



Safer Spaces for Black Children in Care in England: Identity and Voice

“Space that belongs to you, that you know you can go to no matter what”

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Barnardo's SEEN is a centre that amplifies authentic experiences, supports innovation in anti-racist practice and pushes for meaningful and informed system change. The centre's mission is to identify, understand and tackle the structural inequalities that limit the opportunities of children and young people of African, Asian and Caribbean heritage in the UK by achieving a system change in the provision of services to tackle the disproportionate outcomes they face.

Our mission is to create systemic change by challenging structural inequalities that impede opportunities for a fair and equitable future for children and young people of African, Asian and Caribbean heritage to fulfil their full potential.

Our vision is to ensure that African, Asian and Caribbean children and young people grow up safer, happier, healthier and more hopeful in a society where their inherent value, power, identity and individuality are seen and centred. We want children and young people to thrive, feel they belong and be supported to develop their full potential without the barriers of systemic racism. We will do this in partnership with others across all sectors, understanding that we cannot do this alone.

Our goal is to create better outcomes for more African, Asian and Caribbean heritage children and young people, to ensure they are safer, happier, healthier and more hopeful.

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Foreword

At Barnardo's our purpose is clear: working to make sure children and young people are safer, happier, healthier and more hopeful.

We take this seriously in relation to all children, regardless of their race, religion or cultural background. We know that children from African, Asian and Caribbean heritage communities face a range of structural challenges linked to systemic racism, which can limit children's opportunities and too often affects their outcomes across education, health, housing, policing and criminal justice (Selwyn 2008; Lammy 2017; Bywaters 2014).

In the UK in 2026, this simply cannot be right, and this is why we are committed to being an anti-racist charity, which means taking an active role in dismantling barriers facing Black children and young people, listening to and acting on what they tell us, and making sure every child is safe, valued and able to thrive in their identity.

As part of this commitment, we are proud to host Barnardo's SEEN, which works to tackle structural inequalities for children of African, Asian and Caribbean heritage. Together, we all have a responsibility to shape a society in which all children can thrive and reach their full potential.

Barnardo's has a long history of working to improve outcomes for children growing up in foster care and residential care, who have always faced significant disadvantages as they transition into adult life. On top of this, African, Asian and Caribbean children in care often face another set of barriers, and this report exists to shine a light on the experiences of these children and young people and to propose changes to practice and policy to help address this.

Official data shows that Black children are currently overrepresented in the care system in England, making up around 8% of children in care compared with approximately 5% of the general population (Department for Education 2025). Although outcomes for all children in care are on average less favourable than for their peers, the disparities are frequently more pronounced for Black children, highlighting the need for targeted attention, investment and reform. Research by Manchester Metropolitan University (Hunter et al. 2023) for example showed that Black children in care were nearly twice as likely to have served a custodial sentence by the age of 18 as white children in care. This is not a reflection of their potential or their character but rather a reflection of the systems around them – systems that must change.

It is for this reason Barnardo's has been working over the last two years to shed light on the experiences of Black children and young people who have experience of the care system. In 2023, we produced our *Double Discrimination* report (Barnardo's 2023), which highlighted the compound injustices faced by Black care-experienced young adults navigating the criminal justice system. In 2025, we published *Crowning Glory*, (Barnardo's 2024), shedding light on how often Black children's basic hair and skin care needs are overlooked – a clear example of why culturally appropriate, identity-affirming care must be central to children's experience.

For this latest report, we were pleased to commission Coventry University to work directly with over 30 children in care and care leavers who self-identified as Black. The aim was to provide a detailed understanding of their experiences of the care system and whether they had felt they had access to safe spaces to explore their cultural identity. The children in this report explained how they saw safety as not only about physical protection but also about emotional and cultural belonging – the ability to be seen, valued and understood for who they truly were. They also explained how they had often felt their cultural needs had been overlooked and how the racism they had experienced had too often gone unchallenged. This often resulted in them feeling isolated and invisible.

These are important messages for everyone working to support children, including professionals, leaders, carers and policymakers. Above all, the research emphasises the need to redesign our care systems so that Black children – and indeed all children – experience not only safety but also joy, pride and the freedom to flourish in their full identity.

I hope that the findings of this report inform the work of the sector and of the UK government as it continues with its ambitious agenda to reform children's social care in England. We owe it to Black children to build a care system where cultural safety is a given and is not an exception; where their identities are a source of pride, not struggle; and where every child can thrive without the barriers of systemic racism holding them back.

Lynn Perry MBE
Chief Executive, Barnardo's

Executive Summary

This research report, funded by Barnardo's SEEN, explores **the lived experiences of Black children in care** (children under 18 years) and young people who have left care (children above 18), focusing on the creation of safe spaces where their voices, identities and needs are truly recognised and supported. The report places participants at the centre, **amplifying their voices** and valuing their perspectives to inform policy and practice improvements.

Research shows that **care placements for Black children in Britain often fail to meet their racial and ethnic identity needs** (Cheruvallil-Contractor et al. 2024). Institutional neglect, limited cultural competence and systemic racism contribute to gaps in wellbeing and identity support (Bernard and Harris 2016; Gupta and Featherstone 2015; Cane et al. 2024). These issues extend beyond care settings into schools and community services, where racial profiling, adultification and disproportionate exclusions persist (Bernard and Carlie 2021; Lammy 2017). Despite recognition that 'one size does not fit all' in social care, practice remains inconsistent. Black children continue to face barriers in expressing their identities and accessing culturally and religiously sensitive support (Black Care Experience Report, 2021). Negative experiences within and beyond placements frequently lead to children and young people feeling unsafe (Cheruvallil-Contractor et al. 2024; Cane et al. 2024).

The Barnardo's SEEN-funded **Safer Spaces for Black Children in Care** research project brought together academics from the universities of Coventry and Sussex to address this issue by accessing and amplifying the voices of Black children in care and young people who have left care. This team used life history narratives interspersed with creative methodologies to understand the experiences from the perspectives of these young people. The team conducted five focus group discussions with 33 children and young people, aged between 10 and 21 years old, who self-identified as Black but who had a variety of 'Black' backgrounds, intersectional identities and care experiences.

The findings indicate that **young people experience and articulate Black identity in complex and multifaceted ways**. Their gender, cultural heritage, faith, migration pathways (if relevant), age and other characteristics all shape how young people develop and articulate their sense of self, as well as crucially how and *if* they seek support in relation to their identity. The Black British-born young people we spoke to were generally more assertive about their

met and unmet identity needs, including hair and skin care, or experiences of prejudice and discrimination. Participants who arrived in the UK as Unaccompanied Asylum-Seeking Children often expressed deep gratitude for the English care system. After long and traumatic journeys, frequently involving war, violence, exploitation or trafficking, they viewed England (and the care system) as a place of sanctuary where they finally gained safety, care and support. Their gratitude, combined with a limited understanding of England's structural and cultural context (including around racism), especially when compared to British-born Black children, shaped how they experienced and responded within the care system and often hindered their ability to advocate for themselves.

Black safe spaces provide physical security and enable authentic cultural expression free from discrimination on account of any aspect of a young person's identity, where young people can explore their ethnic heritage and develop an understanding of their own identity vis-à-vis their heritage. Their cultural and emotional safety requires empathetic adults who listen, understand and care. Conversely, **unsafe spaces** emerge when carers fail to respect racial, cultural or religious identities – manifesting in neglect of hair/skin care, silencing cultural practices, labelling/stereotyping and lack of representation. According to the children and young people we spoke to, racism, religious discrimination and microaggressions often go unchallenged in unsafe spaces. Whereas safety raises confidence and boosts wellbeing, systemic unsafety undermines trust, wellbeing and the ability to fully express identity in care settings.

For the purposes of this report, safe spaces are defined as spaces for Black children and young people journeying through care that support their specific needs while in care placements. These are inclusive spaces, without judgement or cause for harm, allowing negotiation and representation (Hunter 2008). However, this is not always a place where all matters are resolved; instead these spaces facilitate continual and messy processes of negotiating relationships and identities. Thus, the idea of a safe space itself is problematic for Black children and young people, who need to feel safe and protected without needing to negotiate their safety. Their safety should be guaranteed.

Across all focus groups, children and young people described adapting or masking aspects of themselves, through code-switching (temporary adjusting of behaviour to fit white-dominant environments and expectations),

modifying behaviour or suppressing cultural pride. This was so that they could negotiate their belonging or safety in various spaces. This practice erodes confidence and authenticity. Frequent placement moves and high staff turnover further undermine relational consistency and reinforce feelings of disposability. Participants reported rarely being taken seriously or listened to regarding their lived realities and needs.

Children and young people emphasised the need for authentic engagement, direct involvement in care planning and cultural humility across all levels of service delivery. The experiences of Black children in care do to an extent mirror those of other children in care, and much of what children told us they wanted (including consistency of support and making sure children's voices are listened to in care planning) are themes that are consistent with other research with care-experienced children and young people (Barnardo's 2021). However, what was evident from our conversations was that many Black children in care faced additional barriers, making it all the more important to ensure that they receive appropriate and sensitive care. Based on these conversations with the children who took part in this study, we make the following recommendations:



SOCIAL WORK POLICY

- 1. Promote nuanced understandings of Black identity as complex**, socio-historically shaped, intersectional and informed by the voices and lived experiences of children and young people.
- 2. Embed cultural humility** by developing a working environment that encourages professionals to approach cultures, identities and lived experiences with openness, curiosity and respect, recognising that no one can ever fully know another person's culture. Cultural humility is an ongoing journey, rather than a one-off achievement, and should be supported through reflective supervision, high-quality ongoing training and identity-focused practice standards that promote continuous learning and self-reflection.
- 3. Embrace anti-racist practice** through proactive challenging of discrimination, including implementation of processes for reporting, addressing bias and monitoring disproportionality.
- 4. Promote identity-sensitive placement decisions** with clear guidance on the importance of matching children with carers who can meet their cultural, racial, ethnic, religious and other identity needs. By this, we mean paying close attention to these identity needs at all stages of children's care journeys. This requires an intentional and reflective approach to identifying placements that can actively affirm, validate and support those identities; with careful consideration of how identity needs will be understood, met and nurtured in practice; and with clear processes in place to monitor and respond to change over time.
- 5. Strengthen cross-sector collaboration to identify and dismantle systemic bias** across all areas that impact care-experienced Black children's lives, including schools, community services and social care.
- 6. Provide targeted training and resources** for carers and professionals to give them the knowledge they need and confidence to support children's intersectional identity needs.

SOCIAL WORK LEADERSHIP & FRONTLINE PRACTICE

- 1. Embed cultural safety in everyday social work practice** by understanding Black identity as complex, socio-historically determined, intersectional and child-led.
- 2. Build trust through authentic engagement** by listening to children and involving them in decision-making and care planning.
- 3. Create and maintain safe spaces – physical, cultural and emotional**, that allow for cultural expression and development and that are free from discrimination, stereotypes and essentialised labels.
- 4. Prioritise peer networks and mentorship**, as well as targeted social integration programmes, for Black Unaccompanied Asylum-Seeking Children as part of an integrated safeguarding approach.
- 5. Strengthen advocacy and participation** through structured mechanisms where children can raise concerns safely, including peer support groups and cultural networks.
- 6. Deliver responsive, trauma- and oppression-informed and healing-centred training** including on cultural competence, anti-racist practice and intersectionality.
- 7. Implement recruitment processes that assess** attitudes and beliefs around cultural humility and anti-racism.
- 8. Ensure relational consistency** by minimising placement moves and reducing staff turnover where possible. Children in all care settings (including fostering, residential and supported living) should have access to key workers who maintain continuity and build long-term trust.
- 9. Monitor and evaluate practice** that introduces accountability measures for cultural safety in care settings and that directly listens to children.



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1. Introduction

This is the research report of Barnardo's SEEN-funded research project on **creating safer spaces for Black children and young people who have left care**, where they may articulate their needs, in their own voices and foregrounding their perspectives, and, crucially, where they may *expect* to be understood. This report and its underpinning research amplify the voices and experiences of Black children in care, in order to build more inclusive, more supportive, safer and more just care systems in Britain.

This research and creating such spaces are important for social work policy, because we know that for Black children in care and young people who have left care, often the care placements they experience are emphatically *not* 'safe spaces' for them (Black Care Experience Report 2021) and placements *do not* give Black young people the 'whole needs' support that they need (Cheruvallil-Contractor et al. 2024). It is well-documented that children and young people from minoritised and racialised backgrounds face challenges when articulating intersectional aspects of their identities and when requesting access to their needs (Degener 2021; van Oordt 2025), within public services that are structurally discriminatory (Tissberger 2020). While there is growing recognition within children's social work policy and practice that 'one size' of provision does not fit all and of the need to engage directly with Black children's identity needs, at best, provision remains inconsistent. Black children's voices are not always heard and their needs in relation to their culture and identity, including basic needs such as hair and skin care are not always met (Cane et al. 2024; SEEN and Barnardo's 2025).

