please clearly explain the numbers and recruitment details for each of these cohorts (see help text).

This research study plans to interview individuals in positions of authority, which will be defined as employees within supervisory and managerial positions, and those who influence service policy and guidelines. The participant inclusion criteria will contain the following:

1. To have worked for at least 3 months in the manager role
2. To work in a homeless service that works directly with homeless people
3. To work in a service based in the UK
4. To be able to take part in an online or telephone interview

Due to limited evidence that the homeless sector has been active in anti-racist policies and supporting staff with racism, it is likely that I will need to have a wide recruitment pool to ensure as many services as possible could be contacted to see if they do meet the inclusion criteria. This would mean recruiting nationally.

It would be helpful to recruit participants from various geographical regions to explore diversity of experience, for instance those working within cities compared with rural areas whereby there is likely to be a difference in diversity of ethnicities and cultures. However, it is anticipated that I would more likely recruit participants from major cities who had experienced this as an issue. It is also possible that participants will self-select for the study for ideologically driven reasons even if the issue is less of a concern in their organisation.

Due to the complexity of the power dynamics within this sector, it is currently difficult to anticipate how many recruitment sites will be needed. For instance, some services may be large whereby it could be helpful to interview multiple individuals within different roles in the service, whereas other services may smaller with a simpler structural hierarchy. It would be helpful to stay flexible regarding this until potential recruitment sites are identified.

2 November 2024

The method of recruitment will need to be varied since there is no one way in which to contact potentially relevant sites. I intend to reach out via Twitter where there is regular and active engagement among those working within the Homeless sector. I have also joined the National Psychology Homeless Network as a means through which to contact people in influential positions either directly with the Network's members, or with support from them. I also intend to employ a word-of-mouth strategy whereby I ask potential participants whether they can recommend any further relevant sites to contact. I will also search for homeless services using a search engine and contact homeless services directly.

The recruitment methods will be as follows:

Twitter:  I will share the research poster which will include my email address on it for anybody interested in participating to contact me (please see documents for further information). Once I have been contacted directly, I will send them a copy of the PIS and consent form.

National Psychology Homeless Network:  I will write an email to the administrators of the Network to with brief covering summary email and my poster via email to the Network members (sample of email to gatekeeper and introductory email and poster in documents). Once I have been contacted by potential participants, I will send them a copy of the PIS and consent form.

Word-of-mouth:  If the participants are willing to share information of my study with others, I will send them the brief covering summary and my poster to send on. I will also request they give me details of potential participants so I can contact them directly, in which case I will email potential participants my covering email and research poster directly. Should I be contacted by anybody interested in participating I will send them the PIS and consent form.

Search engine and contact homeless services directly: I will initially ring the service and relay a brief description of my study to the gatekeeper as stated in my cover email. I will clarify the appropriate professional for me to contact in the service, and seek to either contact them directly or, if unable to, send my cover email and my poster to the gatekeeper to send on to the professional. When the professional has expressed interest in the study and responded to me directly, I will send them the PIS and consent form.

You have indicated that you will collect identifying information from the participants. Please describe all the personal information that you gather for your study which might be used to identify your participants.

Age, Gender, Race/Ethnicity, Religion/Belief, Level of Education, Location of Work

Please describe how the data will be collected and stored.

Demographic information will be collected via demographic questionnaires. The information from these will be saved electronically onto a password protected file space on the University server. Data from interviews will be recorded onto audio or video recorders. Data collected will immediately be uploaded onto the University server and deleted from the recorder. The interviews will then be transcribed and the transcriptions encoded and analysed.

Please describe how long the data will be stored and who is responsible for the deletion of the data.

The data collected from the audio-video recorders and the demographic information will be stored until the end of the project and then deleted by the Primary Researcher. The anonymised transcripts from the interviews and data from the analysis will be stored for 10 years and will be deleted. This will be undertaken by the Research Co-ordinator, which is a role currently occupied by Sarah Heard.

You stated that the study could induce psychological stress or anxiety, or produce humiliation or cause harm or negative consequences beyond the risks encountered in a participant's usual, everyday life. Please describe the question(s) and situation(s) that could lead to these outcomes and explain how you will mitigate this.

It is possible that discussing racism will bring up feelings of emotional discomfort for the participants. White participants may not be used to discussing racism, which may bring up particular feelings of emotional discomfort such as anger, guilt and shame. This is a difficult issue for the study, because while it is recognised that the participants need to be supported, there is a need for the White participants to be resilient enough to be able to 'sit' with these emotions. This is due to the concept of 'White fragility', or 'White resistance', whereby White people are known to find ways to protect themselves from the emotional discomfort of racism, for instance through defence mechanisms such as avoidance. This in turn upholds the structures of White Supremacy. This will be

discussed with participants prior to the interview and it will be ensured that they are aware that uncomfortable emotions may arise in discussion. Participants will also be made aware that they may decline answering questions and can end the interview at any time. This will also be included on the consent form.

It is possible that participants of the Global Majority may find it distressing to discuss racism depending on their personal experiences of racial discrimination, and by potentially identifying as within the 'in-group' from which people are subject to discrimination. It is also possible that they experience emotional discomfort in discussing these sensitive issues with myself as a White researcher. It will be ensured prior to obtaining their consent to take part and the commencement of the interview that they are aware I am a White researcher and will check that they wish to continue. It will also be checked prior to the start of the interview that they understand that emotional discomfort may arise for them in interview, and that they have the right to decline answering questions and end the interview at any time.

