

Why Children & Young People's Services are Different: Race & Culture in Multidisciplinary Teams

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Context of Mental Health Professionals

- Informed by social science, but different from social science
- Mental Health professionals intervene
- Organised by State institutions, representing majority ideology, for example gender relations, kinship
- Indirect regulation of families, for example taxation, housing
- Diversity tends to be defined as pathology

How are children's services different from adult services?

- Children develop and learn at a different pace to adults. Adults and children function differently
- Children need care – a relational model of interaction and communication cannot be ignored
- Children and young people highlight identity formation, hybridity, in-between-ness and existence as a continuing process

Frantz Fanon: Black Skin, White Masks

‘Look, a negro!’ It was an external stimulus that flicked me in passing. I smiled slightly.

‘Look, a negro!’ It was true. I laughed.

‘Look a negro!’ The circle was gradually getting smaller. I laughed openly.

‘Mum, look at the negro, I’m frightened! Frightened!’

Now they were beginning to be frightened of me. I wanted to laugh till I burst, but that had become impossible (Fanon 1982[1952],111).

Race & Culture

- ‘White’ and ‘black’ *are* not. ‘Whiteness and blackness defined in relation to each other
- Culture is not a ‘whole’ or a ‘thing’.
- Culture is an **expectation** of a shared space and/or shared ideas
- Culture is a necessary illusion because it evokes a **particular kind of continuity for those who participate in it.**

Evidence Based Practice and culture and race

- Evidence Based Practice is practice based on the best available evidence
- Relies on clearly defined categories
- Ethnicity not a category similar to gender and age because ethnicity refers to identity (continuing formation) and not to physical characteristics

Green et al (2005) Mental Health of Children and Young People in Britain. ONS

‘Children of mixed heritage were sometimes classified as being of another non-mixed heritage i.e white, black etc.’

Green et al (2005) Mental Health of Children and Young People in Britain. ONS

‘Diagnosis of some minority ethnic children with non-English speaking parents are based on less complete information because their parents were not able to answer some diagnostic questions’

A Cognitive experiment with Kisigis children in Western Kenya (Harkness & Super 2008)

- Children were told a story about a boy who was given a special stick to herd the cows
- Children asked to tell story back to experimenters
- 10% of 3 –year olds, 50% of 6-7 year olds and 66% of 10 year olds could do this
- All children were healthy and in one case a 6 year old boy went home and told whole story accurately to a friend
- Why were the Kisigis children so hard to test?

Reasons

- Mothers tend to take less active role in teaching their children to talk than US or UK mothers
- Aged 2 or 3 Kipsigis have learnt to show respect for older and higher status people and taught not to talk in front of them
- Test situations in which emphasis is on production rather than on comprehension disadvantage Kipsigis children

Cross-Cultural Child Development: Utku children learning self-control

- Children carried on the back of carer till the age of 3.
- No toilet training. Children removed when defecate or urinate. Not scolded
- Stopping nursing, walking and playing independently create crisis which has to be negotiated for self-control
- Developmental crisis may occur at different times and take place around different tasks in different cultures.

Concluding thoughts

- Talk to children, young people and their parents about race and culture as part of the clinical process, assessment and treatment
- Educate ourselves about the continuity and the dynamic of 'culture', 'race' and 'ethnicity'
- Educate ourselves about the ways in which our own cultural outlooks quietly seep into areas where at first they do not seem to be