# A Birthmother's Counter-Story of Racism and Oppression in Children's Social Work: Carving an Afro-Centric Space for Sawubona in Euro-Centric Social Work Education, Practice, and the Safeguarding System

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### **Abstract**

In this article, I ask 'What are the specific challenges and controversies that birth mothers of ethnic minorities (EM) experience in the safeguarding context'? The aim is to examine safeguarding practices and ascertain how power, racism and gender oppression are understood and experienced by mothers of EMs in social work. The literature highlighted complexities and ethical concerns regarding child protection services with EMs in England. Undertaking qualitative research, a case study approach was used, and purposive sampling was applied to recruit and interview six mothers of EM backgrounds. This article provides an empowering space for Miriam, an Asian mum recounting her lived experiences of statutory social work. Critical theory, critical race theory and intersectionality were the theoretical frameworks, and a framework approach was utilised for data analysis. Key findings revealed the insidious nature of racism, oppression and White dominance, constructing devastating, adversarial work practices that oppressed, excluded, and deprived Miriam. There was an urgent need for change. Drawing on my African heritage, I theorise that the Afro-centric philosophy of Sawubona could make a profound contribution to British social work.



Elucidating, 'I see the whole of you', the Sawubona practice model illustrates social work values of equality, empathy, dignity, tolerance and respect.

**Keywords:** ADP, AOP, child protection, ethnic minorities, foster care, racism, social worker

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'Sawubona' – an ancient Zulu greeting and philosophy which literally means 'I see you; you are important to me, and I value you'.

### Introduction

How social workers see birth families embodies power; it affects how we listen, interpret and respond to families in crises. Social work as a profession has a fundamental role in safeguarding and protecting vulnerable children considered to be at risk or potential risk of significant harm. The Children Act 1989 introduced the term 'significant harm' as the threshold for compulsory intervention in family life concerning reported cases of child abuse and neglect. Social workers, along with teachers, police, healthcare practitioners and local authority-appointed lawyers have a statutory duty of care under Section 47 of the Children Act 1989 to investigate child-safeguarding issues. The main legislation in England is the Children Act 1989, the Children Act 2004 and the Children and Social Work Act 2017 mandating requirements around duties of care to children. If deemed at risk, a child could be taken into voluntary care through Section 20 of the Children Act 1989 or social workers could instigate care proceedings. Once granted, the local authority attains parental responsibility and determines whether a child resides either in foster care or adoption.

There is a common misconception that child protection legislation, safe-guarding practices, policies and assessment practices are impartial and apolitical (Adjei and Minka, 2018). However, for over four decades, it has been reported that children from EM backgrounds were overrepresented, meaning they were disproportionately represented in the child welfare system compared to their percentage in the total population (Bywaters et al., 2019). Consequently, challenging political rhetoric that safeguarding legislation is racially and culturally universal (Adjei and Minka, 2018). Moreover, there is controversy and contradiction: it is presumed that all social workers adhere to the embedded ethos of equality and diversity outlined in the professional code of ethics (BASW, 2014) and professional capabilities framework (PCF). Yes, social work training aligns with Social Work England, the professional regulator's published professional standards which embraced principles of anti-racism and anti-oppressive practice (AOP). However, there is a growing body of academic research on the

lived experiences of birth mothers of EMs, reporting contemporary racism and oppression in children's social work (Hyslop and Keddell, 2018). Racist social work practices contradict the embedded principles of AOP and anti-discriminatory practice (ADP) promoted within the social work profession. Fundamentally, AOP and ADP ensure that all individuals, regardless of human differences are treated with dignity, humanity, professional respect and inclusive practice. Yet, despite these key principles of AOP and ADP advocating equality, inclusion and diversity, racism still occurs in social work (Cornish, 2021).