Participants will also be encouraged to inform me if the interview has led to any distress and they will be directed to resources they can contact for further emotional support, such as the Samartians and Mind. These will also be included on the participant information sheet. There are also numerous organisations to support People of the Global Majority which can be found on the Mind website, a link to which also be included on the participant information sheet. I will also be mindful of any signs of distress displayed by the participant during interview, such as signs the participant is withdrawing, visibly upset, declining to answer numerous questions, shifting in seat, looking away from interviewer, or asking for the interview to end. Please also refer to the distress protocol for further information.

You have selected that there is a risk that the nature of the research might lead to disclosures from the participant. What kind of information might participants disclose? How will you manage that situation?

Due to the proliferation of racism in the current social fabric of our society, it is very likely that acts of racism will be discussed during the interview. These are most likely to be forms of racism such as microaggressions and systemic racism, rather than what might constitute as a 'hate crime', which can be defined as physical assault, verbal abuse or incitement to hatred (Metropolitan Police, 2023). Participants are also likely to be at the head of their services. Therefore, it is deemed unlikely that information would be shared within the interview whereby confidentiality may need to be broken, plus breaking confidentiality is complicated due to the structures of the service. This means that should confidentiality need to be broken; the line of avenue would be to report to the police. I need the participants to be as candid as possible so as to not undermine the research and bring as much benefit to the marginalised group who experience racism as possible as an outcome of the research. Alongside this, I have a professional duty to refrain from doing

anything that would bring the University into disrepute. It is important to consider that as the researcher I will not be participating in racism myself, nor does this research condone racism. Therefore, I will follow the guidance as advised in Medical Research Council's ethics series that I will report any actions or planned actions, discovered during the course of research, that that I believe is in the 'overwhelming public interest' (Medical Research Council, 2018, p. 8). Beyond this, everything discussed during the interview will remain confidential. I will state the limits to confidentiality on the participant information sheet and discuss it with the participants prior to the commencement of the interview.

I need to also be mindful of the ethnicities of the participants, as it is expected that the majority of participants will be White. This means that any participants from the Global Majority risk being losing their anonymity in what they discuss due to their anticipated status as a minority group within the study. Should this occur, I will need to prioritise their anonymity by omitting identifiable data from the study. Having said this, the pool is wide (whole of the UK) and across multiple institutions, which will support the prospects of being able to keep participants anonymous while also having a range of diverse participants.

Metropolitan Police. (2023). What is a hate crime? Metropolitan Police, https://www.met.police.uk/advice/advice-andinformation/hco/hate-crime/what-is-%20%20hate-crime/

Medical Research Council (2018). MRC ethics series: Using information about people in health research. Medical Research Council, https://www.ukri.org/wp-content/uploads/2021/08/MRC-0208212-Using-information-about-people-in-health-research-2018.pdf

# Participant Data

Explain what you will video or photograph as part of your project, why it is appropriate and how it will be used.

I will video the interviews, in which I aim to video both myself and the participant. This will enable me to re-watch the interviews and examine both verbal and non-verbal interactions. For instance, it will help me to note non-verbal information such as changes in

disposition, emotional reactions, and gestures that I may not be able to glean from audio recording alone. This will allow the potential for a greater depth of analysis.

How will you gain consent for the use of video/photography?

The Participant Information Sheet will inform the participants that a video recorder will be used and the consent form will request specific consent for this to be allowed. If the participant does not wish to be video recorded, there will be an option on the consent form for the interview to be audio recorded instead. Prior to the commencement of the interview, I will again check that they consent to it being recorded, and will tell them when I turn the recording on. I will then tell them when I have turned the recording off again at the end of the interview.

State your video/photography storage, retention and deletion plans and the reasons why.

> The videos will be stored on a password protected space on the University Server. They will be deleted once the project has been
> submitted for examination by July 2024.

What would you do if a participant chose to make use of their GDPR right "of being forgotten" or "right to erasure"?  Could you remove their data/video/picture from publication? (please see help text).

> It is possible to delete the video at any time during the study. The interviews will be transcribed and data coded. Additional reflections
> from the interviews will be noted, however these will be anonymised. If the participants wished to be completely removed from the
> study, it is possible to do this prior to the coding of their data. I.e., their video, transcriptions and additional reflections can be deleted.
> However, it would not be possible to remove the data gained from their interview after it has been coded since by this time it will have
> been anonymised and amalgamated with data taken from the other participants. The researcher will refrain from coding participant's
> data for two weeks after the interview, which will allow participants time to withdraw consent prior to their data being coded. This will be
> stated in the consent form, which will need to be signed by the participants prior to taking part in the study.

Will you take all reasonable steps to protect the anonymity of the participants involved in this project?

⦿ Yes                ○ No

Explain what steps you will take to protect anonymity.

> Data containing personal details that would lead to the identification of participants (such as email addresses) will be deleted or
> destroyed as soon as possible after the interview has taken place. If a participant says they wish to receive a summary of the
> research at the end of the study I will retain their contact details until the summary is sent out. Once the study is completed, all contact
> details will be deleted and I will confirm via email that this action has been completed with my supervisor.
> All records will be kept electronically on a password protected space on the University server. Participants will be allocated an
> anonymising code (i.e. a letter) in a password protected file, which will be used for all other documents such as demographic
> information, transcripts and codes. All names, places and other identifiable information will be redacted from the transcripts. Themes
> arising from the data and subsequent write ups and reporting of findings will be based on the aggregation of data. To contextualise
> findings, quotes from the participants may be used in the write-up, however these will remain short and unidentifiable.

## Information about the Research

What are your dissemination plans? E.g publishing in PhD thesis, publishing in academic journal, presenting in a conference (talk or poster).

> I will seek to disseminate findings via various routes including publication, conference and feeding back to services via report or
> presentation depending on time and resources. I may also disseminate findings by writing a blog or submitting to a written forum
> magazine.