This Barnardo's SEEN-funded project brought together academics from the universities of Coventry and Sussex, to provide an evidence base to address this gap in provision, address concerns around quality of practice and improve care provision for Black children. This project aimed to work *with* and *for* Black care-experienced children and young people to provide an evidence base that clarifies their 'whole' needs and the best ways to meet their needs while in care. Our vision for this evidence base is twofold:

1. It will inform and initiate safe spaces where children and young people can feel heard.
2. It will inform policymakers, social workers, decision-makers and others to enhance the care Black children and young people receive.

We used co-produced and participatory approaches with 33 Black care-experienced children and young people, to understand their experiences of journeying through care and their perspectives of how the care Black children receive can better accommodate their 'whole' needs. Through five focus group discussions, we explored answers to the following questions:

1. What is preventing Black children and young people from feeling safe in care placements? What can we do to change this?
2. What represents a 'safe space' for Black children and young people in care placements?
3. How can we support Black children and young people in care placements when it comes to understanding their identity and feeling connected to their culture and community?
4. How can we support Black children and young people in care placements to feel empowered and informed when it comes to using their voices?

This report sets out research findings and is broadly structured as follows. Section I includes this introduction, a short note on our preferred terminology and the research methods. Section II is a report of our findings – in this section of the report, we focus less on previous and extant literature and instead seek to lay emphasis on the stories that children and young people told us during focus group discussions. Section III lays out our recommendations.



2. Terminology: Race and Black Identity

Race is a socially constructed category that is built by systems of oppression, which encompasses a cluster of political, historical, moral and complex concepts (DuBois 1985). We employ this socially constructed category to help make sense of Black children and young people's experiences. Black as an identity marker is shaped by unequal power structures, which influence how Black children are perceived and how they experience the care system. For this research, children and young people were invited to self-define their identities. Those who chose to participate identified as Black in the political sense, meaning they understand and experience their Black identity in relation to social, historical and structural factors, including race, racism and community belonging, rather than in relation to ethnicity or skin tone.

To provide greater specificity without homogenising their diverse experiences, we use terms such as 'Black African', 'Black British', 'Black Caribbean' and 'Black Mixed-heritage' (Cane and Tadam, 2023). We also recognise that Black communities, in addition to visible racial differences, are often minoritised as "forever migrants" and politicised as "supreme and ultimate strangers" (Alexander 1996, p. 6). This characterisation was reflected in the narratives shared by the children and young people participating in this study. Accordingly, we acknowledge the differences in how Black and Black Mixed-heritage children's identities are recognised and defined, both individually and within their birth families. This approach is particularly important to ensure that children are identified accurately, in ways that reflect how they see themselves and their preferred self-representation. Ultimately, it is the aim of this study to understand what 'Black' signifies to the cohort of young people we interviewed.

3. Context: Black Children in Care and Care-Experienced Young People

In 2025, out of 81,770 children looked after, 71% were white; 11% were Mixed or Multiple ethnic groups; 8% were Black, African, Caribbean or Black British; 5% were Asian or Asian British; 4% were other ethnicities, and ethnicity was not known or not yet recorded for 1%. This means that for some ethnic groups, notably children who are Black and mixed heritage, they are overrepresented in the care system compared with the general under-18 population, while children from other ethnic groups, including many Asian children, are less likely to enter care. Where disproportionate representation exists, it is likely the result of the compounded effects of poverty, discrimination, and racism (NSPCC 2021; Bywaters et al. 2019; Children's Commissioner for England 2017; Kirton 2016).

Evidence consistently shows that Black children in care face a range of additional challenges, including higher rates of placement instability, educational underachievement, homelessness and other issues, which are shaped by structural inequalities and systemic racism. Research also indicates increased exposure to behaviours labelled as 'risky', although these are best understood as contextual responses to instability, trauma and exclusion, rather than individual deficits (DfE 2025; Selwyn et al. 2008; Lammy 2017; Bywaters 2014). These disadvantages can be seen throughout children's time in care and many also report feeling unprepared for the transition to independence once they reach adulthood (Barn et al. 2005; NSPCC 2021). These disparities are shaped in part by cultural misunderstanding and miscommunication when trying to access support.

Research highlights that the lack of culturally competent practice in social care can further undermine children’s sense of safety and belonging (Bywaters et al. 2019; Lensvelt et al. 2021; Bernard and Harris 2016; Gupta 2018). Our previous studies also found concerns around ‘identity impostor syndrome’, where children experience conflict or confusion about who they are due to limited support for their Black identity (Cane et al. 2023). As a result, many Black children describe using “code switching” to adapt their behaviour depending on context, often because they do not feel they can “be truly who they are without judgement” (Lensvelt et al. 2021).

These challenges arise in part due to there being insufficient space within the care system for Black children to articulate and develop their identity needs. Research into the specific experiences of Black care-experienced young people remains limited, and there is little guidance for practitioners or carers on how best to support them in placements. Our earlier work has begun to address this gap (Cheruvallil-Contractor 2024; Cane 2025), and the *Safer Spaces for Black Children in Care* study responds to an urgent need for more-focused research on the lived experiences of Black children in and leaving care. Such evidence is critical to ensuring that policymakers, social workers, carers and others can better meet the needs of Black children and support more-secure placements and futures.

The evidence that is available, however, supports the notion that culturally sensitive identity development leads to stronger outcomes in transracial care (Hughes et al. 2006) and that access to cultural heritage is closely linked to wellbeing, a coherent sense of self and the creation of safe, identity-affirming environments (Winter and Cohen 2005; Lensvelt et al. 2021). However, although the Equality Act 2010 protects ‘race’ and ‘religion or belief’, the Children and Families Act 2014 removed the requirement for care and adoption services to consider these factors when matching children with carers. Combined with the wider effects of structural racism in public services (Spillett 2024; Lavalette and Penketh 2013), this shift has contributed to inconsistent, and at times uncertain, approaches to race, religion, culture and identity in the care system.

Black culture is diverse on account of historical and contemporary migratory patterns, diverse heritages and as a product of being lived in diaspora (Hall 1990). It is not fixed and is unique to each child, their family, their trajectory through care and other intersectional stimuli. When a child enters care, this causes a break with their familial culture – the version of Black culture that they had so far lived within. In care, they often have to redefine their sense of Black identity in response to where they

are placed, structures of care, identities of carers and decisions that are made about their needs. Often, their sense of self and culture is eroded.

Their sense of identity and culture is not fixed or uniform and evolves as children grow. This change is often in response to their circumstances and is not always a choice. Therefore, the care system must recognise its influence on children’s identities and choices in care, as well as their reduced agency in determining their sense of self. The care they receive must be reflective and adapt to children and young people’s needs over time, rather than be based on fixed or static understandings of culture or identity. The most effective placements are those that recognise and value a child’s emotional, cultural and safeguarding needs in intentionally culturally aware and anti-racist ways, helping each child feel understood, respected, and supported throughout their care journey.

Our research found some examples of good practice in transracial and transcultural placements; however, children’s experiences vary widely. Some children reported placements where their cultural and identity needs were overlooked or misunderstood; others described feeling safe, seen and happy (see Cheruvallil-Contractor 2024). What appears to make the greatest difference is the carer’s willingness to understand Black identity and culture, their ability to listen and their openness to learn. For example, a Black mixed-heritage young person contrasted two white foster placements: in the first, she felt understood because these carers had a Black family member and were familiar with her needs; in the second, she felt disconnected and unhappy.

The key to improving children’s experiences is therefore in building on good practice by ensuring that all children are placed with carers who have, or who can be supported to develop, a strong understanding of a child or young person’s identity needs. Carers, children and young people involved in transracial placements need to receive consistent support, continuity and affirmation to enable them to address children’s and young people’s identity needs. Crucially, this approach also strengthens care experiences for **all** children and young people, as every child brings identities, histories and ways of being that deserve to be recognised, respected and affirmed.

4. Methods: What Worked and What Did Not?

The data for this project was collected via five focus group discussions (FGDs) in Coventry, Dudley, London, Leicester and Wolverhampton (see page 41 for ethics processes). The FGDs aimed to create spaces where young people felt able to articulate their Black identity on their own terms. This was complicated, as there were many hierarchies in the room that we sought to overcome: between research and researched, between social workers and children, and between the children themselves. We chose to use FGDs and art-based approaches because of the opportunities they create for open conversation between different individuals and their ideas, life narratives and worldviews. The arts-based approaches allowed exploration in children’s terms and around questions and issues that we had not asked. We aimed to create spaces where children and young people could assert who they were, irrespective of whether they conformed to, rejected or maintained an ambivalent relationship with their race and ethnic heritage.

But before we go into a discussion of the FGDs and how we ran them, we present an overview of our theoretical / conceptual thinking that underpinned these FGDs. We detail our methodological choices here, as we believe they contribute to practical learnings about logistics and pre-planning when it comes to creating safe spaces for Black children in care.

4.1 Thinking about Black identity in care

We use the terms ‘racialised’ and ‘minoritised’ to describe children and young people’s ethnicities, to recognise that, in Britain, these populations continue to be ‘defined’ through unequal power structures and that particular groups of people are minoritised by others rather than naturally existing as minorities (Sevarajah et al. 2020). The social hierarchies that minoritise these children and young people’s ethnic identities also shape how they are perceived and the care they receive while they are in care. Using the term ‘minoritised’ will facilitate acknowledgement that social workers, foster carers, residential workers and other social care actors are part of the same social hierarchies that determine which groups are minoritised in society. By using this nuanced approach, we attempt to resist the trap of imposing our perceptions of ethnic identity on a child or young person.

However, when referring to children and young people of Black, African or Caribbean and Black mixed-race

heritage (used to clarify the focus on Black backgrounds), we use such terms specifically, but without homogenising them, as this research focus is necessary to understand differences and the nuanced experiences of these children (Tedam and Cane, 2022).

Our research acknowledges the differences in how Black and Black mixed-race heritage children and young people’s identities are ‘defined’ and ‘redefined’ multiple times as they journey through care, by different adults who are responsible for them and by society at large.

While we initially aimed to include only Black African, Black Caribbean and Black mixed-heritage children, we had four South and Central Asian heritage children join the FGDs in Leicester and Hillingdon. They self-defined as Black, and we felt it was important to acknowledge and work with their choice. Our approach sought to put emphasis on ensuring that children and young people are identified in the way that they prefer to see themselves. Inherent to this research is an emphasis on ‘intersectionality’, to acknowledge the different layers to children and young people’s identity, which shape their experiences in care (Crenshaw 1989; Cheruvallil-Contractor et al. 2021). We had considered the following characteristics – gender, ethnicity, religion and geography. When doing the fieldwork, two more aspects came to the fore – skin tone and migration status.

4.2 Co-production with social workers

We had always aimed to work with social workers as champions for Black children and young people. As planned, these champions acted as trusted adults in recruiting and engaging Black children and young people. We also planned to work with them when disseminating the findings of the research and influencing practice across their local authorities. We met with the champions every two months to discuss matters pertaining to each stage of the research. These meetings were useful, as they ensured that data was grounded in everyday experience and practice-based challenges.

We also worked with others who were not champions but who helped to arrange FGDs and to recruit children and young people and who participated in the FGDs. These social workers and youth workers ran regular groups for these children. They had local knowledge and knew what would work in relation to venue and time to ensure that children and young people would attend. Their presence in the room often worked to facilitate discussion and disclosure, as the FGD participants often (but not always) knew and trusted them.

4.3 Co-production with young people

We were also committed to working with care-experienced Black young adults (under the age of 25) as co-producers of the research. We recruited two young people via Ash Knight from Hillingdon. A further young person was recruited via Debbie Elsheikh from Salford but was unable to remain involved. Finally, we recruited three more young people via the Leicester local authority. These young people were committed to supporting the project while also managing jobs and other commitments, so they were not always able to attend meetings. Working with Black care-experienced co-producers rooted this research in young people's 'participation' and 'voices' to ensure knowledge democracy (Fine 2015). We met with young people at key junctures – in one of the earliest meetings, they told us that our understanding of Black identity

was too complicated and that we needed to create questions and discussion spaces where children and young people shared their thoughts without being encumbered by our academic discussions. We also sought young people's feedback when we designed our questions and the format for the FGDs. Finally, these young people have given us feedback on this report and have affirmed the findings as being reflective of their lived experiences.