Complexity is further noted in the fact that social work as a profession is built on Eurocentric, white middle-class ideals. Currently, social workers' training is at odds with an emergently diverse Britain; the curriculum is outdated and excluded indigenous knowledge in the application of theories and assessment practices. To address this gap in knowledge, social workers require training that develops cultural competence for services with culturally and linguistically diverse communities (Mlcek, 2014). Clearly, there is a problem, given the growing research evidence reporting the harsh effects of racism and Western ideals of parenting establishing the current overrepresentation of children of EMs in the welfare system (Larcombe, 2022). However, there is a distinct lack of research on the experiences of birth mothers who had their children removed by Children Protection Services. This study addresses the research gap, driven by the research question: 'What are the specific challenges and controversies that birth mothers of ethnic minorities (EM) experience in the safeguarding context'? The research aim is to examine safeguarding practices within social, political, health and legal structures to ascertain how power, racism and gender oppression are understood and experienced by mothers of EMs in children's social work. The study draws on critical theory (CT), tenets of critical race theory (CRT) and intersectionality to ground the discussion on birth mothers of EM experiences of children's social work. CRT provides a convincing framework for identifying and provides a language and scope for them to voice their lived experiences and gain visibility in academic discourse (Solórzano and Yosso, 2002). CRT draws on Crenshaw's (1989) theory of intersectionality that recognises the interconnected nature of race, social class and gender and its overlapping systems of discrimination at the junctures at which power relations meet.

A framework approach was applied to analyse the research data. Key findings revealed the insidious nature of racism, oppression and White dominance, constructing devastating, hostile, adversarial work practices that oppressed, excluded, deprived and silenced Miriam. It also revealed the invisibility of whiteness within an all-white safeguarding workforce and ensuing turmoil. The empirical data strengthened the position of a pressing need for a change in how we conduct social work, especially with racially and linguistically diverse communities. Drawing on my African heritage, I

posit that the Afro-centric philosophy of Sawubona could make a profound contribution to British social work. Sawubona elucidates, 'I see the whole of you'. Sawubona conveys the power of integrity, relationships and empathy. In the latter section of this article, I demonstrate how Sawubona as a practice model could apply to children's social work.

Following the introduction, a literature review is provided highlighting key concepts and literature that underpin this study. Thereafter, I provide a description of CT, CRT and intersectionality as theoretical frameworks. Framework analysis was also described and applied. A concise methodology section is provided, followed by key research findings sharing the birth mother's counter-storytelling in two biographical vignettes. These vignettes were subsequently analysed, followed by a critical discussion and the introduction of Sawubona. The article concludes with a concise summary. The following section focuses on the literature review that underpins the study.

## Literature review

### Key concepts

The legal definition of Racism, outlined in the 1965 Race Relations Act, defines it as the less favourable treatment on grounds of colour, race or ethnic or national origins. The Equality Act 2010 has a similar definition. Racism refers to a system of inequality and oppression based on race, whereby some racial social identity groups, such as those who identified as White are advantaged and those who identify or are identified as people of colour, such as Blacks and Asians are stigmatised or placed at a disadvantage (Bonilla-Silva, 2017). In keeping with the latest government guidance (Race Disparity Unit, 2022), the term ethnic minority (EM) is used, where necessary, to refer to a group of people from different EM backgrounds. However, I will cite the term BAME (Black, Asian and minority ethnic) to accurately report on the terminology used in researchers' studies.

The research recognised the overrepresentation of BAME children in the child welfare system for more than fifty years (Detlaff *et al.*, 2020). This phenomenon is commonly described as racial disproportionality, a circumstance which identifies the proportionately larger representation of one group compared to the smaller proportion of another racial group in the child welfare system (Dettlaff *et al.*, 2020). Owen and Statham (2009) found substantial levels of disproportionality, with Black and Asian children more likely to experience separation from their parents through state action.

#### Wider structural factors

The constraining influences of structural inequalities on many Black families were evident in more recently reported experiences of systemic racism and poverty (Edmindston, 2022). Lately, there has been a rapid rise in UK families living in destitution. In 2019–2020, over 700,000 families regularly used foodbanks, and 125,000 children lived in temporary accommodation (Edminston, 2022). As BAME families are frequently found to face greater structural inequality, there is an increased likelihood of discrimination and disproportionate child welfare intervention (Webb et al., 2020). In principle, parenting experiences should be contextualised within wider inequality, including poverty, housing and injustice (Webb et al., 2020). However, in practice, these structural challenges could compromise Euro-centric parenting ideals of 'good parenting', clashing at the intersections of race, culture and child welfare policies (Bernard and Gupta, 2008). Academic literature highlighted the real, yet deeply problematic expectation that BAME parents assimilate to Euro-centric parenting ideals (Arditti et al., 2010). For instance, many Black families adhere to strict disciplinary practices (Arditti et al., 2010) but it is often interpreted as punitive and inappropriate by systems that do not recognise their own institutional bias (Bywater et al., 2019).