## Online Sources

You have indicated site users have a reasonable expectation of privacy and therefore you will need to obtain consent to use their data for this project. Please explain how you propose to obtain consent.

> I will not use data collected from site users in this study. I will seek participation in the study through use of the internet, for example by advertising the study on social media platforms. However, data will not be collected until participants contact me with an expression of interest in participating in the study, whereby I will temporarily request contact details to arrange participation.

## General Queries

You have indicated that you will be gathering/working with special category data. Please confirm here how you will comply with data protection law (GDPR) for use of special category personal data.

> I will ensure the participants give clear consent to process their personal data for the purpose of the research study, and they have the right to withdraw consent. The processing of their special category personal data for use within the project is also necessary for the project's legitimate interests. The special category personal data will be acquired for further information regarding the demographics of the participations to look for overall patterns that will inform the findings.

## Data Storage

How long will you retain the research data?

> The research data will be retained for 10 years.

How long and where will you store any personal and/or sensitive data?

> Personal data will be deleted by the end of the study in July 2024. It will be stored in an encrypted file on the University server.

Please explain when and how you will anonymise data and delete any identifiable record?

> Data will be anonymised at earliest opportunity after it has been collected. On an encrypted spreadsheet each participant will be allocated a letter which will be used to identify anonymised participants. Participants will then be referred to by their letter in all other documents. All names, places and other identifying information will be redacted from the transcripts. All identifiable records (i.e. participant information, audio/video recordings) will be deleted by the end of the project, except consent forms which will be retained long term in a password protected file on the University server and deleted after 10 years by the Research Coordinator.

## Project Documentation*

### Important Notice about uploaded documents:

When your application has been reviewed if you are asked to make any changes to your uploaded documents please highlight the changes on the updated document(s) using the highlighter so that they are easy to see.

Please confirm that you have read and applied, where appropriate, the guidance on completing the Participant Information Sheet, Consent Form, and other related documents and that you followed the guidance in the help button for a quality check of these documents. For information and guidance, please use the relevant link below:

FST Ethics Webpage

FHM Ethics Webpage

FASS-LUMS Ethics Webpage

REAMS Webpage

- ☑ I confirm that I have followed the guidance.

In addition to completing this form you must submit all supporting materials.

Please indicate which of the following documents are appropriate for your project:

- ☑ Research Proposal (DClinPsy)
- ☑ Advertising materials (posters, emails)
- ☑ Letters/emails of invitation to participate
- ☑ Consent forms
- ☑ Participant information sheet(s)
- ☑ Interview question guides
- ☐ Focus group scripts
- ☑ Questionnaires, surveys, demographic sheets
- ☐ Workshop guide(s)
- ☐ Debrief sheet(s)
- ☐ Transcription (confidentiality) agreement
- ☑ Other
- ☐ None of the above.

Please upload the documents in the correct sections below:

Please ensure these are the latest version of the documents to prevent the application being returned for corrections you have already made.

As you are in a DClinPsy course please upload your Research Proposal for this project.

Documents

| Type | Document Name | File Name | Version Date | Version | Size |
|---|---|---|---|---|---|
| Research Proposal | Research protocol v2 | Research protocol v2.docx | 22/02/2023 | 2 | 33.9 KB |

Please upload all consent forms to be used in this project.

Documents

| Document Name | File Name | Version Date | Version | Size |
|---|---|---|---|---|
| Consent Form | FSTEthicsConsentFormv2 | FSTEthicsConsentFormv2.docx | 15/02/2023 | 2 | 225.9 KB |

Please upload all Participant Information Sheets:

Documents

| Type | Document Name | File Name | Version Date | Version | Size |
|---|---|---|---|---|---|
| Participant Information Sheet | Participant Information Sheetv3 | Participant Information Sheetv3.docx | 22/02/2023 | 3 | 67.4 KB |

Please upload all advertising materials (posters, emails)

Documents

| Type | Document Name | File Name | Version Date | Version | Size |
|---|---|---|---|---|---|
| Advertising materials | Research poster | Research poster.pptx | 08/03/2023 | 2 | 88.7 KB |

Please upload all letter and emails to participate here:

Documents

| Type | Document Name | File Name | Version Date | Version | Size |
|---|---|---|---|---|---|
| Letters/emails of invitation to Participate | Email script to gatekeepers v2 | Email script to gatekeepers v2.docx | 22/02/2023 | 2 | 13.2 KB |

| Letters/emails of invitation to Participate | Email script to potential participants v2 | Email script to potential participants v2.docx | 22/02/2023 | 2 | 14.2 KB |

Please upload all different Interview Question Guides.

## Documents

| Type | Document Name | File Name | Version Date | Version | Size |
|------|---------------|-----------|--------------|---------|------|
| Interview question guide | Topic guide (v2) | Topic guide (v2).docx | 15/02/2023 | 2 | 207.7 KB |

Please upload all Questionnaires, surveys, demographic sheets

## Documents

| Type | Document Name | File Name | Version Date | Version | Size |
|------|---------------|-----------|--------------|---------|------|
| Questionnaires, surveys, demographic sheets | Demographics | Demographics.docx | 15/02/2023 | 1 | 223.2 KB |

Please upload any other relevant documentation related to this project.

| | | | Docume | | | |
|---|---|---|---|---|---|---|
| **Type** | **Document** | **File** | **Version** | **Versio** | **Siz** | |
| Other | Distress | Distress | 07/11/20 | 1 | 38. | |

## Declaration

**\*Please Note\***

Research Services monitors projects entered into the online system, and may select projects for quality control.