4.4 The focus group discussions

As noted, we ran FGDs in five cities. Participants had at least one parent of Black African or Black Caribbean heritage, including those with South Asian heritage. Demographic data were collected by asking participants to self-identify their race, ethnicity and gender.

	Date	Location	YP	Male	Female	Placement	SWs
1	19/05/2025	Hillingdon	10	5	5	Foster care Residential care Care leavers	1
2	07/06/2025	Leicester	4	3	1	Foster care Residential care Care leavers	4
3	15/06/2025	Dudley	5	3	2	Foster care Semi-structured accommodation Care leavers	3
4	10/09/2025	Coventry	11	7	3	Foster care Residential care Semi-structured accommodation Care leavers	2
5	16/09/2025	Wolverhampton	3	3	0	Foster care Care leavers	1
		TOTAL	33	21	11		11

Our data collection approach was flexible and designed to make participation comfortable, psychologically and emotionally safe, and accessible for all children and young people. Given the experiences of racism reported by Black children and young people in research studies, our research approaches were decolonised and designed through what we call 'race-conscious and culturally safe participatory approaches', recognising that racial identity and systemic racism shape participants' experiences and that for their engagement, we needed to offer a safe space for participation. We acknowledged (i) the reality of structural inequality; (ii) the need to centre participant voices, rather than imposing outsider interpretations; (iii) cultural safety; (iv) intersectionality; and (v) ethical sensitivity by avoiding re-traumatisation, respecting participants' dignity and autonomy and differences in their experiences and narratives of Black identity and unsafety.

Participants were approached by research champions through local authorities, and there were no further exclusion criteria outside of the age range and ethnicity. Where helpful, participants' champions, key workers or social workers were present in the room to provide reassurance and emotional support. The research team produced a one-page poster that included basic information about the research, champions shared this with potential participants. Champions were also briefed to address any initial clarifications about the research from children and young people.

Prior to beginning discussions, the team had an informal discussion with participants to (i) act as an ice breaker and build rapport; (ii) provide detailed information about the research and how data would be stored and used, in child-friendly language; (iii) share an information sheet and address any further questions that the children / young people had; (iv) seek their written consent; and (v) allow time for participants who were late to arrive. During these discussions, which ran for up to 30 minutes, young people asked several questions, including around the identities of the research team and the potential impact of this research. Some children were concerned that despite research the 'system' does not change. While being realistic about not being able to predict future impact, we highlighted the research team and Barnardo's track record of enabling policy and practice change. Regarding data use, we discussed anonymising quotes and masking identifiable quotes in all research publications. After we had addressed all concerns and queries, we recorded consent. For children and young people over the age of 16, their consent was recorded via a consent form. For children

under the age of 16, we recorded consent from their social workers or carers.

All focus groups were conducted at local authority sites, such as offices or youth centres, within existing support structures. Where necessary, special arrangements around transport and accompaniment (e.g. taxi arrangements, staff escorts and reimbursements) were made to enable children to attend and contribute to the study. Although some professionals were present, focus group facilitators ensured that discussions were child-led and that all participants' voices were heard. Professionals' contributions were directed toward supporting children's narratives and validating their experiences. The structure of the sessions incorporated both verbal discussion, including a brief summary of children's life histories and journeys into care, and expressive writing through written word, art and other techniques chosen by individual participants.

All focus groups were co-facilitated by two researchers, who shared responsibility for leading discussions and creative activities in a child-centred manner. Sessions were paced to ensure inclusivity, accommodating the varying abilities of participants and, in some cases, their proficiency in English. Participants who had recently moved to the UK and who had emerging English language skills often supported one another through peer translation or by using tools such as Google Translate. Nevertheless, while this fostered agency, and autonomy, the use of a professional interpreter may have facilitated additional contributions, captured more-nuanced understandings and allowed participants to express themselves more fully.

We used both written notes and audio recordings, and all data were transcribed and anonymised. Data analysis followed a race-conscious, culturally safe interpretive framework, within which we interpreted children's and young people's accounts in ways that foregrounded their lived experiences, racialised realities and cultural knowledge, rather than imposing outsider or adult-centric interpretations. We used inductive thematic analysis to allow patterns to emerge directly from participants' narratives; narrative analysis to preserve the coherence, emotional tone and developmental context of children's stories; and critical race analysis to identify how racism, structural inequality, cultural identity and experiences of unsafety shaped participants' accounts. Creative outputs were analysed alongside verbal data to ensure that emotional, symbolic and culturally embedded expressions contributed equally to theme development. This combination enabled us

to analyse not only what children said but also how they made sense of their experiences, expression, identities and encounters with racialised environments. Preliminary themes were presented to and discussed with the group of champions/co-producers for child-informed validation.

Rather than collect generalisable data, this project aimed to take a 'deep dive' approach to gather thick and rich qualitative data about how Black children in care and care-experienced young people perceive and experience identity and safety in care. This allowed us to uncover both similarities and nuanced differences in how Black identity is understood and experienced by different children and young people, which in turn had implications on how they experienced safety. This diversity, complexity and nuance is reflected in our findings.

5. A Concluding Thought, Before We Begin

This report amplifies the voices of **Black children** and young people who have left care. This report is also written to support dialogue with all those who are part of a network of key relationships for care experienced children and young people (e.g. residential and advocacy workers; carers, including foster carers and kinship carers; personal assistants; social work practitioners; leaders; and policymakers (and others)) so that together we can work toward improving provision for Black children and all children in care.



1. What is Black? Between Agency and Imposition

In this section, we ground ideas of Black identity in the narratives and experiences of the young people who participated in this research. While all the children and young people who participated in this research self-identified as Black, they had very different identities and experiences of care. We start by taking an overview of participants' intersectional identities, as apparent in the FGDs. We will then dive deeper into their narratives and experiences. This is a quote from a Black British male:

"Blackness is difficult to define. Even in this room we are all black; we have different ethnicities, heritage, religion, cultures and language. You can see our experiences are all very different and we need better understanding of each other. Blackness is difficult to define."

Across our sample, we had children with heritage connections to a wide variety of geographical areas: Jamaica, Grenada and Guyana in the Caribbean; Ethiopia, Zimbabwe, Liberia, Eritrea, Nigeria and Rwanda in Africa; and for some, countries in South and Central Asia such as Afghanistan, India and Pakistan. They were all now, rather obviously, in Britain and considered themselves to be Black British. Some participants were born in Britain and had lived here all their lives, while others were born elsewhere and had migrated either with their biological families or as Unaccompanied Asylum-Seeking Children.

Migration – whether personal or within family histories – was a significant aspect of identity for many participants (Modood 2004). For some, migration stories were central to how they understood their ethnic, cultural and Black identities. For others, these histories were less salient, although still present in how they articulated their sense of self and its connection to Black identity. Participants also held diverse faith and spiritual backgrounds and other worldviews including Muslim, Christian or non-religious perspectives. For some, faith strongly shaped their self-understanding, intersecting in complex ways with their racialised Black identity.

Gender and sexuality further intersected with racialisation, Black identity and religious identity, adding layers of complexity to how participants understood themselves and how they were perceived by others or how they experienced care.

Skin tone emerged as an important dimension of identity, with participants describing a range of experiences linked to complexion, from lighter to darker skin tones within Black identity. Some Black mixed-heritage young people reported being misrecognised as 'white' or 'South Asian'. This misidentification required them to navigate colourism operating both within Black communities and in wider society. Variations in skin tone were shown to shape young people's experiences of being racialised, their exposure to racism and the nature of the support they received while in care.

Black identity is not static or monolithic; rather, it is a dynamic construct shaped by historical, cultural and institutional stimuli. Crucially, it is negotiated between those who live these identities and those who perceive them. The theoretical framework of minoritisation reminds us that these negotiations take place in the context of societal hierarchies that privilege particular perspectives while devaluing others. The following reflection from a young person of Kenyan heritage, who arrived in Britain as an Unaccompanied Asylum-Seeking Child, illustrates how Black identity can be simultaneously inherent, imposed and externally constructed:

"I really had to think a lot about Blackness, because I'm from Kenya, and I was only used to being Black, like there was nothing else that I knew. And then I came here, and then there was other people, and then I was Black. It felt like I was suddenly Black. It wasn't like, oh yeah, yeah, because I've always just been me, and then came here, suddenly you have an ethnicity you're supposed to identify as this and that. For me, I guess it's maybe just my culture, so my Kenyanness – that is what I would identify as being the foods that I eat, the culture that I follow."

Blackness therefore emerges from lived experiences, cultural production and social positioning while also being mediated by external structures that impose meanings, structures, labels and boundaries. The children and young people we spoke to demonstrated that their ideas and experiences of Blackness were diverse; they were deeply personal, often associated with their families, values and memories. They were also externally determined.

Internal constructs of Black identity were usually agentive and at the very least allowed young people to articulate a sense of who they were and who they aspired to be. External constructs, by contrast, were often reductive, devaluing the significance of a child or young person's Black identity. A Black mixed-heritage young person spoke about how her lighter skin tone influenced how others perceived her as white, shaping her limited exposure to and experiences of racism, especially in comparison to her darker-skinned friend who also identified as Black:

“Um, racism is not something I've ever experienced, as much as YP1¹ because I'm obviously a lot more privileged because I'm light skinned, I'm mixed race. There's a lot of things that I'm not going to experience that YP1 will, because they look at me and they're like, well, you're a shade closer to us.”

The questions of “what is Black identity” and “what complicates it” invite us to interrogate both agentive self-definition and imposed categorisation. The following excerpt from a conversation between two young people (YP2 and YP3) illustrates this tension. YP1 described his Black identity as being grounded in what is distinctive and unique to his family and everyday life. For YP2, ‘Blackness’ was what made her and her community unique. Yet others, as exemplified in YP3's narrative, felt that all communities were fundamentally similar and should be equal, although she later conceded that Black people were treated differently:

YP3: “I don't really think there's a difference between Black culture and another person's culture, because we're all the same. We're all equal. quite a lot of things that are different, but we're all the same people at the end of the day.”

YP2: “So, I think how like Black culture, just think about like me and my family, like where we come from, like our hair is different to people, stuff like this, the way we do stuff is different to other people. That's like culture to me, like music.”

YP2: “Similarities and differences, food, there's hair, there's even your skin colour. Sometimes it could even be the way you're treated.”

1.1 British-born young people, beyond hair and skin care

YP1, quoted previously, expanded on his experiences of being treated in an unfair manner in school. He felt that the discrimination that he encountered was rooted in racism and directly related to his skin colour. This theme recurred repeatedly across the accounts of care-experienced young people who were born in Britain: they consistently narrated experiences of unfair treatment all linked to their identity. This included not receiving appropriate support for their hair and skin care and extended far beyond such ‘practical’ considerations. For example, participants also spoke about lacking access to Black culture, Black identity and Black role models – elements crucial to developing a positive sense of self.

Historically, Black identity has been framed through the legacies of slavery and colonialism. These systems did not merely exploit bodies; they produced racialised hierarchies that continue to inform global power relations. Colonialism exported racialised ideas across the globe, embedding them in education, governance and cultural norms. As a result, this historical weight means that Black identity often carries inherent associations with marginalisation, resistance and survival. Yet, Black identity is not reducible to oppression. It is also a site of creativity, community, intellectual production, cultural inheritance and community strength. A conversation

between two young people (YP4 and YP5) illustrates how Western society and its educational system's heavy emphasis on slavery – as the primary or sole narrative of Black history – shapes perceptions of Black identity and contributes to a two-tier racial order that devalues Black identities and prompts wider society to question the value of Black people:

YP4: “Yeah. So, when I was growing up, the word Black, and when I was learning about the word Black and we were referring to people. And when I was being educated, the word Black meant a group of people who were non white, so also those who were Asian, like Brown, the skin colour of myself, were put into a group as Black as well. So, for us, it was for being part of a group of people who were non-white.”

YP5: “I was taught how Black people were slaves, instead of being taught about our culture. First, I was taught like a totally different way. So, I grew up thinking with Black people. We don't fit into society or anything. But actually, when you grow up, you realise that there's nothing wrong with it. People just need to, like, get the grasp of it, get used to it.”

For children who had arrived in the UK as Unaccompanied Asylum-Seeking Children, experiences of racism or unfair treatment never really came into their narratives, except for one case where a young person mentioned being concerned about ease of travel in new areas and difficulties in securing a travel pass from their social worker. Most of them expressed pride in their Black identity, often associating it closely with memories of their countries of origin.

