



# Taking a stand against racism: The urgent need for SAWUBONA in child protection and foster care social work

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## ABSTRACT

There is a distinct lack of research on the experiences of birth mothers who had their children removed by Children Protection Services. This article draws on qualitative research that was conducted in 2022–2023 with six ethnic minoritised mothers involved in children social work in England. Due to wordcount restrictions, the paper focuses on the narrative experiences of two birthmothers using Critical Race Theory's (CRT) counter-storytelling methodology to recount their racialised and oppressive experiences in statutory social work. Using Intersectionality as analytical framework, key findings exposed the invisibility of White dominance and the devastating consequences of racial oppression. Urgent change was required, and key findings influenced the design of SAWUBONA, an Afro-centric culturally sensitive original model built on indigenous knowledge and cultural values. Implications for practice include the recommendation for an immediate integration of indigenous practice models in English Social Work, ethically reflecting the needs of culturally and linguistically diverse communities.

“Sawubona” – an ancient Zulu greeting and philosophy signifying, “I see you; you are important to me, and I value you”.

## 1. Introduction

There is extensive research highlighting a rapid rise of UK Black families experiencing systemic racism and poverty (Edmindston, 2022; Bywaters et al., 2019). Families of ethnic minorities are commonly facing greater structural inequality, living in temporary accommodation, and regularly using foodbanks (Joseph Rowntree Foundation, 2022). They were likely to experience discrimination and disproportionate child welfare intervention (Webb et al., 2020). The role of birth mothers has prominence and should be held in high esteem. However, birthmothers are often ostracised and removed from the child's care planning (Larcombe, 2022).

This article is driven by the research questions: what are the statutory social work experiences of birthmothers from ethnic minority backgrounds and how culturally appropriate are interventions within child protection and foster care services? Much of the UK research has focused on the majority White population. However, understanding the women's experiences of their child (ren)'s removal from their care

within the context of their ethnicity, is crucial yet under-researched. Existing, scant research highlighted an increase in reported racism and oppression in children's social work (Webb et al., 2020; Fallon et al., 2013; Hyslop and Keddell, 2018). Further inequalities in Social Care are recognised in the harsh reality that Black and other children of ethnic minorities are most likely to be in care system (Edney et al., 2023). They resided longer in foster care for extended periods, with minimal chance at reunification with their family after local authority intervention (Adjei and Minka, 2018).

Moreover, the powerful existence of large systems of power and white privilege is rarely considered in statutory social work with birthmothers from ethnic communities. Ethnic minoritised birthmothers have distinguishing markers of difference, characteristic of their race, ethnicity, immigration status, social class and language skills which profoundly impact their experiences of statutory social work (Author, 2024). Thus, to what extent are they impacted by the dominant influences of structural inequalities in relation to race, racism, ethnicity, class, and gender division in statutory social work? Adopting Critical Theoretical perspectives such as Intersectionality and Critical Race Theory (CRT), the study analysed the domineering influences of power, White privilege and the interlocking structures of race, racism, oppression, and inequalities. Drawing on CRT's counter-storytelling

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methodology, the article presents the lived experiences of two birthmothers within child protection and foster care services. Viewed through an intersectional lens, this focus amplified actual examples of the pernicious effects of racism and structural inequalities intensifying the adverse experiences of ethnic minoritised birthmothers in children's social work. A framework approach was applied, and key findings confirmed racial oppression and the urgent need for culturally appropriate models of social work with ethnic minoritised families. Drawing on my African heritage and child protection expertise practiced in South Africa and England, I developed an original model and theorises that the Afro-centric philosophy of Sawubona could make a profound contribution in British social work.

This article starts with a background context, followed by a discussion of the theoretical frameworks underpinning this research study. Thereafter, I provide a concise description of the research methodology and data analysis. Key findings are highlighted, followed by the application of SAWUBONA as a model of practice to demonstrate how this framework can be applied to enhance the quality of social work practice. The paper concludes with a concise summary.

## 2. Background Context: The child welfare system in England

Social Work in England is a highly regulated profession providing a fundamental service in the safeguarding and the protection of vulnerable children considered to be at risk or potential risk of significant harm. The Children Act 1989 is one of the main frameworks of child protection and safeguarding practices, establishing the threshold of 'significant harm' for compulsory intervention in family life concerning reported cases of child abuse and neglect. Other key legislation in England includes the Children Act 2004 and the Children and Social Work Act 2017 mandating requirements around duties of care to children.

During assessments, if a child is deemed to be at risk, a child could be taken into voluntary care for a continuing period of more than 24 h through Section 20 of the Children Act 1989. Or the social workers could instigate care proceedings under S47 of the Children Act 1989 to investigate safeguarding concerns. Thereby, involving other professionals such as teachers, police, healthcare practitioners and local-authority appointed lawyers who likewise have a statutory duty of care. If there is actual harm or the likelihood of harm is established, the child becomes subject to a court order and placed in foster care, adoption, or residential care. In this instance, the local authority becomes the corporate parent and holds parental responsibility. However, an Independent Review of Children's Social Care discovered that families of ethnic minorities reported suspicion and mistrust of the social care systems, believing their different cultural norms were not considered in social work practices (MacAllister, 2022). Furthermore, a survey conducted by What Works for Children's Social Care found that almost one in three social workers reported that they have witnessed racism directed towards families or service users, either by colleagues or managers on more than one occasion (Gurau and Bacchoo, 2022).