# Racism and the child protection system

When it comes to Black parenting, Okpokiri (2021) found that there was a state of hypervigilance and conflictual relationship between Nigerian parents, professionals and child welfare policies. Tension and complexity were likewise recognised in Irukwu's research (2014). Child protection work and safeguarding practices are deeply complex and urgent work, which customarily produce tensions, involving the rights of the child, birthparent and the state. The state holds legislative power to intervene in the private lives of individuals, without consent (Okpokiri, 2021). Social workers have a duty of care to promote the health and well-being of all children. However, in their duties of working with birth parents, especially from BAME communities, in recent years, there has been a fundamental increase of racialised child protection experiences (Hyslop and Keddell, 2018). Motherhood in the global north is often conceived through a predominantly white, middle class and Euro-centric lens (Larcombe, 2022). It was felt that child welfare agencies did not fully consider the structural inequalities that their professional demands placed on birth parents (Lewis and Brady, 2018). Evidence for this claim was notable in the reported expectation that parents had to prioritise social work meetings over their work hours (Lewis and Brady, 2018).

Birthmothers felt that life became unmanageable, and their grieving loss obliterated their capacity to perform daily tasks (Broadhurst and Mason, 2020).

# Significance of a culturally responsive welfare system

The research found that social workers and allied professionals often struggled to manage the complex needs and social circumstances of many families from EMs. For instance, Okitikpi and Aymer (2003) discovered that social workers reported feeling overwhelmed and illequipped to deal with African families' complex needs and traumatic experiences of loss, dislocation and so forth. There were also linguistic challenges, complicating information sharing and social work assessments (Parton, 2004). Racist stereotypes can lead to a failure in making appropriate judgements and planned interventions (Bernard and Gupta, 2008). Racist stereotypes may exacerbate defensive practice, oscillating between a coercive approach or an avoidance where children are left unprotected (Bernard and Gupta, 2008). The significance of cultural responsiveness in the field of child protection within the local context has increasingly been recognised (Adonteng-Kissi, 2023). For over five decades, the dominance of Western, Eurocentric ideals in social work has been challenged, questioning its relevance to non-European communities (Twikirize and Spitzer, 2019). What is envisaged and conceptualised for Westernised contexts may not produce similar outcomes with EMs. Especially, given the differences in culture, politics, social problems, socio-economic and spiritual realities (Twikirize and Spitzer, 2019). To ensure cultural competence, professionals ought to become immersed and develop communication with different working definitions of parenting (Adonteng-Kissi, 2023). The ensuing discussion focuses on the theoretical frameworks that guide this study.

### Theoretical frameworks

One of the main aims of this article is to centralise the racialised and oppressive experiences of birth mothers of EMs within the English safeguarding context. Critical theory as a theoretical lens offers a pivotal opportunity to examine larger social structures and systems of power that generate oppression (Green et al., 2016). Critical social work has prominence because it explains the need to identify social structures that diminish the life experiences of marginalised communities and intervene to ensure social justice (Payne, 2014). It acknowledges that language, narrative and discourse is not neutral but laced with power and the possibility to disempower (Adonteng-Kissi, 2023). In this study, critical

practice is applied to examine the source of knowledge, how it is applied by professionals and its consequences on families of EMs. Empowerment and advocacy are key principles of CT; an approach that engages with larger social, historical and ideological factors impacting individuals, whilst also providing minoritised communities with the tools to contest and resist the systems that shape them (Wyatt et al., 2022). This is where (CRT) has significance because it offers a specific focus on race and racism which challenges the misconception that child safeguarding policies and practices are neutral and apolitical (Adjei and Minka, 2018). CRT also provides an empowering space and language to expose how individual prejudice, the normalisation of whiteness and systemic racism (Bonilla-Silva, 2017) influence the child protection experiences of birthmothers of EMs. CRT acknowledges the layers of subordination intersecting on the basis of race, gender, class, immigration status, surname, accent, sexuality and phenotype (Solórzano and Yosso, 2002). Hence, there are multiple marginalised intersections impacting individual experiences of social and structural systems of power, privilege and inequality (Wyatt et al., 2022). Herein, intersectionality, also under the CT umbrella, has a fundamental role as it recognises the multidimensional matrices of power and interlocking structures of oppression shaping people's multiple identities and attempts to silence (Wyatt et al., 2022). In drawing on intersectionality, it provides a critical understanding of the ways that multiple forms of inequality, or disadvantage, sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking (Crenshaw, 1989). Adopting an intersectional lens, this article highlights experiences of discrimination and oppression through both the individual and intersectional lens of examining the impacts of multiple oppressions experienced by birth mothers of EMs.

