

Pragmatism or tokenism in RECC Training? (934 Words)

(by Peter Ferns, Director of Ferns Associates & Premila Trivedi Associate & Service User Trainer)

Delivering Race Equality (DRE) is about to embark upon a course that will seriously risk undermining and devaluing the national Race Equality and Cultural Capability (RECC) training initiative which we have been implementing for the past 18 months. Delivering Race Equality is the Government's 5 year strategy to achieve improvements for Black and Minority Ethnic people in mental health service provision. RECC Training is one of its central aims as well as a major Government response to the inquiry into the death of David 'Rocky' Bennett. The latest BME Mental Health Census figures have shown little change in discrimination in the past three years and we desperately need training initiatives such as RECC to create a workforce capable of delivering better services for BME people.

Ferns Associates produced a set of excellent training materials for practitioners and we pressed DRE to establish an RECC Training for Trainers programme over two years ago which was dismissed along with our suggestion for a coherent strategy for national implementation of RECC. However, we felt that it was imperative to at least establish a RECC Trainer programme to ensure that the RECC materials are effective in changing practice and delivered to a high standard.

As authors of the materials, we developed a powerful and effective Training for Trainers programme which brought together BME service users, carers and practitioners in equal co-training partnerships for the first time in a national training initiative to deliver RECC to local practitioners. Once this successful and effective programme had been independently created, DRE then wished to claim 'ownership' of the programme which was resisted by us. DRE have now decided to develop 'their own' RECC Training for Trainers programme modelled on ours, supposedly in response to demands from Trusts that they want a shorter and less intense version of the training. DRE would argue that they are being 'pragmatic' in responding in this way but there is a real threat to the solid and valuable work that has been achieved so far in RECC. **We believe that the thin line between pragmatism and tokenism has been crossed** jeopardising the work and reputation of existing RECC Trainers as they struggle to get RECC properly implemented in their localities.

They are significantly reducing the quality of RECC training for practitioners. The DRE plan is to produce a 'National' RECC Trainer group trained up to train other RECC trainers in their localities. This would entail people who are newly introduced to the materials to then immediately go out and train other RECC Trainers without any real experience of using the materials themselves with practitioners or having been given a deeper understanding of the design and underpinning theories of the materials. This will result in poor implementation and delivery of RECC to practitioners; a repetition of some

very poor 'race training' initiatives in the past. There appears to be more interest from DRE in owning a 'product' and superficially increasing numbers of staff going through race equality training rather than prioritising the quality of the training being delivered and actual improvement in practice with BME people.

Ferns Associates have now successfully trained over 150 RECC Trainers nationally including 50 BME service user and carer trainers. Feedback from the programme has been consistently excellent with many people expressing fundamental shifts in their understanding about race and culture and significant personal journeys of discovery, as well as gaining individual capability to deliver the RECC training to a high standard in equal co-training partnerships between BME service users, carers and practitioners.

So, what would be the effect of a 'watered down' version of the RECC programme? Uncommitted Trusts would undoubtedly seize upon an opportunity to 'tick their boxes' around race equality training without making any great effort to achieve fundamental improvements in services for BME people. A lesser version, delivered by poorly-prepared trainers, will result in yet another tokenistic response to institutional racism in services. What is worse is that it will serve to undermine the work of existing RECC Trainers to implement RECC properly, to be fully effective in improving BME mental health in their areas. This move by DRE is a serious blow to the credibility of RECC which in time may become lethal, discrediting the whole initiative as yet another failure of 'race training' to really affect change in services.

The Trusts who were reluctant about RECC are about to be given a convenient escape-route by DRE and by colluding with their reluctance to take this issue seriously, we once again witness the spectre of tokenism hovering over a national strategy to tackle institutional racism. Instead of robustly advocating to get RECC Training to be made mandatory, establishing some quality standards for RECC delivery or even just setting clear targets for staff to be trained in RECC with sanctions and incentives to reach these targets, DRE has effectively chosen to acquiesce in the face of resistance to RECC. Once again apathy and tokenism greases the wheels of institutional racism and nothing changes. There is one thing that I would ask people with authority and power to remember. **Tokenism is worse than doing nothing at all.** Not only does it ultimately fail and waste resources, it builds up a wall of cynicism with BME service users and communities that will be hard to breach with any future initiatives.

(934 Words)

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