Lancaster university must comply with the LU data storage and governance guidance as well as the General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018. (   Data Protection Guidance webpage)

☑   I confirm that I have read and will comply with the LU Data Storage and Governance guidance and that my data use and storage plans comply with the General data Protection Regulation (GDPR) and the UK Data Protection Act 2018.

Have you that you have undertaken a health and safety risk assessment for your project through your departmental process?   (Health and Safety Guidanc e)

☑   I have undertaken a health and safety assesment for your project through my departmental process, and where required will follow the appropriate guidance for the control and management of any foreseeable risks.

When you are satisfied that this application has been completed please click "Request" below to send this application to your supervisor for approval.

**Signed:** This form was signed by Dr Suzanne Hodge (s.hodge@lancaster.ac.uk)    on 09/03/2023 4:44 PM

Please press "Request" to send this application to your second supervisor.

**Signed:** This form was signed by Dr Anna Duxbury (a.duxbury@lancaster.ac.uk)    on 08/03/2023 10:52 AM

Please read the terms and conditions below:

You have read and will abide by Lancaster University's Code of Practice and will ensure that all staff and students involved in the project will also abide by it.

If appropriate a confidentiality agreement will be used.

- 

- 
- You will complete a data management plan with the Library if appropriate.  Guidance from Library.
- You will provide your contact details, as well as those of either your supervisor (for students) or an appropriate person for complaints (such as HoD) to any participants with whom you interact, so they know whom to contact in case of questions or complaints?
  That University policy will be followed for secure storage of identifiable data on all portable devices and if necessary you will seek
- guidance from ISS.
- That you have completed the ISS Information Security training and passed the assessment.
- That you will abide by Lancaster University's lone working policy for field work if appropriate.
  On behalf of the institution you accept responsibility for the project in relation to promoting good research practice and the prevention of misconduct (including plagiarism and fabrication or misrepresentation of results).
  To the best of your knowledge the information you have provided is correct at the time of submission.  If anything changes in your research project you will submit an amendment.

**Applicant Only: To complete and submit this application please click "Sign" below:**

**Signed:** This form was signed by Jennifer Sheardown (j.sheardown@lancaster.ac.uk) on 09/03/2023 7:00 PM

**Research Protocol**

**Title**

**What are managers' experiences of managing staff teams with experiences of racism in homeless services?**

**Applicant: Jennifer Sheardown**

**Supervisors: Suzanne Hodge, Anna Duxbury and Madeline-Sophie Abbas**

**Version number: 2**

## Introduction

Research has clearly demonstrated that homeless services are highly stressful environments, which can have a significantly negative impact on staff wellbeing (Fazel et al., 2008; Goldfinger & Chafetz, 1984; Lemieux—Cumberlege & Taylor, 2019). It is therefore unsurprising that burnout among staff in homeless services is common, however there is often little in way of a support system (Jarret, 2010). Alongside this, People of Global Majority employees face additional challenges such as racism and higher social disadvantage than their White colleagues, and subsequently are more likely to suffer from mental health difficulties (Rao et al., 2020). For instance, some research has been conducted in the NHS, which has found that People of Global Majority staff experience extensive racism from both patient contact and from within the organisation itself (Allan, Cowie & Smith, 2009; Becares, 2009). Due to wider social-political roots of racism in the NHS, it is highly plausible that should this be explored within the homeless sector similar findings would be revealed (Law, 2011; Adebowale & Rao, 2020).

However, while it is widely agreed that people receiving support from homeless services are subject to racism, there is currently little available research exploring racism within the homeless services themselves (King, 2021). In recent years since the Black Lives Matter movement in 2020, larger

organisations such as Shelter have implemented steering groups specifically to address racism within their organisations (Anti Racism Steering Group, 2020). However, due to the fragmentation of homelessness services across the country, it is unclear how widespread these innovations are or whether other services are making similar changes.

It is a common issue that the hierarchy among workers in large organisations tend to be 'snow-capped'; in other words, key roles are predominantly held by White employees (Kalra et. al, 2009). However, employees in the top positions have great power to implement change within services, and management's views and experiences of racism within their organisations are likely to influence how these issues are tackled. To begin to establish a framework to guide anti-racist strategies in homeless services, it would be helpful to explore managers' experiences of supporting their staff teams with experiences of racism in homeless services. This will help to outline what the key barriers and facilitators to anti-racist practise can look like from a management perspective.

The Black Lives Matter movement highlighted for White people what People of the Global Majority have long known; that racism remains prolific in Britain and much more needs to be done on every level to tackle it. The lack of research into racism and available anti-racist strategies in homeless services demonstrates that organisations thus far have let down their employees. It is therefore timely to begin to explore how racism is present in organisations from the perspectives of those in key decision-making positions to make the changes needed to provide equity among homeless organisation's employees.

It is proposed that a sample of between ten and fifteen participants will provide enough information to explore a diversity of viewpoints within the available resources of the researcher.

**Aims/hypotheses/research questions**

This research study aims to provide an overview of management's experiences of supporting their staff with experiences of racism within their organisations. This research study therefore asks the following primary and sub-questions:

*Primary question*

What are managers' experiences of managing their staff with experiences of racism in homeless services?

*Sub-questions:*

From a manager's perspective, what appears to be working and what isn't?

**Method**

*Participants*

This research study plans to interview individuals in positions of authority, which will be defined as employees within supervisory and managerial positions, and those who influence service policy and guidelines. The participant inclusion criteria will contain the following:

1. To have worked for at least 3 months in the manager role

2. To work in a homeless service that works directly with homeless people

3. To work in a service based in the UK

4. To be able to take part in an online or telephone interview

**The selection procedure**

Due to limited evidence that the homeless sector has been active in anti-racist policies and supporting staff with racism, it is likely that I will need to have a wide recruitment pool to ensure as many services as possible could be contacted to see if they do meet the inclusion criteria. This would mean recruiting nationally.