1.2 What about Black unaccompanied asylum-seeking children?

In a society where whiteness remains dominant, racial identities and visible differences can influence how young people are perceived and treated, and this extends to children seeking sanctuary, whose experiences are further influenced by their experiences of migration. Unaccompanied Asylum-Seeking Children in the UK leave behind their homeland, family networks, friends and everything familiar. Most face profound

challenges and uncertainty, compounded by restrictions linked to their migration status. Each of our FGDs included young people, mostly young Black men but also a few young Black women, who had arrived in the UK as Unaccompanied Asylum-Seeking Children. One young person, a football enthusiast, told us how his best friend, with whom he played football, was killed in front of him. Another recounted sleeping rough in France en route to the UK. A young person, who shared the significance of her Christian faith, described risks from her own family after they discovered that she was in a same-sex relationship.

Although the young people reported exposure to discrimination and exclusion while in care, which had intensified the difficulties of both being in care and seeking sanctuary, they were extremely relieved and grateful to be in the UK, having endured displacement, traumatic experiences, arduous journeys and loss. One young person articulated this sense of relief, describing herself as “glad to be in this country”:

“Well, before I came to England, I had a big family. My life was just complicated, like, I wasn't really feeling happy where I was in Africa. Before I came to England, I lived in Ghana, yeah, and originally from Liberia, but I lived in Ghana with my grandma and my siblings. Well, I never felt loved where I was born. Since I came here, I feel like I have a real family with my foster mom and foster siblings. So yeah, and I'm glad to be in this country, not where I was.”

Yet, despite this relief, nearly all these children and young people deeply missed aspects of their home countries. Several young people spoke of missing their mothers and expressed concerns for the safety of family members and friends who had remained in dangerous circumstances within the countries from which they had fled. The descriptions of their home countries foregrounded beauty – flora, fauna, foods and the sensory richness of familiar environments.

Although many Unaccompanied Asylum-Seeking Children lacked established social networks on arrival in the UK, this did not equate to a complete lack of agency. These children often relied on newly formed friendships, including peers who were also in care, as an important source of social capital and belonging. For example,

1. We have used identifiers such as YP1 and YP2 to ensure the anonymity of the children and young people. We have avoided using pseudonyms to prevent the risk of cultural misrecognition.

one young person who loves football described finding and joining a local team. However, these accounts also reveal a clear gap in essential provision: support for building peer networks was largely left to chance, rather than being intentionally facilitated. In one case, two young Black boys who were best friends who had arrived at similar times, from the same country, and were both looked after by the local authority, only met by coincidence at a gym, rather than through any authority-organised activity. This illustrates a wider provision gap affecting Black children in care more broadly, not only those who arrive in the UK as Unaccompanied Asylum-Seeking Children.

There is a lack of structured and targeted opportunities for Black children and young people to meet peers or mentors who share aspects of their identity, migration history or cultural background, to socialise and to build supportive communities. For Unaccompanied Asylum-Seeking Children, this gap is especially significant, as they often arrive without family networks and are simultaneously navigating loss, resettlement and identity formation. Creating purposeful opportunities for connection should therefore not be an added extra but a protective factor that supports wellbeing, belonging and stability.

Due to their difficult and sometimes traumatic journeys, combined with uncertainty about their migration status and a strong sense of relief at having reached safety, Unaccompanied Asylum-Seeking Children may feel reluctant or unsafe to raise concerns about their experiences. This is because they lack insights into English care structures, as well as experience power imbalances, fear of repercussions and language barriers. Furthermore, feelings of gratitude can make it harder to question services or challenge poor treatment or inadequate care. Young people in this study did report experiences of exclusion and discrimination; however, these were often shared cautiously, highlighting the need for adults and systems to actively create safe spaces where concerns can be expressed without fear and where their perspectives are proactively sought, believed and acted upon.

One story stands out. In all discussions, we used art-based approaches to facilitate deeper conversations, which led to sometimes unexpected disclosure. When we asked participants to draw their identities, one young person, YP6, depicted his friend, explaining that this friend “was everything to him”. This friend was his family in the UK. They went to the gym together and prayed together every Friday at his local mosque. His drawing included a flower, representing his wish to have a house



with a garden one day when he “grew up”. His drawing also included a rat. When the researcher queried this, the young person asserted that his flat was so infested with rats that he could barely sleep. Previously, he had described his life in the UK as being “perfect” – he was welcomed here, given an allowance and provided a home he believed to be “comfortable and safe”. When the researcher gently questioned this contradiction, he reiterated that he was happier and safer *here* than he had ever been in his life. His understanding of safety and wellbeing was contextual – shaped by the trauma and instability of his earlier experiences.

YP6 is happy in the UK. He had witnessed family members and friends lose their lives in the conflict that he had fled. He feels safe here because he knows there is much less chance of physical violence. His life is safe, he has a flat and an allowance and is going to college. So he does not complain; he is happy. Yet the rat-infested flat he lives in remains a safety issue in relation to his health and his physical and mental wellbeing – an issue that must not be hidden behind his positivity and that social workers need to address.

1.3 The impact of diverse heritage on British-born Black children

Black identity is layered and intersects with nationality, language, religion, culture and ethnic heritage, creating additional complexity in how children and young people develop their sense of self. For British-born Black children in care, intergenerational connections to heritage are often broken or fractured, and they may lack access to trusted adults with a shared identity who can help them navigate these nuances. This takes place in a wider social context in which Black communities are not only visibly racialised but are also minoritised and positioned as ‘forever migrants’ or ‘strangers’ within British society (Alexander 1996). These dynamics shape how Black children see themselves and how they are seen by others, reinforcing the need for identity-affirming care and consistent, culturally attuned support.

A young Black person explained how access to her grandparents strengthened her understanding of her cultural heritage:

“I’m definitely proud of my Blackness, of who I am, my culture. I suppose sometimes I’ve taken things for granted. You know, I’ve had the opportunity to talk to my grandparents and learn things from them. So that’s helped me kind of understand things a bit more sometimes.”

Through this research, it was clear that there were stark differences between how Black British-born children and those born abroad, particularly Unaccompanied Asylum-Seeking Children, experienced the care system in Britain. Both groups of children had experienced different kinds of trauma and loss, which usually remained unspoken in the FGDs, but which were apparent and powerfully expressed in their artwork and personal narratives.

Drawing on the narratives of children and young people, this report presents a nuanced framework for understanding Black identity that can inform policy, practice and research. To provide better care for Black children and young people, it is essential to recognise Black identity as:

- 1. Complex**, shaped by individual trajectories into care, biological heritage, migration pathways and lived experiences.
- 2. Socio-historically constructed**, influenced by histories of slavery, erased or missing narratives, and societal hierarchies that perpetuate racism and suspicion of migrants. These structures shape how Blackness is perceived and positioned. These structures must be critically examined and challenged where necessary.
- 3. Intersectional**, mediated by multiple dimensions of identity, including gender, age, skin tone, sexuality, class and care status, all of which affect how Blackness is experienced and treated.
- 4. Child-led and experience-informed**, grounded in the voices and lived realities of children and young people who self-identify as Black and define their Blackness in diverse and unique ways.



2. What Makes Spaces Safe?

Existing literature suggests that to build a better care system, all children in care and young people who have left care need to feel safe, secure and happy, especially those from 'minoritised' backgrounds, who need a space to negotiate the complexities of their circumstances and identities (Cheruvallil-Contractor et al. 2022; Alliance for Children in Care and Care Leavers 2016; NSPCC 2014). In this research, participants described safety or safe spaces as more than simply being protected from harm. The perspective of a safe space was experienced as a *feeling* rooted in physical, emotional and cultural dimensions of care. Their narratives align with existing academic literature that views safety as a holistic concept encompassing the environment, relationships and identity (see Bath 2008).

2.1 Physical safety

All participants mentioned the significance of physical safety for feeling safe and secure.

Uniquely, for participants who lived in residential placements having arrived there either as British-born children or as Unaccompanied Asylum-Seeking Children, physical safety was of paramount significance, as they had experienced trauma associated with war and political conflict but also physical violence in their communities, due to their asylum or migration status. Safety therefore included practical measures such as monitored areas and CCTV surveillance for protection, which reassured young people that their environment was being watched over for security, as expressed in the quote below:

"Safe spaces include... a clean environment, CCTVs and security, quiet and not loud environments, secure doors, no danger, no fighting."

Some young people spoke about living in conditions that presented health and safety concerns, for example, as noted previously, rats or mice in their bedrooms and living spaces. For one young person, this was less important, as they felt safe and protected in the UK compared to other countries where they had attempted to seek asylum:

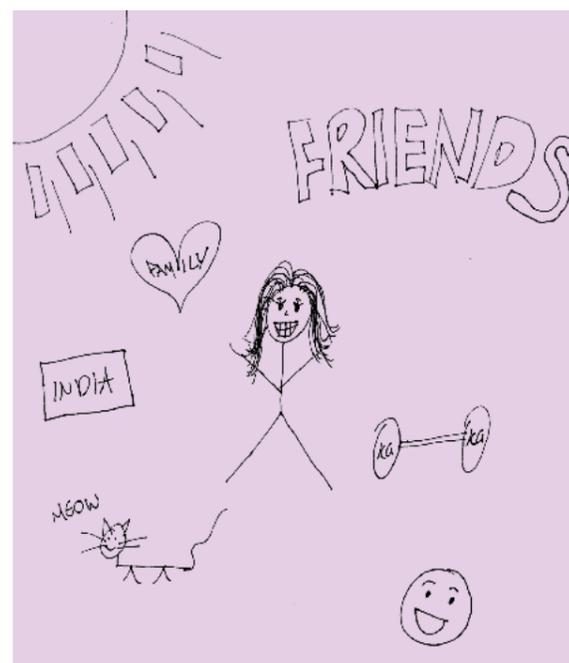
"Even like France, I'm not comfortable. I sleep outside in dirty areas. Here it is safe."

Some young people emphasised the importance of feeling and experiencing calmness within a space. One participant referred to it as the "atmosphere". They stressed that a sense of "calm" within care settings could make them feel safer, even in the chaotic circumstances they found themselves in. For others, safety meant:

"Space that belongs to you, that you know you can go to no matter what."

"A place that people can go... where you feel respected and feel there's going to be no judgement."

This aligns with trauma-informed perspectives that emphasise the importance of calming environments for young people who have experienced instability or vulnerability (Bath 2008; Pecora et al. 2009).



2.2 Emotional safety

Emotional safety emerged as a central theme in connection with physical safety, as mentioned above. During the FGDs, young people frequently described emotional safety as equality and the absence of racism:

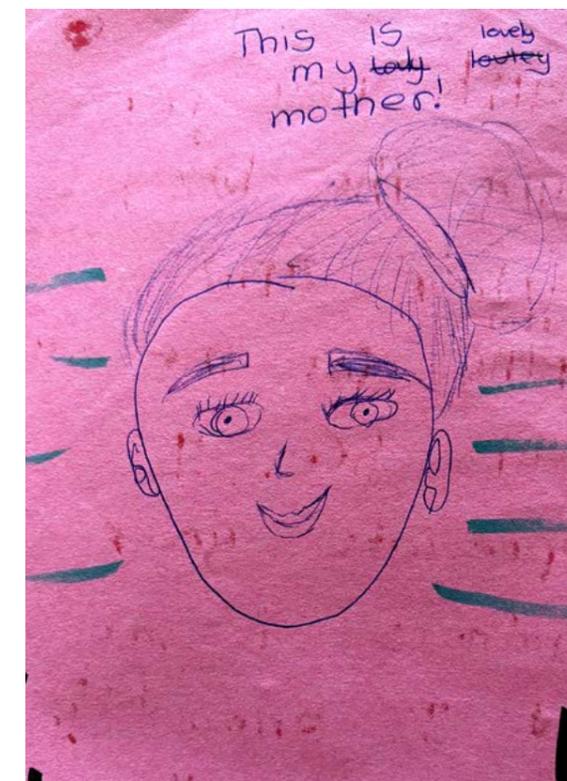
"Equality in the household [is]... absence of racial slurs... no discrimination"

"Safety means feeling able to be yourself... without being scared of discrimination."

In line with equal treatment, participants highlighted the importance of receiving "coaching" or guidance that does not reinforce racist or Islamophobic ideas. For those who follow the Islamic faith, this was a significant intersectional factor alongside their Black identity, contributing to their emotional safety and sense of dignity. Participants also stressed the value of carers and key workers who understand their experiences of racism or discrimination. As one young person stated:

"... safe spaces are about ensuring racial and religious safety but also freedom from injury, hurt and hate within the placement."