# **Research methods**

This study aims to explore, 'What are the specific challenges and controversies which birth mothers of ethnic minorities (EM) experience in the safeguarding context?' Ethical approval was granted by the university and the local authority, underscoring the embedded ethics of informed consent, confidentiality, anonymity and voluntary participation with the option of withdrawing at any research stage. Thereafter, the independent reviewing officers (IROs), team managers (TMs) and social workers were provided with project details to aid recruitment. In 2022–2023, qualitative research was conducted in a local authority in England. Purposive sampling, premised on Glaser and Strauss' (1967) concept of 'theoretical sampling', was significant because of its specific selection of participants with specific characteristics relevant to the study. Whilst purposive sampling is

a non-random sampling strategy and is considered open to bias and manipulation, a specific criterion sample was paramount to provide maximum insight and knowledge (Ary et al., 2010). The selection criteria for my study were: birth mothers of EMs; child protection and foster care experiences; local authority region. The uptake was low, but with the support of three black social workers and a Principal Social Worker, I was able to recruit six women to interview. This article is based on the experiences of an Asian mum, one of six mothers recounting experiences of racism in the social work context. The choice to solely focus on Miriam was a deliberate strategy to create research space for Miriam to freely express her feelings. Her narrative will later reveal how this right to freedom of expression was significantly constrained in the child protection and fostering contexts. There is also the danger of reporting on six cases as if it is one case study, perpetuating the narrative of homogeneity and overlooking the similar vet distinctly different racialised experiences of the mothers involved in this study.

I conducted semi-structured, video-recorded interviews, lasting between one hour thirty minutes and two hours in a purpose-built venue. The interview questions included details of child protection incidents with the social worker and safeguarding personnel; the workers' personal attributes, race and gender; the extent to which the mothers felt listened to, respected and included in decision making. Following the interviews, participants were debriefed, and interviews were Participants' details were stored with complete anonymity and pseudonyms were used in the reporting of data. Drawing on the principles of participation and empowerment, cultural considerations were given to the research design, reporting and analysis of key research findings. The decision to use CRT counter-storytelling methodology was a deliberate strategy as it aligns with cultural heritage and recognises the significance of oral tradition in the retelling of microaggressions (Nakaoka and Ortiz, 2018). Also, counter-story is a method of telling the stories of marginalised people whose experiences are rarely told (Solórzano and Yosso, 2002). Focussed on the lived experiences of mothers of EMs, counterstorytelling is a profound tool to disrupt the unfair ideological assumptions and negative portravals of them. They are frequently depicted as deviant, bad mothers, digressing from dominant discourses of good mothering (Lewis and Brady, 2018). My study draws on counternarrative, telling another person's story of racism using the first person's voice, instead of me, as a researcher, constructing narratives, which could misrepresent and cause further oppression.

Using framework analysis, familiarisation with the data was significant. Because I conducted the interviews and transcribed the data myself, it aided familiarisation with the data. Each transcript was read and re-read to further acquaint myself with the data. I used the interview schedule to elicit descriptive and explanatory accounts, looking for any themes that

may be developing. Initial themes and emerging sub-themes were written up. Applying indexing, themes were taken and applied to transcripts aiding qualitative coding. Keywords and phrases were highlighted to obtain basic codes. A framework of all major themes and sub-themes were outlined, which created a complex index of all the major sub-themes that arose throughout the fieldwork and data analysis. For instance, the invisibility of whiteness theme and exclusion, as sub-theme started to emerge from the interview and its transcription. The idea of white dominance was strengthened as a recurring theme emerging from all the mothers' narratives. Subsequently, a matrix was created whereby each column was listed as an initial theme/sub-theme and each row a transcript. Therefore, data were charted, summarised and rearranged into a discernible order (Spencer et al., 2014). Drawing on the insight gained from the mapping exercise, a thorough understanding of the overall picture was developed. Themes such as white dominance were explored; categories such as minority status were considered; and overarching narratives such as Eurocentrism and colonialism were linked back to the data. These were further elaborated in the themes discussed in the next section of this article.