It would be helpful to recruit participants from various geographical regions to explore diversity of experience, for instance those working within cities compared with rural areas whereby there is likely to be a difference in diversity of ethnicities and cultures. However, it is anticipated that I would more likely recruit participants from major cities who had experienced this as an issue. It is also possible that participants will self-select for the study for ideologically driven reasons even if the issue is less of a concern in their organisation.

Due to the complexity of the power dynamics within this sector, it is currently difficult to anticipate how many recruitment sites will be needed. For instance, some services may be large whereby it could be

helpful to interview multiple individuals within different roles in the service, whereas other services may smaller with a simpler structural hierarchy. It would be helpful to stay flexible regarding this until potential recruitment sites are identified.

The method of recruitment will need to be varied since there is no one way in which to contact potentially relevant sites. I intend to reach out via Twitter where there is regular and active engagement among those working within the Homeless sector. I have also joined the National Psychology Homeless Network as a means through which to contact people in influential positions either directly with the Network's members, or with support from them. I also intend to employ a word-of-mouth strategy whereby I ask potential participants whether they can recommend any further relevant sites to contact. I will also search for homeless services using a search engine and contact homeless services directly.

Demographics: age, gender, race, ethnicity, religion, level of education, location

## Design

I need to present an auditable decision trail to demonstrate thoughtful and methodological data analysis which can be transparently communicated, so trustworthiness of process can be evaluated by others. To achieve this I will follow the Trustworthy criteria, as outlined by Nowell et al. (2017). This involves the use evidencing of credibility via use of researcher triangulation and peer debriefing, transferability to other sites via thick descriptions, and dependability via clearly documented and auditable processes at every stage of the research. The researcher will keep record of each decision made throughout the entire process of the research, with a clear rationale. The researcher will also keep records of raw data, field notes, transcripts, and a reflective journal whereby I will record a self-critical account of the research process including internal and external dialogue. This approach should ensure confirmability of the study, whereby the researcher's interpretations and findings can be clearly sought from the data. This study will be coded using an inductive approach therefore no prior existing knowledge from the researcher is needed since the conclusions will be derived from within the data.

*Materials*

A topic guide will be used which will cover the following topics:

- Personal and biographical information of participant (e.g. who they are and how they have come into their role)

- Organisational information (e.g. structure, policy, recruitment processes)

- Staff (e.g. working culture, relationships)

The interviews will be video recorded using either an audio recorder or computer software depending on whether the interview takes place online or via telephone.

*Procedure*

Participants will be recruited to the study via recruitment by the researcher or self-referral, provided they meet the selection criteria. The researcher will post the research poster on social media platforms such as Facebook and Twitter and will contact the Network for Psychology in Homelessness to ensure the study is spread widely among homeless services through their contacts within the Network. The researcher will then consult participants for recommendations for other services who might be interested and relevant to interview. The researcher will also search for homeless services using online search engines and contact them directly.

Participants will be interviewed online using video conferencing software or via telephone, which will either be video or audio recorded. The interviews will be semi-structured and will last approximately one hour. The study information will be sent to participants at least 24 hours prior to the interview, and consent will be sought at the beginning of the interview. Should participants not wish to consent, the interview will be terminated. Participants will also be entitled to withdraw from the study at any time up until the data is being coded, at which time their data will have been anonymised. To ensure participants

have time to decide whether or not they would like to remain within the study after the interview has taken place, they will have two weeks to withdraw from the study from the date of the interview.

All confidential data will be stored on an encrypted file space on the University server which will only be accessible to the Chief Investigator and the Principal Investigator. Consent forms and anonymised data will be stored in separate password-protected files. Data containing personal details other than consent forms will be destroyed as soon as possible except for contact details from participants who have stated they wish to be contacted with the results of the study, which will be retained until a summary of the research has been sent out.

The video recordings will be audio-transcribed and any additional reflections from the interview will be recorded in the reflective journal.

## Procedure

*Proposed analysis*

The data will be analysed using reflexive thematic analysis, primarily using the techniques posited by Braun & Clarke (2022). This will consist of the following six steps:

1.  Familiarising myself with the dataset – immersing myself in the data

2.  Coding – working systemically through the data, identifying potentially meaningful data and applying descriptions, or code labels with the aim to capture my analytic understanding of the data

3.  Generating initial themes – begin to identify shared patterns of meaning between the datasets with the aim of gathering codes into groups that might share a central meaning or idea relevant to the research question

4. Developing and reviewing themes – reviewing the initial layout and viability of the interpreted themes by reviewing the raw data to ensure the interpretations make clear links back to the original dataset. Revise where needed.

5. Refining, defining and naming themes – refine the 'story' the analysis is attempting to tell by defining succinct themes that capture the essence of the data

6. Writing up – this will have started during step 3 of the process, but will become formalised by this step with the intention to submit for publication

*Practical issues*

The costs and logistics of interviewing are expected to be minimal due to the interviews taking place remotely. If a participant finds difficulty in accessing or managing video technology the researcher will offer to do the interview via telephone instead. Participant time constraints will be managed by the flexibility of the researcher, for instance if a participant is only able to offer half an hour of their time this will be accommodated for, or if the participant agrees, the interview could be conducted across two separate times.

**Ethical concerns**

*White researcher*

The researcher and two of the supervisors are White and are unfamiliar with this subject area, which raises issues regarding their suitability to conduct the research without appropriate consultation. The researcher has consulted two researchers separately, who both work within the sphere of racism and anti-racism, for their advice on the project. The researcher has also recruited a researcher and senior lecturer who specialises in critical race and whiteness studies to supervise the research as a Field Supervisor, who will meet with the team once a month.