A brother and sister joined one of our FGDs. They were of Black mixed heritage, describing themselves as "biologically three-quarters white and one-quarter Jamaican" (child's self-definition). The sister, the older sibling, was often perceived as South Asian, due to a perception of her skin tone. In this example, their identity was 'imposed' and their experiences were impacted by the perceptions of others. Her younger brother was usually perceived as white. Culturally, both felt strongly connected to their Jamaican heritage, seeking out documentaries, foods and even ready-made recipe sauces from supermarkets so that they could experience more of their Black identity. They were happy in their foster placement and said that they had lots of support with their identities. Their foster carers were themselves a mixed-heritage family who understood experiences of racism, frustrations of their Black identity being overlooked and experiences



of uncovering hidden heritage. Another young person with African heritage spoke about cooking a favourite dish with her foster carer who was also of African heritage but from a different country. Across all focus groups, children and young people consistently spoke about the need to feel understood, listened to and supported. Emotional safety therefore included:

"Somewhere where my carer understands my skin colour... my hair."

"Where they listen and do not hurt you."

Often when children felt happy and settled, they described carers who shared aspects of their identity with them and that had been long-term placements. The shared identity and the length of placement had allowed relationships of trust to be formed. Participants also highlighted the importance of building trusting relationships gently and over time, especially given the trauma, instability and adverse experiences many had encountered before entering care. As one young person explained:

“Relationship building takes time... It’s not gonna happen overnight either. So, invest time in that.”

Participants shared examples of good practice, describing foster carers and social workers who showed “genuine empathy” and took time to build trust. They argued that creating emotionally safe spaces requires adults to commit to ongoing learning and to listen to Black children and young people:

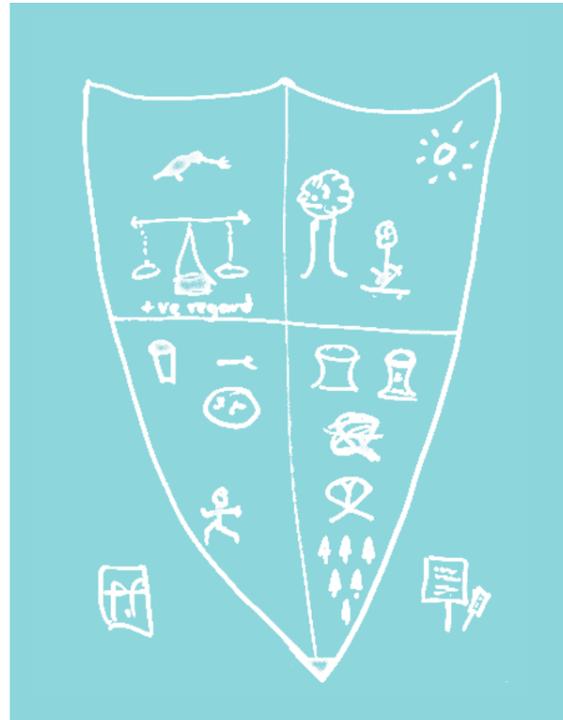
“Everyone just needs to educate themselves... and actually listen to the young people that they’re working with.”

Emotional safety, according to the participants, comes from carers who practise active listening and shows awareness of children’s emotional needs. Children and young people described safe spaces as those “where you can ask questions while not feeling judged”. Genuine listening requires a strong sense of commitment from professionals:

“The time to listen, the headspace to listen, and the capacity to listen and take on board what’s being said.”

However, emotional safety was not only about being listened to; it also required clear communication and timely action from professionals. Young people wanted to know what was happening, what decisions were being made and how their needs would be addressed:

“Even if a certain child needs something... they can’t just wait like two, three weeks... It needs to be done that instant.”



This aligns with Schofield and Beek’s (2014) argument that secure and trusting relationships are significant for emotional recovery and development. Participants stressed that communication about changes in staffing and social workers was also particularly important:

“I feel like they need to tell us stuff... Because I remember when I moved from my first placement... my social worker didn’t tell me that she was leaving.”

Sudden and unexpected changes generated feelings of loss, instability and emotional unsafety. For this young person, each transition required retelling their story and seeking cultural understanding, once again – something not always easily achieved. The Department for Education’s (2023) *Children’s Social Care Reform* strategy emphasises the importance of “family, love and a safe, stable and reliable place to call home”. However, participant narratives in this research suggest that many Black children struggle to experience love and stability in care. Several spoke powerfully about the role of love in creating safety. A young person drew this image during the FGD. Her description of what she had drawn was rather simple, she wanted to be loved.



One participant reflected on the love shown by their grandfather:

“My grandfather always showed up for me, even when others didn’t understand what it meant to be [Black] mixed [heritage]. That support helped me feel less alone.”

For them, love was intertwined with heritage and identity, and being loved for who they were reduced feelings of isolation. Safety, therefore, meant experiencing love from carers in the same consistent and culturally affirming way their grandfather had shown them.

2.3 Social, ethnic and cultural safety

Participants consistently emphasised the importance of shared cultural and ethnic understanding in creating safe spaces. They reported feeling safer when living with foster carers of similar heritage (a racial or ethnic match) or with peers who shared their background. For example, two siblings explained that although they were Black Ghanaian, they felt safe and understood by their Black Jamaican and Guyanese foster carers. This sense of shared ethnic understanding, particularly around hair,

skin care and cultural foods, enhanced their feelings of recognition, validation and belonging.

Across all focus groups, shared cultural experiences, familiar practices and representation in daily life (including food, religion, music and language) contributed to comfort, acceptance and a stable sense of identity. It was also linked with the carers’ openness to explore and source appropriate cultural products and amenities. As one participant explained:

“Carers know where to buy hair and skin care products, understand food and culture, including attending festivals with me.”

These experiences align with academic calls for culturally responsive care, where routine practices actively support and affirm a child’s cultural identity. Participants also valued opportunities to celebrate cultural events, including Black History Month and Raksha Bandhan,² and to maintain religious and spiritual practices within care settings. One participant described how their social worker helped create a sense of safety and cultural respect by ensuring they had a prayer mat:

“My social worker... bought me a prayer mat... She was really supportive of me.”

“Understanding the system... and it’s that cultural respect thing as well, isn’t it?”

Having role models or representation, particularly staff who shared or understood their heritage, also contributed significantly to feeling recognised and respected. Participants noted that carers who understood how to care for textured hair and darker skin, who were familiar with cultural foods or who attended cultural festivals with them contributed to a

2. A popular South Asian annual festival, usually in August, during which a girl or woman gives a cotton bracelet (rakhi) to a brother or someone she considers as one, who in turn treats her as a sister.

stronger sense of safety and belonging. As reflected in the Hillingdon group, positive references to Black staff (e.g. "Mr Smart") illustrate how racially and culturally aware professionals can play a significant role in enhancing children's sense of safety.

2.4 Identity and expression – opportunity to celebrate / everyday access

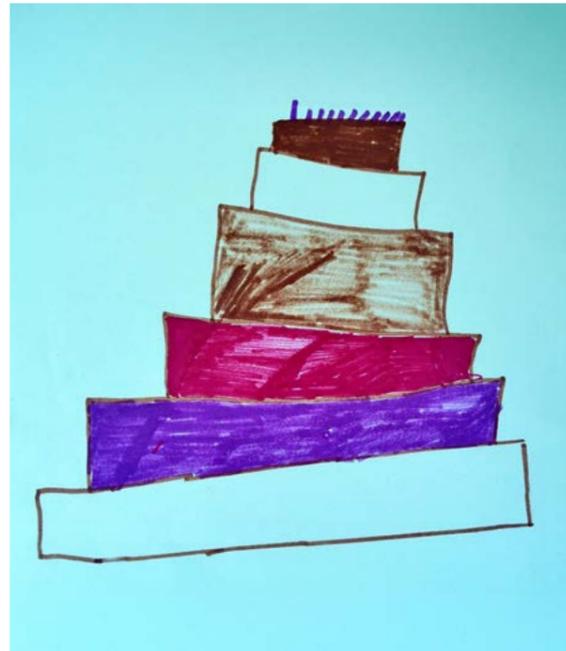
In one focus group, two participants described learning and claiming cultural practices such as food, music and family rituals. One young person highlighted how her mother, who is white, made intentional efforts to learn about Caribbean heritage, signalling openness and respect for cultural difference. When discussing the meaning of Blackness and frustration with external pressures or stereotypes, one participant asserted:

"I just unapologetically am that [Black]... Everyone knows me for that kind of thing."

This statement followed recognition that identity must be named, celebrated and claimed, even when it is misunderstood or devalued by others. Participants associated safety with the ability to express their identity freely, without judgement or assumptions. This included having their hair, skin and clothing choices, such as wearing a hijab or traditional dress, understood and respected. As reported:

"Safe spaces include places where young people could express their cultures freely, including dressing and making cultural foods. Safety means feeling able to be yourself in race, ethnicity, religious dress codes without discrimination."

Representation extended beyond the immediate environment to social media and digital spaces, where seeing positive images of people who looked like them contributed to a sense of belonging and affirmation. Some participants also described support from their foster carers or social workers to share their stories on platforms such as Instagram or through podcasts on YouTube.



"In certain places where I don't feel like I can be myself, my accent completely changed... My body language is different... because I don't feel like I can be myself around a certain bunch of people."

Others reflected on how creative expression supported identity, pride and visibility:

"Me personally, I express my culture. I do acting, but I make my own films... I like to compare all the differences and just show people it's like reality."

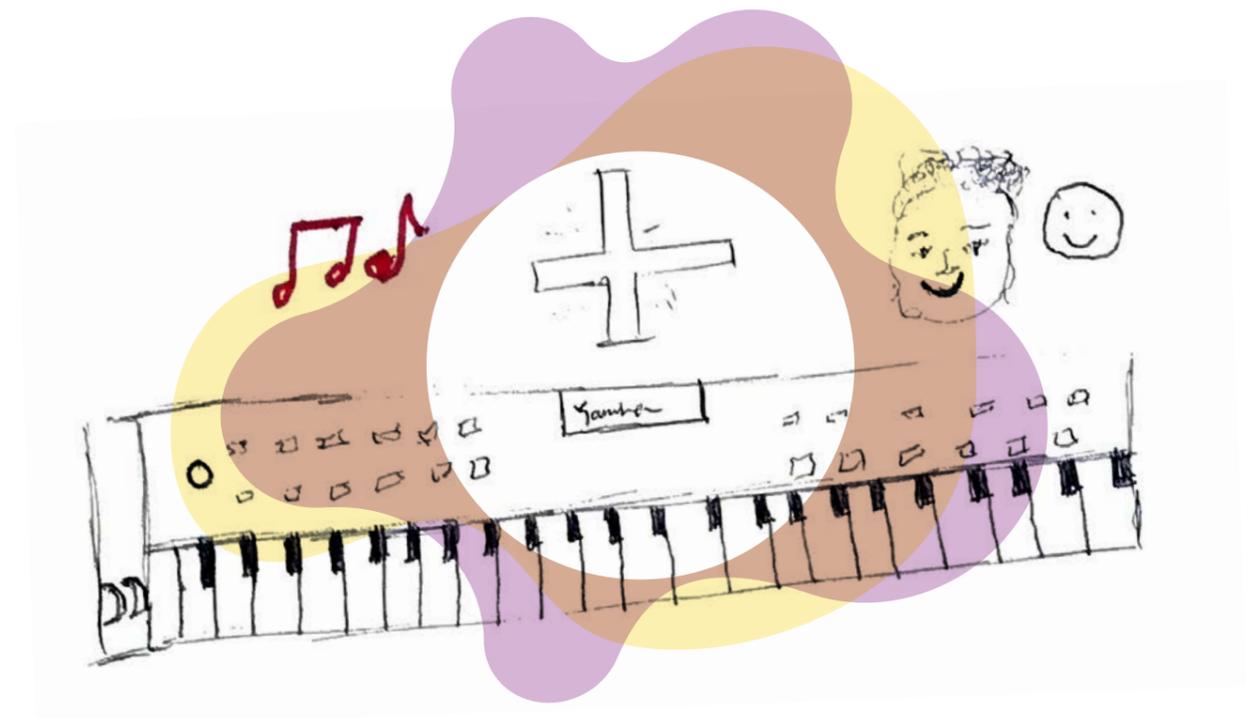
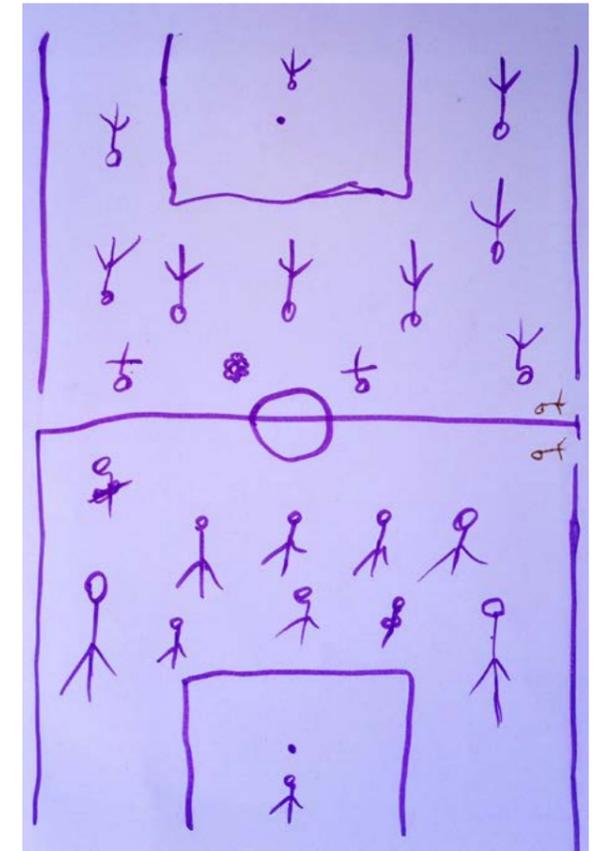
"I really want to... obviously, I make music and stuff as well... I've already done a few things for the local authorities."