Reflexivity was applied throughout the study as I was conscious of my ethnic minoritised status and how it could potentially influence how data were generated and reported. Being of South African heritage offered partial, insider knowledge into their socio-political realities. However, my knowledge was limited because I held a differential status as a child protection expert with no experience of being on the receiving end of safeguarding practices. To ensure the trustworthiness of the data, I sought clarification during interviews and provided direct quotes highlighting the participants' views.

# Limitations of the study

Given the sensitive nature and unapologetic use of emotion in my study, there is the problem of bias and subjectivity. Transparency was required and therefore, the research was revealed through written narratives that offered scope for an intensive description and analysis of a situation and meaning for those involved (Spencer *et al.*, 2014). Given the case study approach of focusing on the experience of one birth mother only, generalisability is limited. However, the intended goal is not to generalise, but to recognise the issue of transferability (Stahl and King, 2020) because similar experiences might be taking place in the experiences of other birth mothers subjected to comparable experiences of racism.

# **Key research findings**

# Vignette 1: Hostility and oppression in the safeguarding system

So, while I was waiting at the school gate, suddenly, there is a social worker calling my name. There are three of them, it was the social worker, and two police officers ... 'We are going to investigate the situation with your daughter Sammy'. I got a form. I asked, 'What is this form'? The social worker says, 'It's a section S20'. I asked, 'What is S20 for? Can you explain to me, and I want to know what is going on with my child'? The social worker said, 'No, I will tell you after this'. I think she was going to make a decision that day. And I said, 'What is section 20 by the way'? The social worker said, 'Oh, section 20 is that she is not coming back to you' (mum mimicking the pulling of SWK face in agitation). 'Why? I want to know what is going on'? And then the social worker slammed on her own thigh several times while she was shouting, 'SIGN THE FORM! It's getting dark, sign the form!' I said to them (mum breaking down in tears), 'I want a lawyer before I sign the form because I do not know what it is that'? 'It's getting dark! Sign the form!' (Mum sobbing). What is it you are asking me to sign? And the social worker said, 'Even if you are not going to sign the form, we are going to take away your child from you'. I asked, 'why'? The social worker from day one made a plan that she is going for long-term foster care. I said to them, 'Why, I've got a good job, I have a house, I am not a prostitute, I am not a drug lord, I am not a drug addict, I am not a rapist, I have a good reputation. Why are you taking her away?'

On the ninth, they did a medical exam. Even the doctor said, 'I can't find anything'. But the social worker said, 'No, the child said she it was like this, like that etc'. I said, 'what is going on?' I found out that my daughter was making an allegation against me, when the police interrogated me. So, I am living in the dark for the past two days. At the police station, I am shaking. I am praying 'Lord, what have I done'? She said that I hit her. This is all not true. I used a pan to hit her. I said to the police, 'Can you imagine a pan to hit? You would have seen a mark because it is a pan. She would have had broken ribs, by this time'. They said, 'I know, but we are just following the protocol'. After a month, the police report came back. The police said, 'You know what, there is nothing that we can find to say that you abuse your child. There is no further investigation'. I said, 'Thank God!' The police said, 'Just follow what the social worker say. Just follow. Don't fight with them because they can take your child away from you'.