*Emotional impact*

The emotional impact of taking part on participants needs to be considered. This is relevant to both White participants and People of the Global Majority. White participants will need to be able to contain a certain amount of emotional discomfort that is likely to come from discussing racism that they may be unused to (as per the concept 'White Fragility'), which will be discussed with them prior to the start of the interview. People of the Global Majority are also at risk of emotional distress from discussing racism, and there is a risk they may also feel alienated or a lack of safety in discussing these sensitive issues with a White Researcher. This will be managed by discussing any potential difficulties that may arise prior to the interview and disclosing that the researcher is White prior to obtaining their consent to participant. All participants will also be given relevant details for agencies they can approach for further support should they need it at the end of the interview in the debrief sheet.

*Confidentiality*

Due to the proliferation of racism in the current social fabric of our society, it is very likely that acts of racism will be discussed during the interview. These are most likely to be forms of racism such as microaggressions and systemic racism, rather than what might constitute as a 'hate crime', which can be defined as physical assault, verbal abuse or incitement to hatred (Metropolitan Police, 2023). Participants are also likely to be at the head of their services. Therefore, it is deemed unlikely that information would be shared within the interview whereby confidentiality may need to be broken, plus breaking confidentiality is complicated due to the structures of the service. This means that should confidentiality need to be broken; the line of avenue would be to report to the police. I need the participants to be as candid as possible so as to not undermine the research and bring as much benefit to the marginalised group who experience racism as possible as an outcome of the research. Alongside this, I have a professional duty to refrain from doing anything that would bring the University into disrepute. It is important to consider that as the researcher I will not be participating in racism myself, nor does this research condone racism. Therefore, I will follow the guidance as advised in UCL's research ethics policy that I will report any actions or planned actions, discovered during the course of research, that that I

believe is likely to lead to serious or immediate harm to others (UCL Research, 2023). Beyond this,

everything discussed during the interview will remain confidential. I will state the limits to confidentiality

on the participant information sheet and discuss it with the participants prior to the commencement of the

interview.

I need to also be mindful of the ethnicities of the participants, as it is expected that the majority of

participants will be White. This means that any participants from the Global Majority risk being losing

their anonymity in what they discuss due to their anticipated status as a minority group within the study.

Should this occur, I will need to prioritise their anonymity by omitting identifiable data from the study.

Having said this, the pool is wide (whole of the UK) and across multiple institutions, which will support

the prospects of being able to keep participants anonymous while also having a range of diverse

participants.

**Timescale**

The thesis will be submitted by July 2024.

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**Section Four: Appendices**

**4-A:** Participant Information Sheet

**4-B:** Consent Form

**4:C:** Topic Guide

**4:D:** Research Poster

**4:E**: Ethical Approval Statement

**Appendix 4-A: Participant Information Sheet**

Doctorate in Clinical Psychology | Lancaster University

**Participant Information Sheet**

**Managers' experiences of managing staff teams with experiences of racism in homeless services**

For further information about how Lancaster University processes personal data for research purposes and your data rights please visit our webpage: www.lancaster.ac.uk/research/data-protection

My name is Jennifer Sheardown and I am conducting this research as a Trainee Clinical Psychology student in the Clinical Psychology Doctorate programme at Lancaster University, Lancaster, United Kingdom.

**What is the study about?**
The purpose of this study is to provide an overview of management's experiences of managing their staff teams with experiences of racism within homeless organisations. It aims to gain an understanding of manager's experiences of racism within their organisations and how these impacted on their employees.

**Why have I been approached?**
You have been approached because the study requires information from people who work within positions of authority, defined as those within supervisory and managerial positions, and those who influence service and policy guidelines.

Participants need to:
1.      Have worked for at least 3 months in the manager role
2.      Work in a homeless service that works directly with homeless people
3.      Work in a service based in the UK
4.      Be able to take part in an online or audio interview

**Do I have to take part?**
No.  It's completely up to you to decide whether or not you take part.

**What will I be asked to do if I take part?**
If you decide you would like to take part, you would be emailed a demographic questionnaire which you will be asked to compete prior to the interview. This will contain information related to your age, gender, race or ethnicity, religion or belief, level of education and location of work. Completing this is optional. You will also be asked to take part in a remote interview, which is expected to take approximately one

hour. The interview will be video-recorded via Microsoft Teams, or audio-recorded if you prefer. In this interview you will be asked questions exploring personal and biographical information related to you within your role, organisational information to gather a context of the service and relevant policies and procedures, and staff information such as working culture and staff relationships.

**Will my data be Identifiable?**

The data collected for this study will be stored securely using University approved secure cloud storage and only the researchers conducting this study will have access to this data.

- o Audio and video recordings will be deleted once the project has been submitted for examination by July 2024
- o The files on the computer will be encrypted (that is no-one other than the researcher will be able to access them) and the computer itself password protected
- o At the end of the study, the research data will be kept securely in an encrypted file on the University server for ten years. At the end of this period, they will be destroyed.
- o The typed version of your interview will be made anonymous by removing any identifying information including your name. Anonymised direct quotations from your interview may be used in the reports or publications from the study, so your name will not be attached to them. All reasonable steps will be taken to protect the anonymity of the participants involved in this project.
- o All your personal data will be confidential and will be kept separately from your interview responses.

There are some limits to confidentiality: if what is said in the interview makes me think that there are any actions or planned actions that I believe are likely to lead to serious or immediate harm to yourself or others, I will have to break confidentiality and speak to a member of staff about this.  If possible, I will tell you if I have to do this.