These findings mirror Bernard and Harris's (2016) argument that safeguarding Black children requires attention to cultural identity and everyday representation as part of protective care.

Holistic Safety Framework (PIECE)

Drawing on participants' perspectives above, we developed a **framework of holistic safety**, encompassing four interlinked areas:

- 1. Physical Safety:** feeling protected through structure, appropriate monitoring and a calm, predictable atmosphere that offers security and stability.
- 2. Identity and Expression:** being free to express and represent oneself authentically and visibly without fear, judgement, violation or discrimination.
- 3. Cultural Safety:** having one's heritage, cultural identity and everyday practices recognised, respected and embedded within daily life in care.
- 4. Emotional Safety:** feeling heard, understood and cared for by empathetic, attuned adults who provide consistent support, where love alone is not enough.



3. What Makes a Space Unsafe?

Across all focus groups, children and young people consistently identified spaces as unsafe when they lacked cultural understanding; identity recognition and validation; representation and active protection against discrimination and harm. This absence created conditions that made harm more likely and eroded feelings of trust, belonging and security. From these findings, we therefore conceptualise unsafe spaces as a space that erodes identity, belonging and trust through neglect of identity and cultural needs, bias, instability or lack of protection. This conceptualisation aligns with frameworks of psychological safety, cultural safety, belonging and relational safety, which collectively emphasise that feeling safe requires recognition, trust and inclusion – not just physical protection.



3.1 Lack of active support around racism and racial violence

The concept of relational identity-safety cues introduced by Yantis et al. (2025) refers to behaviours and environmental signals that communicate respect, value, equality and an absence of racial prejudice. When such cues are missing, individuals experience heightened vigilance, lack of safety, and insecurity about their identity and how they are perceived. In this research, Black children and young people often felt unprotected and exposed to racism and prejudice in the care system. Some felt that the care system normalised racialised hostility by failing to respond to or validate children's concerns. Others, particularly those in residential and foster placements, explained that they lacked active protection against discrimination and harm. The absence of relational identity-safety cues contributed directly to feelings of environmental unsafety. For example, some children experienced religious hate and physical violence from peers in their placement for their Muslim heritage (Cheruvallil-Contractor et al. 2021).

"People say negative things, and someone was attacked, dragged and their hijab was taken off."

These young people said they could not be safe in their "identity", including skin colour and cultural or religious clothing. This type of violence was not well managed in the residential placement. Together with similar racial hate in the community, it compounded their feelings of unsafety and lack of protection "by immediate care givers and the system itself". Beyond the placement setting, young people reported experiencing direct racism, racial violence, conflict, aggression and microaggressions, including racial profiling by the police. In education, schools in which Black students were in the minority left young people feeling unsafe, with experiences of racial slurs and racist language and then "they're all saying it as a joke... but it's not funny".

In two focus groups, participants highlighted that when such incidents were reported, for example in schools, they were met with punitive responses, including school exclusion. These incidents illustrate systemic failure in which inadequate institutional responses to racism exacerbated trauma and further reinforced feelings of unsafety and vulnerability.

NOT KNOWING! Lack of trust
Praising Whiteness

People throwing food → thinking bad things
Not saying to college.
Attacked + bullied & no one listening

3.2 "Not being taken seriously"

A lack of 'intentional listening' and authentic engagement from carers and professionals was a recurring theme across all focus groups. Participants described how feeling unheard led them to withdraw and resist asking for help, which compounded feelings of unsafety. A young person explained her experience:

"I don't really express my needs that much because I didn't feel like the council could accommodate it, especially with my hair. And you know how expensive it is to do my hair... I have to go buy the hair, and then, you know, get the braider, then braid by hand, I have to pay... I'm afraid... I think it was because my foster carer had never fostered a Black girl. Then my social worker at the time was that, oh, yeah, you know, you can go get your hair done... but, like, I never really saw any action from it... the social worker came back and said, oh, well, because your mom's paid for it, then, you know, we don't really have to worry about it anymore."

Across all focus groups, "not being taken seriously" and "lack of genuine listening" left participants marginalised, invisible, powerless and resigned about requesting help for vital cultural and identity needs relating to hair, skin, music and food. This lack of genuine listening undermined their psychological safety (Edmondson 1999), as they could not voice their needs or concerns without fear. Black children's cultural needs are conceptualised as basic needs within Maslow's (1943) hierarchy of needs, as with any child in care, particularly in respect of belonging and esteem. However, for many children, their cultural needs could not be met due to "financial issues faced by all the different councils in the UK". For one young person, they reported about this experience that:

"It was like not seen and not heard, not you know whether it be going to the temple, or food like rice, which is important in my culture, or speaking about bereavement, or dressing."

3.3 Lack of freedom to express one's identity

Psychological safety enables individuals to navigate high-stakes situations and express identity-related aspects of the self, including through what Wanless (2016) describes as engagement safety. However, across all focus groups, participants described feeling unsafe in care settings where their freedom to express or celebrate their racial and cultural identities was restricted. Such restrictions were experienced as a direct threat to psychological safety, undermining individuality and discouraging cultural pride.

One young person, for example, expressed a wish to attend Raksha Bandhan but was denied support by foster carers. A professional attending a focus group with one young person explained how they advocated for them when their request for cultural expression was denied:

“Raksha Bandhan is a big thing in our culture... She got told that she couldn't do that on the day it was happening. A foster carer said to her, ‘We don't do Christmas for everyone, so why should we do and make sure this is in place for this young person?’”

Young people also described internalised fear and emotional strain arising from being made to feel unsafe when expressing their needs:

“I was just suffering... I did not know I could ask, just expressing my needs, though I think I struggled with it. I did not want to sound difficult.”

Within the framework of cultural safety (Curtis et al. 2019), these restrictions represent an erosion of identity recognition – signalling difference is unwelcome and unsafe.



3.4 Micro-management and invalidation of identity

Participants described *micro-managed* or tightly controlled expressions of cultural identity, creating environments in which differences from the majority ‘white’ placement culture were dismissed, invalidated or actively discouraged. This contributed to feelings of isolation and invisibility. Some participants shared that they were prevented from celebrating Black culture and attending cultural events:

“I wasn't really allowed to celebrate like the Black History Month or anything with them. I wasn't allowed to play that type of music or anything.”

“Not being allowed to listen to certain music or attend cultural events.”

These restrictions left participants feeling that their culture was controlled, eroded and not valued or respected within their care placements. This reinforced a sense of exclusion and a diminished sense of belonging, contradicting the

fundamental ‘purpose’ of care placements as space for protection and belonging (Black Care Experience Report 2021; Cheruvallil-Contractor et al. 2024; Cane et al. 2024).

3.5 Masking, code-switching and emotional labour

Some placements were reportedly a site of control and erasure. Participants reported feeling compelled to mask or suppress aspects of their racial and cultural identity, to avoid judgement, conflict or injury in environments that felt unsafe. This manifested in code-switching – masking their accent, behaviour or appearance depending on social context to manage the risks of psychological unsafety. As exemplified:

“In certain places where I don't feel like I can be myself, my accent completely changed... I'll go full King's English as I can. But I'm out with some of my friends and whatnot, just chilling. My accents are different. My body language is different. Like, I carry myself in two different ways, because I don't feel like I can be myself around a certain, like, bunch of people, compared to when I'm with my friends or family.”

For some participants, code-switching was an imposed self-protection response (Johnson et al. 2021). While adaptive, it reflected a lack of safety, ultimately corrosive to authentic belonging. This highlighted the emotional labour required to recreate a sense of psychological safety within unsafe environments hostile to identity expression. One participant powerfully articulated the long-term impact of being denied the opportunity to embrace their racial identity:

“I've been called whitewashed multiple times because I live with a white family... growing up in care, it's hard because you get called whitewashed for not knowing enough about your culture.”

Being labelled “whitewashed” reflects the long-term harm of cultural disconnection identified in research on Black children in care, where restricted access to racial identity development leads to shame, exclusion and fractured

belonging. Such experiences demonstrate how culturally unsafe placements can internalise deficit narratives, reinforcing the very identity erasure that care is meant to protect against (Cane et al. 2024).

3.6 Multiple placement moves as unsafe

Frequent placement moves affected a sense of psychological safety, around trust, belonging, acceptance and stability. In some focus groups, participants had experienced up to “five placement moves”, and these moves impacted on identity and belonging as we found in some of our previous studies (Cheruvallil-Contractor et al. 2024; Cane 2024). This implied disposability and uncertainty reinforces a sense of instability, making it unsafe to trust, relax or express identity and cultural needs. Safety was conceptualised as not only physical but also emotional, relational and cultural. Consequently, multiple moves implied ‘unsafe spaces’, as they:

1. Remove trusted relationships and emotional anchors.
2. Create environments where young people cannot predict or rely on care and carers.
3. Increase the risks of unmet racial and cultural needs.
4. Reinforce feelings of disposability – feeling their needs do not matter.

These disruptions eroded young people's psychological and cultural safety, undermining trust, stability and identity development. Repeated moves ultimately created structurally unsafe environments that reinforced feelings of disposability and racialised vulnerability.

3.7 Lack of representation, high staff turnover and professional misconception

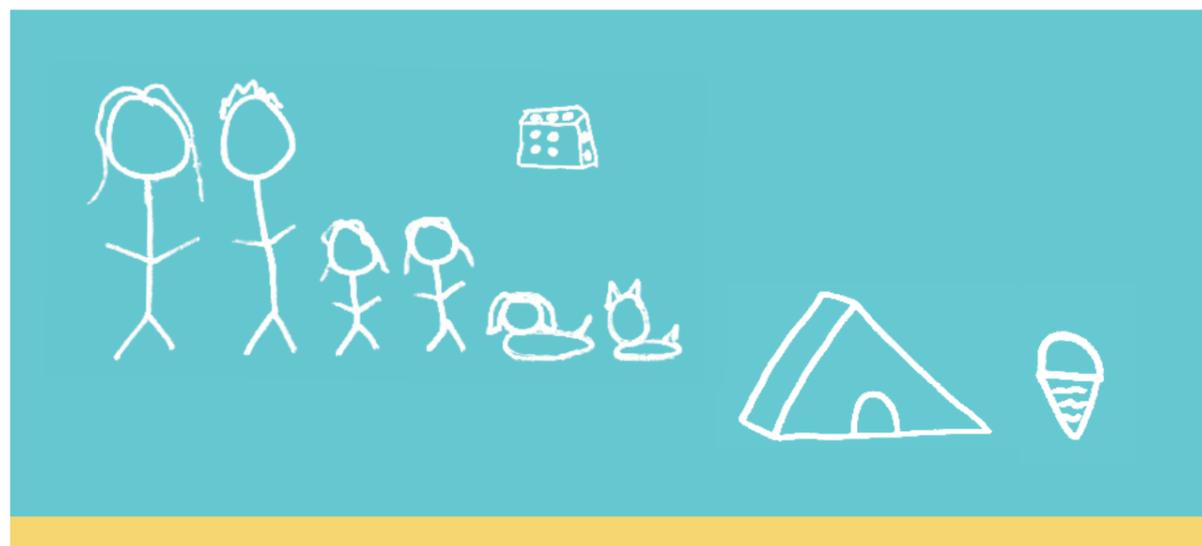
Young people emphasised that limited racial representation among carers and professionals, combined with high turnover in social work staff, contributed to persistent feelings of cultural misunderstanding and unsafety. This caused disrupted continuity, which weakened trust, communication and relational stability, particularly for Unaccompanied Asylum-Seeking Children, who felt unseen, unsupported and repeatedly required to retell traumatic narratives to new workers. One participant powerfully summarised why some care environments feel unsafe for Black children, highlighting inadequate training, stereotypes, insufficient understanding of children's needs and the impact of systemic failures:

“Social services are not well educated at all. I think they are ridiculous people; they have a preconceived misconception of most of them [Black children], especially young Black boys. I feel like they don’t take the time to understand them or talk to them or anything. They just talk a lot of things to them; they don’t take the time and put as much time into Black children. Their hair, very important. No effort into their hair, their looks, their skin. They don’t take time to learn how to care for their skin. You have to figure out for yourself, which is hilarious. I feel like a lot of Black kids in the system get overlooked and overlooked and overlooked, and then when they reach of age, people turn around and expect them to care, but no one in the system cares about them. So why should they then turn around and all of a sudden care about something? That doesn’t make sense.”