# Vignette 2: 'Is it because I am brown, that's why I am treated like this?'

I am hiding my feelings for how many years. There is no freedom of expression because I am this colour, I am Brown, I am from X country and cannot express my feelings because I am this colour! Third world country! They always said the English conquered the world. I can't fight. They said, look for a solicitor, so I had to look for a solicitor. You know what? The solicitor, white people, they charge me £200 per hour. And he is white. He was asking me, 'Do you have £25 000 to begin with up, in the higher court, so your daughter can get back to you?' They are all White, I am the only Brown person. The IRO, foster carer, social worker, all are White and all saving the same thing. So, no matter what I have done, they are just following their plan. There are no other Brown people there. I struggle to explain because it is only me. Because normally, English people can express themselves, they don't care if they swear or not. But me, I am just being quiet and follow what they want. You know, I said to the social worker, 'You know, I come from a third world country. I am not born in England. So, this is not my speaking tongue'. I wish I can say what I want. Because people from my country, we are still respecting the officials, the judge. I always say to myself I need to respect them because they are in a position. But the thing is, I said to them that I can understand them if you speak slowly. But for them, I feel like I am an idiot. 'Oh, I think she needs an interpreter because she can't understand us'. I asked them, "Is it because I am Brown, that's why I am treated like this? Because of my colour? That is what I feel!' My social worker said, 'No, it is not. It is how we deal with the situation'. I still feel not confident. Probably, that is why they got the interpreter. And the interpreter is from my country as well. So, when I asked the interpreter at court what is the summary, she cannot remember. The thing is, they provided me with an interpreter, but it made me worse in the sense that the social worker is talking, the judge is talking, me is talking and every time someone is opening their mouth, it made me worse during the court hearing. My daughter has been handled by White people. They do not understand my culture. It is like my culture does not exist.

# **Data analysis**

Ignorance of the multi-faceted, intersectional layers of racism and oppression

When an individual occupies several marginalised intersections, their individual realities reflect social and structural systems of power, privilege and inequality (Wyatt et al., 2022). This study recognises the distinctly

different and deeply multi-faceted constraints which birth mothers of EMs face in statutory social work. Miriam held migrant status, and was employed as a migrant worker in a predominantly white, powerful, firstworld country. Being a foreign national, Miriam was aware of her racial visibility and temporal standing in the country. English, not her first language, created severe communication difficulties and diminished her capacity to articulate and process significant procedural details within the child welfare system. Miriam was unfamiliar with the English child protection and fostering systems, a complex welfare system that is harder to understand when there are no family or friends to explain how the system works. Maternal relatives lived abroad, and Miriam was raising her daughter in a foreign country without family support. Plus, having social services involvement carried stigma and shame, therefore reducing possibilities for reaching out to ex-pats for support and knowledge about the welfare system. Her only child was removed, and the significant loss was amplified in the cultural context of how children of EMs are viewed: in many communities, there is a strong belief that one's ancestors live on through their children. Thus, when they are removed, there are intense feelings of ancestral loss, associated failure and shame. Miriam's social standing was further diminished by the fact that she was a single mother, divorced from an outspoken White British man who knew how to assert himself in professional meetings, ensuring his views were upheld. Affording a suitable, private lawyer was impossible given Miriam's low income. Taken together, these compounded layers of oppression should be the vantage point used to understand the specific experiences of mothers of EMs within social work.

However, the reported lack of contextual understanding by many in child protection services has been highlighted as a problem in several academic studies (Broadhurst and Mason, 2020; Otterlei and Engebretsen, 2021). Social workers were conducting safeguarding services without a working knowledge of the deeply complex, multifaceted influences on culturally and language-diverse communities. Therefore, they are on the receiving end of culturally inappropriate services that have devastating consequences. Turning to the law courts for a fair legal representation is hardly a choice for most minoritized mothers who lack adequate finances. The research found the children of EMs were residing longer in foster care for longer periods of time and were less likely to be reunified with their families following local authority involvement (Adjei and Minka, 2018).

# Contemporary racism and oppression in child protection and safeguarding

It is essential that social workers intervene where there are real or perceived safeguarding concerns. However, researchers found that issues of

race, racism and Whiteness consciously or unconsciously impacted Child Welfare Services' ability to interpret, understand, relate and respond to minoritised parenting practices (Adjei and Minka, 2018). Both vignettes in the article provided compelling evidence of the insidious existence of racism in the child protection context. Racism can take on many different forms, including racial microaggressions, defined as subtle verbal, behavioural or environmental signals that communicate hostile, derogatory or negative racial insults towards people of colour (Solórzano and Yossso, 2002). Racialised microaggression was evident in the prolonged, deeply sensitive and terrifying dialogue occurring outside the school gates. In this situation, racialised child protection practices created a public scene that also construed Miriam as a dangerous individual, suspected of causing harm to her daughter. Publicly shamed outside an educational space, outsiders were also drawn into an accusatorial, private family matter where details were kept from Miriam.