**What will happen to the results?**

The results will be summarised and reported in a thesis and may be submitted for publication in an academic or professional journal. They may also be reported at a conference, fed back to services, and disseminated by writing a blog or submitting to a written forum magazine.

**Are there any risks?**

It is possible that discussing racism will bring up feelings of emotional discomfort for you. I will discuss this risk with you prior to taking part in the study. If you experience any distress following participation you are encouraged to inform me and contact the resources provided at the end of this sheet.

**Are there any benefits to taking part?**

Although you may find participating interesting, there are no direct benefits in taking part.

**Who has reviewed the project?**

This study has been reviewed and approved by the Faculty of Health and Medicine Research Ethics Committee at Lancaster University.

**Where can I obtain further information about the study if I need it?**

If you have any questions about the study, please contact:

**Jennifer Sheardown**

Trainee Clinical Psychologist
Lancaster Doctorate in Clinical Psychology, Health Innovation One, Sir John Fisher Drive, Lancaster
University, Lancaster, LA1 4AT
**Email: j.sheardown@lancaster.ac.uk**

Supervised by:
**Suzanne Hodge**
Research Supervisor
Lancaster Doctorate in Clinical Psychology, B43, Health Innovation One, Sir John Fisher Drive, Lancaster
University, Lancaster, LA1 4AT
**Email: s.hodge@lancaster.ac.uk**

 **Complaints**
If you wish to make a complaint or raise concerns about any aspect of this study and do not want to
speak to the researcher, you can contact:

 **Ian Smith**
Research Director
Lancaster Doctorate in Clinical Psychology, Health Innovation One, Sir John Fisher Drive
Lancaster University, Lancaster, LA1 4AT
Tel: 01524 592 282
**Email: i.smith@lancaster.ac.uk**

 If you wish to speak to someone outside of the Clinical Psychology Doctorate Programme, you may also
contact:

Dr Laura Machin Tel: +44 (0)1524 594973
Chair of FHM REC Email: l.machin@lancaster.ac.uk
Faculty of Health and Medicine
(Lancaster Medical School)
Lancaster University
Lancaster
LA1 4YG

Thank you for taking the time to read this information sheet.

**Resources in the event of distress**
Should you feel distressed either as a result of taking part, or in the future, the following resources may
be of assistance:
Samaritans – call 116 123 or email jo@samaritans.org
Mind – 0300 123 3393 or email info@mind.org.uk
Please use the link below for a list of resources and organisations to contact for support if racism is
affecting your mental health:
www.mind.org.uk/information-support/tips-for-everyday-living/racism-and-mental-health/useful-
contacts

**Appendix 4-B: Consent Form**

# CONSENT FORM

Health & Medicine | Lancaster University

**Project Title:** What are managers' experiences of managing staf      .

racism in homeless services?

Name of Researcher:    Jennifer Sheardown

Email: j.sheardown@lancaster.ac.uk

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**Please read the following carefully:**

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw, without giving any reason. I will have two weeks from the time of participation in the study to withdraw and for my data to be removed. After this time, I will not be able to withdraw my data from the study. ☐

3. I understand that any information given by me may be used in future reports, academic articles, publications or presentations by the researcher/s, but my personal information will not be included and I will not be identifiable. ☐

4. I understand that my name/my organisation's name will not appear in any reports, articles or presentation without my consent. ☐

5. I understand that any interviews will be audio and video-recorded and transcribed and that data will be protected on encrypted devices and kept secure. ☐

6. I understand that data will be kept according to University guidelines for a minimum of 10 years after the end of the study. ☐

7. I agree to take part in the above study. ☐

| Name of participant: | Date: | Signature: |
|---|---|---|
|  |  |  |

**I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.**

**Signature of Researcher/person taking the consent        _____**

**Date        _____        DD/MM/YYYY**

**One copy of this form will be given to the participant and the original kept in the files of the researcher at Lancaster University**

**Appendix 4-C: Topic Guide**

# Topic guide

Health &
Medicine | Lancaster
University

**Personal/biographical information:**

Who they are, background and how they have come into the role, what is their role in the organisation.

How are they understanding racism?

**Organisational information:**

Context and structure of the organisation and how it fits together, ethnic makeup in roles, policy,

guidelines, methods of recruitment, reporting mechanisms if somebody has experienced racism.

Have any recent changes been made? Participants' feelings about what they are sharing. What could

have been done differently? What went well? Include detailed examples.

**Staff:**

Explore culture in workplace, their relationships with each other/staff dynamics, their work with clients

and relationships, how staff experiences might differ from each other, how is racism talked about or

not.

Anything to add?

**Appendix D: Research Poster**



Doctorate in Clinical Psychology | Lancaster University

**Managers needed for research study exploring experiences of managing racism in homeless services**

This study will explore **managers' experiences** of managing their staff teams with experiences of **racism** in **homeless services**.

**Who can take part?**
- Those in a managerial or supervisory position, or can influence service policy and guidelines
- To have worked in role for at least 3 months
- To work in a homeless service that works directly with homeless people in the UK

**What will it involve?**
An online or telephone interview lasting approximately 1 hour.

If you are interested, or for more information, please contact Jennifer Sheardown at j.sheardown@lancaster.ac.uk