This repeated use of “overlooked” highlights not just occasional neglect but a concern about the persistent failure to notice, value and respond to Black children’s needs, identities and contributions across their care experiences. The emotional impact is profound, often manifesting as resignation, mistrust, disengagement and a questioning of self-worth. This is a recurring sentiment in narratives from participants who discussed unsafety; unmet needs around cultural identity, hair and skin care; and the absence of meaningful, caring relationships with professionals in the system.

Drawing on the narratives of children and young people, we conceptualise unsafe spaces as environments of deficit or places where support, trust and meaningful relationships are absent. These conditions erode confidence in systems and, tragically, in children’s own sense of self. Unsafe spaces are those where children:

- 1. Lack access to their history and heritage**, with no role models, mentors or trusted adults who share aspects of their lived experiences, or to resources where they can learn about Black identity.
- 2. Encounter experiences of racism that are not validated or challenged.**
- 3. Live with racism and prejudice**, without knowing what mechanisms exist to challenge discrimination or where to seek protection.
- 4. Cannot express their Black identity on their own terms**, instead feeling compelled to mask, code-switch or endure accusations of being ‘whitewashed’.
- 5. Experience relational instability**, with frequent placement changes and absence of consistent, trusted relationships to explore and negotiate identity.





1. Recommendations

The evidence from this research indicates persistent gaps in the creation of safe spaces for Black children in care and young people who have left care. Participants repeatedly described feeling overlooked, misunderstood and unsafe, expressing a clear need for authentic recognition, advocacy and relational support. Given these findings, there is an urgent need for local authorities to coordinate with foster and residential carers to ensure care environments are culturally safe, anti-racist and genuinely responsive to Black children’s lived realities. Targeted, collaborative action is essential for delivering safer care and fostering belonging, identity and healing for Black children and young people.

1.1 Recognising complexity and going beyond monolithic Black identity

Our overarching recommendation to all sectors, whether policy makers, practitioners or academics is for complicated, nuanced and child-led understandings of Black identity, that are underpinned by curiosity and cultural humility.



Encourage	Think	Practise
<p>Actively broaden perspectives on and understanding of Blackness, Black heritage and Black identity. Recognise them as dynamic and multi-dimensional, rather than a single category or fixed.</p>	<p>Think critically about Black identity by moving away from rigid, simplified or static categories and instead acknowledging that Black identity is shaped by intersectional histories, migration, embodied differences, language, faith, spirituality, culture, relational social positioning and everyday experiences of racial hierarchies.</p>	<p>Practice should be rooted in cultural safety, and relational identity-safety. Also, practise direct engagement with young people – asking, listening and learning from the identity practices and norms that are meaningful to them, and adapting routines, resources and responses accordingly.</p>

Figure 1: Thinking about Black identity as dynamic

A key finding of this research is the complexity and uniqueness of Black identities, which are often compressed into a single generic category of 'Black'. This one-size-fits-all approach leaves children feeling unsafe and misunderstood.

1. Social workers, foster carers and residential care professionals should explicitly avoid seeing Black identity as undifferentiated.
2. We recommend recognising the profound diversity within Black communities. Lived Blackness encompasses multiple ethnic backgrounds, languages, family heritages, migration histories, family traditions and religious beliefs, each shaping care experiences and belonging in distinct ways.
3. Ongoing professional development should move beyond generic anti-racist or cultural awareness training to address intra-racial diversity, including ethnicity, religion, heritage, migration status, gender, mental health and neurodivergence. Only by recognising this complexity can care environments become safe, affirming, and responsive to Black children's lived realities (Black Care Experience, 2021; Barnardo's Double Discrimination Report, 2023; Cheruvallil-Contractor et al. 2024; Cane et al. 2024).

1.2 Recommendations for children's social care policy

Our findings show that cultural misunderstanding, identity erasure and racial bias create unsafe environments that undermine belonging and trust for Black children in care and young people who have left care. Children and young people's identity needs, including identity recognition, affirmation and protection from racism, must be treated as a core safeguarding requirement for Black children, not an optional enhancement.

Policy should require that care plans, pathway plans, assessments and placement decisions explicitly include and consider cultural, racial, linguistic and religious needs. National guidance on care planning, placement and case review including the Children Act 2004 should be revised to provide a greater emphasis on ensuring placements are made with reference to whether carers have the cultural competency required to care for the child – with an emphasis on celebrating a child's cultural heritage and working with them to develop a positive cultural identity. Some progress has been made to improve guidance; and *Working Together to Safeguard Children*, for example, does highlight that safeguarding

must be rooted in understanding a child's identity, their lived experience and the impact of racism and discrimination. However, there is more that could be done to promote anti-racist practice in the guidance and regulations that govern social care – doing this will promote a culture where identity is seen as central to care for Black children.

RECOMMENDATION 1: Promote nuanced understandings of Black identity as complex, socio-historically shaped, intersectional and informed by the voices and lived experiences of children and young people.

Policy must recognise Black identity as complex; shaped by individual trajectories, heritage and migration experiences; and deeply influenced by socio-historical contexts (e.g. systemic racism) and structural inequalities. Particularly in children's social work, it must move away from essentialised and stereotypical understandings of Black identity. Culture and identity are not static. Rather, they are fluid: intersecting with gender, age, class, sexuality and care status; changing over time; and affecting how children experience belonging, safety, risk and vulnerability.

Crucially, definitions of Black identity should be informed by the voices and lived realities of children and young people themselves. Promoting this understanding in policy design, training and service delivery will ensure culturally safe environments that affirm identity and challenge systemic bias for Black children and for all children in care.

RECOMMENDATION 2: Embed cultural humility by developing a working environment that encourages professionals to approach cultures, identities and lived experiences with openness, curiosity and respect, recognising that no one can ever fully know another person's culture. Cultural humility is an ongoing journey, rather than a one-off achievement, and should be supported through reflective supervision, high-quality ongoing training and identity-focused practice standards that promote continuous learning and self-reflection.

Policy must ensure that cultural humility and anti-racist practice are treated as core safeguarding principles, not optional enhancements. A March 2025 Child Safeguarding Practice Review Panel briefing, titled "*It's Silent*": *Race, Racism and Safeguarding Children*, called for significant reform in how race and culture

are addressed. It highlighted a prevailing silence in professional conversations that can lead to inequitable support for Black, Asian and mixed-heritage children.

To help ensure that Black children feel safe, respected and valued it is essential that statutory guidance – most notably *Working Together to Safeguard Children* provides a greater emphasis on the importance of anti-racist practice, specifically a recognition of the risks associated with adultification, where Black children can be seen as more 'streetwise' and therefore have their safeguarding needs overlooked. Working to do more to embed cultural humility and anti-racist practice into statutory guidance will ensure they become integral to everyday social work practice, workforce training and supervision standards.

RECOMMENDATION 3: Embrace anti-racist practice through proactive challenging of discrimination, including implementation of processes for reporting, addressing bias and monitoring disproportionality.

This will require taking an intentional and reflective approach so all children are placed with carers who can actively affirm, validate and support the identities of all children in their care. By this, we mean that all carers involved in placements for Black children need to be rigorously assessed on their ability to meet these children's needs. Their ability may come from their own personal identities or from learning and training they may have attended. Guidance on placements that accompanies the Children Act 1989 makes it clear that carers should be supported to develop an advanced understanding of how children's cultural and identity needs should be understood, met and nurtured in practice, recognising that these identities can change over time (Cheruvallil-Contractor et al. 2024, Cane et al. 2024). There should also be clear processes for monitoring the suitability of placements in meeting children's cultural needs.

RECOMMENDATION 4: Promote identity-sensitive placement decisions with clear guidance on the importance of matching children with carers who can meet their cultural, racial, ethnic, religious and other identity needs. By this, we mean paying close attention to these identity needs at all stages of children's care journeys. This requires an intentional and reflective approach to identifying placements that can actively affirm, validate and support those identities; with careful

consideration of how identity needs will be understood, met and nurtured in practice; and with clear processes in place to monitor and respond to change over time.

Systemic bias affecting Black children in care is reinforced across multiple intersecting domains: social care, education, health, youth justice and community services. It manifests through practices such as school exclusions and racial profiling, including by the police. These interconnected harms require coordinated solutions, rather than isolated interventions.

The forthcoming Children's Wellbeing and Schools Bill, expected to receive royal assent in 2026, will extend corporate parenting duties to a wider range of public bodies, including all central government departments. This creates an opportunity to ensure that every public body working with children in care considers the specific needs of Black children and works to provide cultural safety. This could involve joint training on anti-racist and culturally competent practice, shared accountability measures and integrated data monitoring to identify and address disparities.

RECOMMENDATION 5: Strengthen cross-sector collaboration to identify and dismantle systemic bias across all areas that impact care-experienced Black children's lives, including schools, community services and social care.

Embedding cultural competence within this national framework would help ensure that every child's identity, heritage, and lived experience are properly understood and supported, regardless of where they live. However, while there are impactful grassroots organisations – such as the [Black Foster Carers Alliance](#) and [The Black Care Experience](#) – developing high-quality, culturally specific training and lived experience-led resources, current provision remains uneven and dependent on local authority priorities and funding.

To address this patchiness and to support consistent standards across the country, cultural competency training for all professionals and foster carers should be strengthened and made a core, non-negotiable element of ongoing safeguarding training, with explicit reference and integration into the *Working Together to Safeguard Children* statutory guidance. In doing so, it is important to promote understanding, capacity and practice of (1) cultural justice, (2) racial consciousness, and (3) race and cultural intentionality.

RECOMMENDATION 6: Provide targeted training and resources for carers and professionals to give them the knowledge they need and confidence to support children's intersectional identity needs.

Central government should also invest in developing, promoting and maintaining a national, accessible bank of cultural competency training, co-produced with community organisations and care-experienced people. This would help spread best practice, reduce regional inequity and ensure all carers and professionals receive the ongoing skills and confidence needed to provide culturally informed, identity-affirming care.

1.3 Recommendations for Social Work Leadership and Frontline Practice

The findings show that cultural misunderstanding, identity erasure and racial bias create unsafe environments that undermine belonging and trust for Black children and young people. Social workers have a responsibility to treat cultural safety, including identity recognition, affirmation and protection from racism, as a core safeguarding concern, not an optional enhancement. Care plans, pathway plans, assessments and placement decisions must explicitly include, monitor and review cultural, racial, linguistic and religious needs as fundamental to safety and wellbeing.

Young people highlighted the harmful impact of stereotypes, misconceptions and limited cultural knowledge among staff. Social workers should actively and continuously reflect on their own assumptions, biases and practice behaviours to understand how these influence the experiences and safety of Black children. Building cultural humility and committing to anti-racist practice are essential steps toward creating environments where identity is respected and protected. We therefore recommend that training for social workers goes beyond access to learning and reflection and is explicitly designed to support **behavioural and practice change**. Such training should create space for critical reflection, challenge bias and equip practitioners to apply learning in concrete ways that intentionally meet the needs of Black children and young people.

Based on our discussions with Black children and young people, we have developed **nine** recommendations for social work audiences.

RECOMMENDATION 1: Embed cultural safety in everyday social work practice by understanding Black identity as complex, socio-historically determined, intersectional and child-led.

Care placements must prioritise children's cultural, religious, linguistic and identity-related safety at every stage of their journey. This includes ensuring access to culturally appropriate resources, supporting ongoing connections to heritage and enabling meaningful engagement with community networks. To improve cultural safety within these settings, foster carers, residential staff and independent living key workers should receive regular training on the practical aspects of culturally responsive care, such as Black hair and skin care, religious practices, culturally significant foods and community mapping. In addition, the care system must develop mechanisms to assess and strengthen carers' and placements' ability to affirm and support cultural and identity continuity. (Cheruvallil-Contractor et al. 2024; Cane et al. 2024/5).