Broadhurst and Mason (2020) found that racialised communities faced hostility, welfare inequalities and a lack of compassion in child protection services. Embodying racial oppression, the social worker paid no heed to Miriam's sheer panic and plight for information about Sammy. The not knowing and professional pressure placed on Miriam to sign the S20 form without knowing what it meant, illustrated Miriam's first-hand experience of hostility and oppression. Conscious of her ill-treatment, Miriam believed that racism played a role. She faced hostility and racial microaggression during the S47 investigation. Both the social worker and police attempted to silence Miriam during the S47 investigation. Being told not to contact any friends, denied Miriam a key opportunity of enlisting advocacy support at a time when the stakes were high. With English not her first language, Miriam required a supportive, tolerant space which allowed her time to process key details. Having English as a second language, Miriam required quality interpreting services, patience and understanding. Critical decisions were made by the social work team, police and paediatrician and only their voices were heard. In turn, denying Miriam a key opportunity of influencing the narratives that were told about her.

### Insidious nature of white dominance

Whiteness behaviour, through a Western ideology, has always considered 'White' as the marker for normalcy, importance and privilege (Mlcek, 2014). In many professional practice situations, Whiteness presents as the norm and manifests into actions of power and privilege within a professional context (Mlcek, 2014). Miriam's counter-storytelling made visible the invisibility of White dominance: the IRO, foster carer, social workers, police, lawyers, doctors and mental health practitioners involved in this

case were all White and racial oppression went unchallenged. For instance, the paediatrician's medical examination and police investigation could not corroborate child abuse, yet despite this lack of evidence, the social worker removed Sammy from her mother's care. Being threatened to sign the form, the social worker was working outside the professional boundaries of social work and abused her power. The police were complicit and tolerated this oppressive behaviour by not intervening when the social worker threatened Miriam to sign the form. There was a lack of sensitivity, similarly evident in the actions of the solicitor. On her own, Miriam was facing a powerful, all-White safeguarding workforce whose collective force contributed to Sammy being raised in foster care. Hardly surprising, Miriam saw them as Giants, who take children.

# **Critical discussion**

# The giants—whiteness, racism, oppression and deprivation

This study confirms existing reports of racism in contemporary social work, detailing its pernicious consequences on the lives of families of EMs. Also, through the lens of counter-storytelling, my data accentuated the debilitating effects of multi-layered levels of oppression depriving Miriam of critical opportunities for advocacy and fair representation. Arguably, the situation is further compounded by the dominant stereotypical view of migrants and asylum seekers. Stanfield and Stone's (2018) research found evidence of individual deep-seated stereotypes about migrants portraved as a criminal and economic threat, resulting in their discrimination. Therefore, affirming this article's position that the current welfare context is not neutral but a highly political space intertwined with larger issues of power, privilege and oppression (Buchanan and Wiklund, 2021). Social work assessments and interventions are rooted in normative White hegemonic cultures and knowledge, literally expecting ethnic minoritised families to model White hegemonic parenting (Adjei and Minka, 2018). Exposing the invisibility of whiteness, my data revealed the oppressive work practices of an all-white safeguarding workforce and the deleterious effects on mothers of EMs. White hegemony and pro-White normativity prevailing within safeguarding systems put families of EMs at significant risk of turmoil (Adjei and Minka, 2018).

# Carving a space for Sawubona in children's social work

Social work education has strong colonial roots which paid minimal attention to local knowledge systems and indigenous approaches to safeguarding matters. Causing gaps in the social worker's capacity to deliver culturally appropriate practices (Twikirize and Spitzer, 2019). In an increasingly diverse England, a culturally sensitive approach, rooted in emotional engagement was urgently required. I theorise that Sawubona, an Afro-centric philosophy has prominence: it elucidates, 'I see the whole of you'. Sawubona causes you to truly see the other person (their needs, merits, sorrows, and fears), impelling authentic understanding of individuals and their circumstances. Sawubona is about listening to other people without prejudice and giving them space for their voices to be heard. Adopting the Afro-centric principle of Sawubona could make a profound contribution. Demonstrating this Afro-centric philosophy in social work practice, the Sawubona model centralises the person within their socio-cultural context and establishes social work's professional values of equality, empathy, dignity, tolerance and respect. Sawubona instigates hope.

