

FEATURE/EQUALITY AND DIVERSITY

Reference: Ahmed-Landeryou, M. (2020), Tackling structural inequalities one conversation at a time, OT-News, July, p:17-18

(title) Tackling structural inequalities one conversation at a time

(standfirst) Musharrat J Ahmed-Landeryou was recently invited to speak on the OT and Chill podcast 'L.O.V.E – Let's talk about race #BlackLivesMatter'. Here she urges everyone to engage in difficult conversations about race to make change happen

Every time the deaths of black people, when in the hands of or in the care of authority, is publicised, it is a wound that scars deeply, mentally and emotionally. Every time a death happens, you are reminded of the scars, and another scar is added.

I am angry and upset out of fear and frustration that yet again there will be no action and this will result in another inquiry. In fact, as I write this, the Prime Minister has asked for one into the health inequalities for the Black, Asian and Minority Ethnic (BAME) population.

Examples of reviews and recommendations include:

- the Grenfell Review (www.gov.uk/government/publications/independent-review-of-building-regulations-and-fire-safety-final-report): council flats have still not had dangerous cladding removed, or sprinklers placed, or clear evacuation plans put in place, and most of the evacuees are still in temporary accommodation;
- the Macpherson Report (www.gov.uk/government/publications/the-stephen-lawrence-inquiry): 20 years after Stephen Lawrence's murder, the recommendations for training when policing BAME areas, or BAME leadership representation, or BAME recruitment have not been adequately dealt with, so institutional racism, discrimination and prejudice continues;
- the Lammy Review (2017) into the treatment of and outcomes for BAME individuals in the Criminal Justice System (www.gov.uk/government/publications/lammy-review-final-report): no action has been visibly taken on the seriousness of the overrepresentation of BAME people in the criminal justice system, the endemic racial bias throughout the justice system, or the recommendations regarding training and building community trust and dealing with unconscious bias; and
- the Windrush Lessons Learned Review, by Wendy Williams (www.gov.uk/government/publications/windrush-lessons-learned-review): part consequence of Theresa May's hostile environment culture and target meeting actions, you dehumanise a group by seeing them as numerical targets to meet at any cost.

Go back and forth in time, there are many of these expensive reviews on BAME communities after high profile incidents. But ask yourselves, despite these reviews purporting that they would create real change for these communities, what change has occurred, been felt and sustained?

This inactivity is a demonstration of political unwillingness to deal with these difficult issues; it is a conscious action to delay, in the hope this issue will be forgotten about and another pressing topic will distract the public, until the next death is publicised.

To paraphrase the words of Carol Cooper, the Royal College of Nursing Equality and Diversity lead, who highlights that when there is no co-relation between what is said and what is being done, then yes, it tells us that Black lives matter less.

The BAME population is not homogenous, it is diverse in communities and cultures, so one size does not fit all. For many years, BAME health professionals have made the case that to be ethnic neutral is to deny the issues of one's own lived experience, risk, access and opportunities (Skwaski 1987; Began and Ahacala 2012; Began 2015; Giarratano 2016).

It sounds hopeless, but it doesn't have to be, and it isn't. Occupational therapists can form alliances to be local activists, to push for change, for fairness and justice, to engender change and representation through one interaction and one intervention at a time.

That is, apply liberation psychology and engage in relational activism. Liberation psychology says that people are traumatised by impoverishment and oppression, remove these to 'free' the person, to enable them to be empowered to change themselves (Burton 2013).

Relational activism is about change through individual accumulative actions, not big protests and campaigns (Doye and Fischer 2019).

We need to enable BAME support networks in organisations, to educate ourselves about different cultures within the communities we work in, not piecemeal about food and religion or ablution pots, because communities are not monoliths.

We need to ally with RCOT to raise its agenda and attention regarding BAME members and the BAME communities. To encourage RCOT to look at what is stopping BAME representation in its officer posts; leaders, senior management and RCOT could perhaps benefit in engaging in reverse

mentoring. This is to immerse themselves in the experiences of BAME staff, to gain meaningful understanding to inform change through learning new skills and to break out of their comfort zones. Perhaps we all should try this.

Toni Morrison said: 'The very serious function of racism... is distraction. It keeps you from doing your work. It keeps you explaining, over and over again, your reason for being.' We must not let the murder of George Floyd be just another distraction from the real issues of examining and addressing the social determinants that drive health inequalities.

We must push for action on the macro level - political or organisational. On the micro local level, we must ensure our BAME colleagues and patients/service users are truly seen, heard, understood and feel the effects of sustainable change.

It needs political will to act and put in place policies, procedures and infrastructure. As citizens and professionals, we can make a start to tackle the structural inequalities and injustices of society for BAME populations by liberating ourselves from our own constraining shackles, one conversation and one action at a time, and influencing RCOT for action.

If the conversations about race were comfortable, then the right conversations are not being had, as we have always lived in an unequal society. Having conversations about race is uncomfortable for both parties involved. It is okay to feel uncomfortable, because it is.

An awareness of this uncomfortable state and its roots is what needs to be explored and discussed at all different levels. Progress will only occur when our internal biases and beliefs around race are explored. We are not responsible for what we have been taught growing up, however, we are responsible for what we now decide to learn.

Most of all, human to human, ask your BAME colleague/s how they are and start a conversation. They may be fine, or they may just want to chat. Change is difficult, but change is achievable. Actions speak louder than words.

References

Beagan B (2015) Approaches to culture and diversity: A critical synthesis of occupational therapy literature, *Canadian Journal of Occupational Therapy*, 82(5):272-282 DOI:

10.1177/0008417414567530

Reagan B and Chacala A (2012) Culture and diversity among occupational therapists in Ireland: When the therapist is the 'diverse' one, British Journal of Occupational Therapy, 75: 144-151. 10.4276/030802212X13311219571828

Burton M (2013) Liberation psychology: a constructive critical praxis. Estudos de Psicologia (Campinas), 30(2): 249-259, DOI: 10.1590/S0103-166X2013000200011 Available at: www.researchgate.net/publication/262509929_Liberation_psychology_a_constructive_critical_praxis

Dove B and Fischer T (2019) Becoming unstuck with relational activism, Stanford Social Innovation review, Available at: https://ssir.org/articles/entry/becoming_unstuck_with_relational_activism

Giarratano S (2016) Occupational therapists' racial and ethnic attitudes: A replication study, Ithaca College Theses. 321 https://digitalcommons.ithaca.edu/ic_theses/321

Skawski KA (1987) Ethnic/racial considerations in occupational therapy, Occupational Therapy In Health Care, 4(1): 37-48, DOI: [10.1080/J003v04n01_04](https://doi.org/10.1080/J003v04n01_04)

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