# Appendix E: Ethical Approval Statement
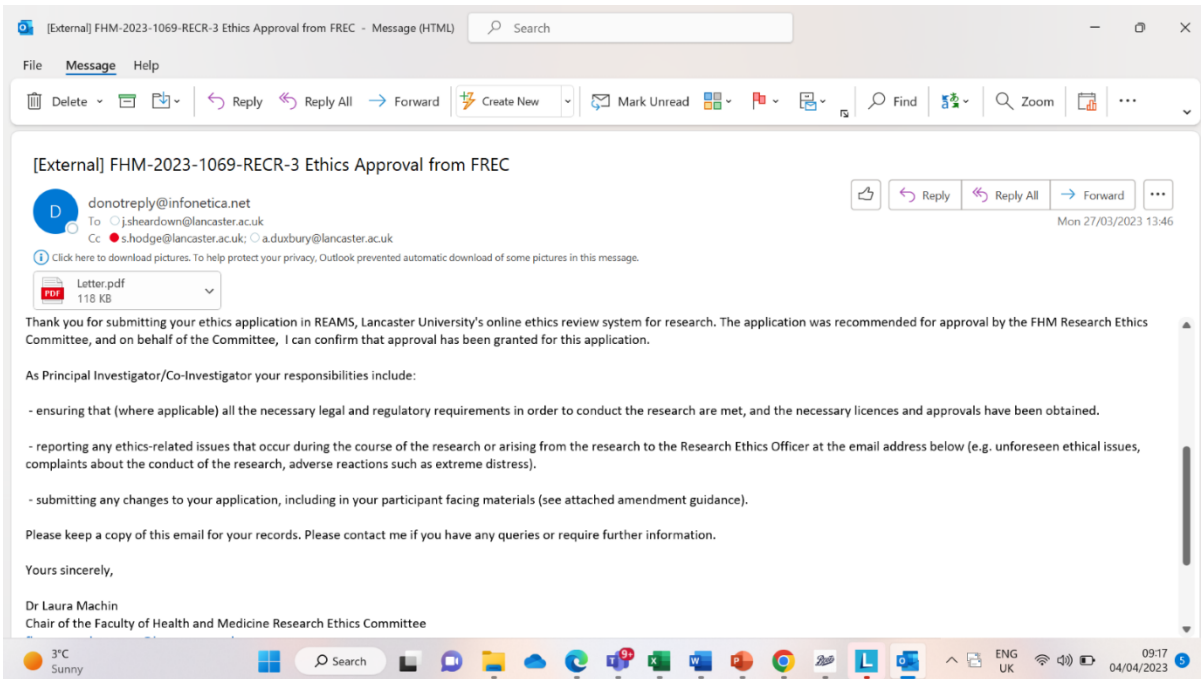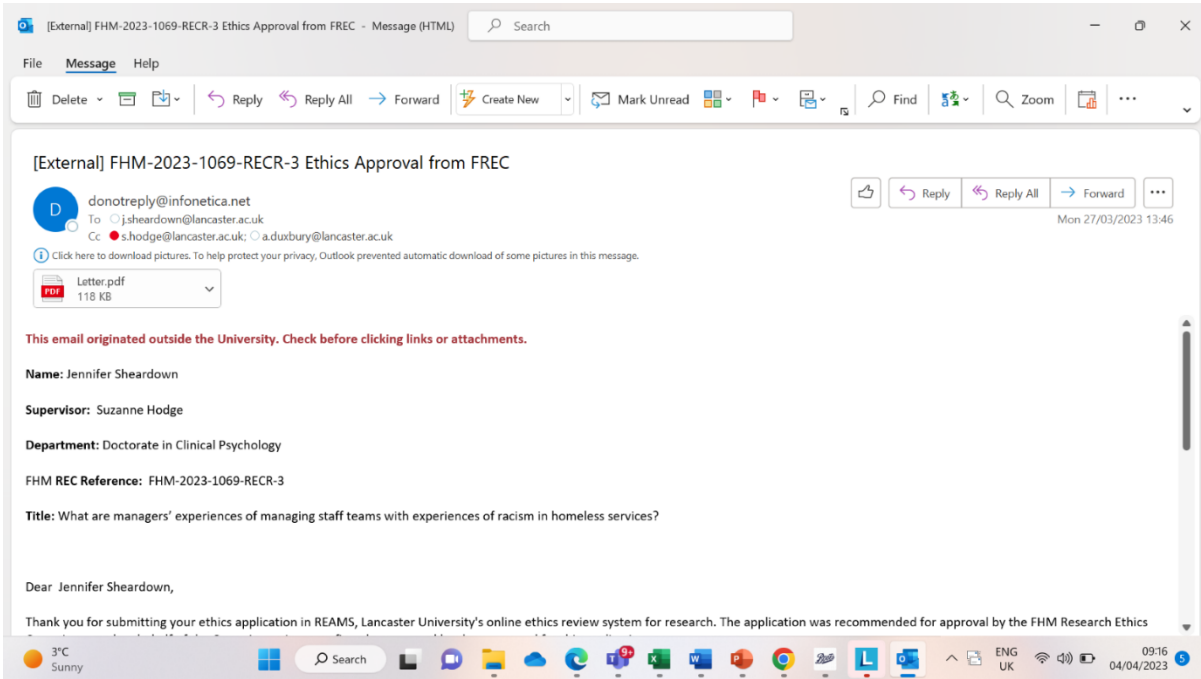
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donotreply@infonetica.net
To ◯ j.sheardown@lancaster.ac.uk
Cc ● s.hodge@lancaster.ac.uk; ◯ a.duxbury@lancaster.ac.uk

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complaints about the conduct of the research, adverse reactions such as extreme distress).

 - submitting any changes to your application, including in your participant facing materials (see attached amendment guidance).

Please keep a copy of this email for your records. Please contact me if you have any queries or require further information.

Yours sincerely,

Dr Laura Machin
Chair of the Faculty of Health and Medicine Research Ethics Committee
fhmresearchsupport@lancaster.ac.uk

Right-click or tap and hold here to download pictures. To help protect your privacy, Outlook prevented automatic download of this picture from the Internet.

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