Social workers and key workers must adopt an intersectional approach to assessment and planning that acknowledges layered experiences of Black identity, including historical and contemporary experiences of oppression, displacement and cumulative trauma. This can also be achieved through relational and empathetic listening. Tools and templates must be adapted to ensure that identity and culture are not peripheral add-ons but integrated throughout. However, any recordings must be specific to the child's unique Black identity to ensure strategies to meet those needs are accurate and specific.

RECOMMENDATION 2: Build trust through authentic engagement by listening to children and involving them in decision-making and care planning.

Genuine participation demands structural mechanisms for young people's views to shape care design and strategic decisions, rather than stop at consultation or tokenistic 'voice' activities. Feedback forums and youth involvement in design should be core to professional practice.

Young people described being dismissed, talked over or not taken seriously, which eroded psychological safety. Staff and carers must practise intentional listening, validate concerns and ensure that children can

safely express cultural and identity-related needs. This includes creating predictable spaces where children's perspectives shape decisions and ensuring responses do not reproduce powerlessness or invisibility.

Monitoring and recording of children's needs across placements must move beyond box-ticking or compliance-driven processes. We recommend relational collaboration through regular and sustained consultation with young people to ensure that system of care and their care plans reflect and support their lived realities. Staff must maintain clear structures and boundaries, listen without judgement and remain open to learning from Black children and young people's lived experiences.

RECOMMENDATION 3: Create and maintain safe spaces – physical, cultural and emotional – that allow for cultural expression and development and that are free from discrimination, stereotypes and essentialised labels.

Black children and young people live in diverse care arrangements, yet consistent, welcoming, safe spaces (physical, emotional and psychological) are essential to foster genuine belonging. Safe spaces extend beyond the absence of physical harm to environments where cultural, religious and linguistic identities are celebrated and actively supported without exclusion or guilt (Cheruvallil-Contractor et al. 2024; Cane et al. 2024). Designing such spaces requires reviewing policies and procedures, creating cultural care plans tailored to each child's needs and integrating young people's feedback at all stages (Wright et al. 2024).

Young people emphasised the safety they felt with racially representative and culturally aware staff. Local authorities should therefore prioritise assessing cultural humility in recruiting and retaining staff, as well as properly supporting a diverse workforce. For social workers, building sustained, trusting relationships is essential to cultural safety; high caseloads and staff turnover must be addressed as systemic barriers to meaningful engagement. Ongoing development for foster carers and residential carers must include practical cultural skills (e.g. hair, skin, food, language and religious practices), awareness of the psychological impact of racism and improving confidence in addressing racialised harm.

Language inclusion must move beyond translation; it must address emotional, cultural and identity

expressions, and it should be systematically captured in both care planning and group activities to ensure communication supports rather than constrains belonging.

RECOMMENDATION 4: Prioritise peer networks and mentorship, as well as targeted social integration programmes for Black Unaccompanied Asylum-Seeking Children, as part of an integrated safeguarding approach.

Local authorities should embed social integration as part of their overall safeguarding priorities for Black and *all* Unaccompanied Asylum-Seeking Children, recognising that isolation and lack of cultural continuity can significantly undermine wellbeing and identity development. Care planning must include funded, structured programmes that actively create opportunities for Unaccompanied Asylum-Seeking Children to build meaningful relationships with peers and trusted adults who share aspects of their cultural heritage or migration experience. These opportunities should prioritise continuity and cultural safety and not be left to chance but delivered through funded, coordinated programmes.

These may be local authority-facilitated peer support networks; regularly facilitated groups where Black Unaccompanied Asylum-Seeking Children can connect with others who have similar lived experiences, share stories and develop a sense of belonging and mentorship schemes; and partnerships with community organisations and cultural associations to recruit and train mentors who understand the challenges of displacement and resettlement.

RECOMMENDATION 5: Strengthen advocacy and participation through structured mechanisms where children can raise concerns safely, including peer support groups and cultural networks.

Restrictions on religious practices, cultural celebrations, music, hair, food, language or community ties were experienced by young people as unsafe and shaming. Social workers should ensure placements actively support cultural and identity expression and challenge practices that suppress individuality or cultural pride. This requires advocacy, practical support, assessing cultural humility as part of recruitment processes and ensuring carers are trained and resourced.

Many young people described having to “carry themselves in different ways” to survive culturally unsafe environments. Identity masking should be understood as a sign of environmental harm, not an individual coping failure. Direct work should explore identity pressures, encourage safe expression and help placements to create conditions where young people do not feel they must hide who they are.

Our findings echo the concerns raised in Lammy’s (2017) report and recent research on racial disparities in youth justice. Unsafety is often systemic, not individual, and is linked to inadequate training, lack of resources, school exclusions, police profiling, poor placement matching, frequent moves and overlooked cultural needs. Social workers, staff and carers must take an advocacy role, challenging institutional practices that reinforce unsafety and pushing for environments that uphold belonging, dignity and protection for Black children.

Young people reported that racism, prejudice, microaggressions and racial violence were frequently ignored or minimised. Failure to respond reinforces trauma and undermines trust. Social workers must provide clear, timely and meaningful responses to all forms of racism in care, education and community settings. This includes documenting incidents, advocating on the child’s behalf and ensuring protection (not punitive consequences) for those raising concerns. Children feel reassured when there are clear procedures for addressing racial violence and when social workers and carers actively advocate on their behalf.

We recommend using evidence-based foster care models such as the Mockingbird Programme (Ott et al. 2022), which creates extended networks of care. Where carers and children are racially and culturally matched, these models provide racial mirrors and replicate the protective, nurturing functions of family and community.

RECOMMENDATION 6: Deliver responsive, trauma- and oppression-informed and healing-centred training including on cultural competence, anti-racist practice and intersectionality.

Black children and young people in this study reported experiencing multiple forms of trauma, including war, conflict, displacement, family separation and the intergenerational effects of historical oppression. These experiences intersect with the ongoing trauma of racism within care environments. We recommend trauma-

informed practices that explicitly recognise the impact of racism and are integrated with healing-informed and culturally safe approaches. Practitioners should model reflective practice, demonstrate curiosity about children’s identities and provide identity-affirming care that empowers young people to explore and express themselves without fear of judgement or stereotyping.

RECOMMENDATION 7: Implement recruitment processes that assess attitudes and beliefs around cultural humility and anti-racism.

Professional development should provide safe spaces for staff to explore the emotional labour of children negotiating identity and safety, as well as the systemic factors influencing wellbeing. Building these skills strengthens culturally safe, supportive and nurturing care environments and equips practitioners to meet the diverse needs of Black children confidently.

Social workers, staff and carers must be supported and resourced to reflect on their own cultural identities and practice uncertainties without fear, using reflective supervision and peer learning. This was recommended repeatedly by children and young people in their narratives.

RECOMMENDATION 8: Ensure relational consistency by minimising placement moves and reducing staff turnover where possible. Children in all care settings (including fostering, residential and supported living) should have access to key workers who maintain continuity and build long-term trust.

Consistent safe spaces, both relational and physical, are vital to wellbeing, allowing young people to explore identity and maintain belonging, along with safety from harm. Young people described these environments as essential to building trust and supporting resilience. Frequent placement moves undermine psychological, relational and cultural safety. Strategies should minimise avoidable disruptions, with children consulted and their identity and cultural needs explicitly addressed during planning and review. Where moves are unavoidable, relational continuity must be protected by maintaining connections with trusted carers and key professionals, ensuring cultural and identity needs are central to transition planning (Cane et al. 2024).

RECOMMENDATION 9: Monitor and evaluate practice that introduces accountability measures for cultural safety in care settings and that directly listens to children.

Agencies must implement robust feedback mechanisms in cultural care planning and holistic care planning, supervision and placement review processes, keeping young people’s voices central to routine and strategic decision-making around their needs, making sure they consider issues of race and culture in the ways they find supportive and culturally safe. Regular audits of placements for cultural safety, monitoring staff training uptake and evaluating care outcomes for Black children will ensure accountability across care placements and providers. Children and young people should be a part of the feedback process from beginning to end, including decision-making processes for care settings.



2. Concluding Reflections From the Team

Across our research team, we bring together a range of professional experiences as personal positionalities – as practitioners, researchers, community members, parents, people with migration backgrounds and members of minoritised groups. Our collective commitments to equity, reflexivity, social justice and anti-racist practice underpinned every stage of this work. Our collaborative approaches enabled us to interrogate power relations within systems of care, to value creative and participatory methodologies, and to centre the perspectives and voices of Black children and young people in all aspects of the research design, data analysis and reporting. We recognise both the privilege and responsibility that comes with conducting research in this space and remain committed to actions that foster belonging, dignity and change within social care.

Our engagement with care-experienced Black children and young people has prompted us to reflect deeply on our own identities, assumptions and experiences. Working closely with participants to co-produce safe spaces highlighted the importance of listening intentionally, validating concerns and centring young people’s voices in decisions that affect their lives. We have been struck by how identity, historical and current experiences, and systemic factors intersect in children and young people’s narratives. Participants referenced their Black lived experiences, both positive and traumatising, highlighting the significant work still needed to ensure systemic changes, including professional attitudes within the systems that support them.

The project reinforced that creating truly safe environments requires more than policy or procedure; it demands relational trust, cultural awareness, cultural safety and active anti-racist practice. Observing the engagement, courage and insight of participants has been both inspiring and humbling, reminding us of the urgency of systemic change to support Black children in care.

This work marks ongoing efforts to change the narratives of Black children in care, rather than representing an endpoint. It has reinforced our commitment to ensuring that care environments are not just physically safe but also emotionally, psychologically and culturally affirming. Embedding children’s perspectives into practice, challenging assumptions and advocating for culturally responsive spaces are central to advancing equity and belonging in social care.

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Appendix 1: Structure of Focus Groups and Themes

All interviews were conducted between May and November 2025. All participants were aged between 10 and 21 years old and were care-experienced, meaning they were living with foster carers, in residential placements, or in independent living accommodation living in England.

All participants self-identified as Black. Their backgrounds included Black African, Black British, Black Caribbean, Black mixed heritage, as well as Asian Indian. By definition, some children were born in the United Kingdom; others were raised in the UK after their parents migrated; and some had recently arrived in the UK either through migration or asylum-seeking routes.

Recruitment and gatekeeping was conducted by research champions and local authorities on behalf of the research team. There was no prior contact with the participants before the focus group sessions. For all focus groups, a local authority social worker or representative was present to offer support and reassurance. Participation was voluntary, and ethics approval was obtained from a range of local authorities with which participants were affiliated, including University of Coventry, Sussex University, the Association of Directors of Children's Services and Barnardo's.

We conducted focus group discussions using a combination of creative, arts-based methods alongside interview dialogues to understand children and young people's experiences. Themes explored included:

1. Definitions of "Black"
2. What makes a care placement a safe place
3. What makes a care placement unsafe
4. Broader issues such as diversity within Black identities, experiences of racism, and lifestyle

Appendix 2: Links to Further Resources

Afrori Books: <https://afroribooks.co.uk/>

The Black Care Experience:
<https://www.theblackcareexperience.co.uk/>

The Black Social Workers' Oral History project:
<https://www.blacksocialworkersoralhistoryproject.co.uk/>

The Black Hair and Skin Project – Seen:
<https://weareseen.org.uk/projects/the-black-hair-and-skin-project/>

The BRAC²eD model:
<https://doi.org/10.1177/03085759231160785>

Crowning glory: Exploring the stories of Black hair and skin: <https://weareseen.org.uk/wp-content/uploads/2025/02/Black-hair-and-skin-reports-2.pdf>

Diversity Adopt: <https://diversityadoption.wordpress.com/transform-your-adopted-or-fostered-childs-attachment-to-you/>

Double Discrimination: Black care-experienced children in the criminal justice system: <https://yjlc.uk/resources/legal-updates/double-discrimination-black-care-experienced-children-criminal-justice>

Expressions of Self: Race, Religion and Representation of care-experienced children and young people:
<https://www.coventry.ac.uk/research/research-directories/current-projects/2022/expressions-of-self-race-religion-and-representation-of-care-experienced-children-and-young-people/>

Little Muslim Books:
<https://www.littlemuslimbooks.co.uk/>

Replenish Box:
<https://www.replenishculture.co.uk/our-vision>

Safer Spaces for Black Children in Care: Link TBC

Transracial Adoption Framework:
<https://transracialadoptionframework.uk/>

Uhuru Naturals: <https://uhurunaturals.com/>

Amongst the last to leave: Understanding the Journeys of Muslim Children in the Care System in the Midlands:
<https://www.coventry.ac.uk/research/research-directories/completed-projects/2017/among-the-last-ones-to-leave/>





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