The Sawubona model (outlined in Figure 1), advocates that social workers SEE the whole person within their socio-cultural context, ACKNOWLEDGE the shock and sensitivity of the situation. See the individual's WORTH, their UNIQUE qualities, uncertainties and BEAR with the person. Creating OPPORTUNTIES for the individual's voice to be heard on a consistent basis. To NEGOTIATE, ensuring mutual care planning and keeping professional power in check. Be AVAILABLE and make available quality resources.

Sawubona as a practice model (see Figure 2) emphasises the significance of social workers truly seeing with profound insight how the multifaceted layers of oppression might impact birth mothers of EMs. In so

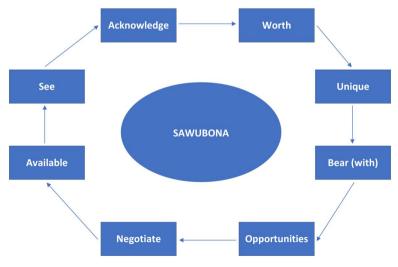


Figure 1. The SAWUBONA model.

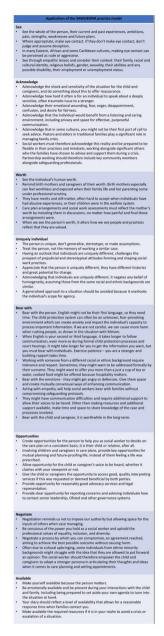


Figure 2. illustrating the application of SAWUBONA.

doing, gaining a deeper appreciation of their socio-cultural context and how children are viewed in within their ancestral beliefs. Sawubona gives importance to seeing the whole of the person: in the context of who they are, their strengths and weaknesses and individual positioning within broader networks. Therefore, highlighting that social workers need to have a contextual understanding of the situation and how the mother and child are impacted. Working with birth mothers in the child protection system is likely to trigger intense feelings of anger, frustration, grieving loss, bitter disappointment, and shame. Emotions are likely to run high as the situation was serious. Finding a private space and adopting a respectful, patient, and empathic persona instead of an overpowering figure, is pivotal because relationships are honoured. It is in these critical incidents that social workers could either alienate or develop collaborative relationships with birth mothers in statutory services.

Sawubona underpins the power of integrity and collaborative relationships. The role of birth mothers should be held in high esteem. In social work, some birth mothers are often ostracised and removed from the child's care planning (Larcombe, 2022). Sawubona acknowledges that birth mothers, like Miriam, are deserving of respect and a supportive welfare environment. Birth mothers of EMs should be treated as individuals without racial prejudice and stereotypical assumptions about their race, ethnicity, religious beliefs, language needs, income, nationality or residential address. How social workers speak about birth mothers when they are not in the room, carries weight and likely influences other people's perceptions and treatment of her. Social workers are encouraged to create space, listen, and provide equal opportunities for advocacy and fair legal representation. Instead of marginalising, social workers should be part of a workforce enabling birth mothers to feel empowered, that they have significance and are integral in the child's life, even when the child is fostered or adopted. Sawubona values the legacy of birth families and key community members such as religious and local expatriate communities: they are the gateway to integration, reunification, linking the child to the wider ethnic minoritised community.

### Conclusion

This article focused on Miriam's lived experience of statutory social work and found compelling evidence of contemporary racism and oppression in children's social work. The data revealed the perilous effects of an all-White safeguarding workforce. Consequently, Miriam was stuck in an adversarial system, terrified to speak out due to fear of reprisal. Hence, resulting in her feeling unable to exercise freedom of expression (Human Rights Act 1998, Article 10). Having racial representation in the safeguarding workforce, including on the senior management level, is fundamental. Such positions offer power and leverage, enabling staff from ethnic minoritised backgrounds and like-minded colleagues to challenge normative whiteness and hold staff accountable for unethical

practices. This article explained the urgent need for an updated, culturally sensitive social work approach. Introducing Sawubona, an Afrocentric model, it embraces safeguarding principles balanced with a working knowledge of ancestral, parental and socio-cultural contexts relevant for children's social work with ethnic minoritised communities.

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# **Publication of figures**

The author created the Sawubona model and therefore does not require consent to use the figures for publication, online and in print and in perpetuity.

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