The actual reality that racism and oppression has been reported in various children's social work cases provokes concern. Frankly, it should not happen at all, but it does (Author, 2024). Racist social work practices breach the professional code of ethics (BASW, 2014), Professional Capabilities Framework (PCF) that set professional standards of practice and the embedded principles of Anti-oppressive practice (AOP) and Anti-discriminatory practice (ADP) promoted within the social work profession. AOP recognises the interchange of power and power inequalities impacting life chances and the need for a practice that actively lessen or eradicate oppression through empowering practice (Dominelli, 2002). ADP characterises the action taken to challenge and obstruct any form of discrimination against individuals and communities (Dominelli, 2002). Combined, AOP and ADP are fundamental social justice principles in social work, advocating that all people, irrespective of their circumstances, are treated with dignity, humanity, professional respect, and inclusive practice (Author, 2021). Despite these key principles of

AOP and ADP advocating equality, inclusion and diversity, racism still prevailed in social work.

### 2.1. Terminology

On the use of terminology in line with the government's directive (Race Disparity Unit, 2022), I use the term ethnic minority to refer to a group of people from different ethnic minority backgrounds. However, where research studies cite term BAME, I will use this terminology to accurately report on research studies. This article acknowledges that birthmothers of ethnic minorities are not a homogenous group, especially given their unique experiences of racial and ethnic identities linked to their Black African, Black Caribbean, Black British, mixed ethnicity, and Asian heritages. However, they are members of a distinct and internationally diverse group of people who share a common history which held a common vulnerability to social stereotypes (Rosenberger, 2013). In circumstances when someone holds multiple marginalised identities, their individual-level experiences reveal socio-structural positions of power, privilege, and inequality (Wyatt et al, 2022). Their shared experiences of forms of racism, oppression, language skills, social class inequalities and migrant status reinforced their longstanding marginalisation within a predominantly White child protection and foster care contexts (Author, 2024).

### 2.2. Racial disparity, wider structural influences, and state interventions

Racial disparity refers to an inequality in a group's representation in the child welfare system, whereby a proportion of one group in the child welfare population is proportionately larger or smaller than the population of the same group in the general population (Dettlaff and Boyd, 2020) Racial disparity can occur at every stage of decision making by key professionals such as social workers, the police, legal professionals and so forth. It can give rise to the over-representation of children from a particular ethnicity; Black children tend to be most significantly impacted by racial disparity (Dettlaff and Boyd, 2020). Current research found that a link between poverty, social care intervention and ethnicity (Bywaters et al., 2020). This argument is reinforced recognising that Black and Asian children, on average, are given the most interventionist form of Social Care involvement; they were likely to have a supervision order, often outside family settings and placed into residential care homes. Conversely, an adoption order was commonly used for white or mixed ethnicity children raised in family settings (Edney et al., 2023). This important exception was furthermore mirrored in a higher proportion of Black and Asian children being given a<sup>1</sup>secure accommodation order or a<sup>2</sup>deprivation of liberty order (DLO). These higher-end state interventions positioned them outside the family home and into institutions such as a children's home, a residential placement, or an educational facility supposedly for the purpose of continuous supervision (Edney et al., 2023). The way the current welfare system operated, it constructed conditions for the potential institutionalisation of Black and Asian children and youth. Scholars also found that their cases took longer to complete (Edney et al., 2023).

Existing research largely focussed on outcomes of social care interventions, but we don't know the extent to which statutory social work interventions and family court judiciary amplified existing disparities within children's social work or mirror these inequalities. An understanding of the factors that establish these inequalities is imperative to

<sup>1</sup> Secure accommodation order, under section 25 of the Children Act 1989 authorises that a looked after child under the age of 16 is placed in secure accommodation on welfare grounds if the child is likely to run away from any other type of placement or likely to injure themselves or someone else.

<sup>2</sup> Deprivation of liberty order makes it lawful for a child to be deprived of their liberty, authorising any restrictions are set out for children of any age requiring high levels of care and supervision.

be considered by practitioners, policy makers and family court officials. A one-size-fits-all policy cannot be applied given the complex, diverse and intersectional nature of people's circumstances, especially ethnic minorities, many who are migrants residing in England, a predominantly white, first world country. Human lives are complex and multi-dimensional, shaped by wide-ranging factors and social dynamics which heavily influence people's lived experiences (Wyatt et al., 2022). It is important that parenting experiences are considered within wider inequality, including poverty, housing, and injustice (Adams and McCarthy, 2020). However, scholars found this was not the case, paying little heed to how structural challenges diminished parenting capacity. What's more, Euro-centric parenting ideals of 'good parenting' caused further complications, clashing at the intersections of race, culture, and child welfare policies (Gupta and Blumhadt, 2016). Reportedly, strict disciplinary practices are used by many Black families, but systems criticised and construed it as punitive and inappropriate (Arditti et al., 2010).

### 3. Theory

This article problematises social work practice with ethnic minoritised families, highlighting controversy, contradictions, and tensions regarding notions of race, power, and professional conduct in children's social work. Drawing on Critical Social Work theories, the aim of this article is to identify and explain how larger social structures and systems of power generate oppression (Green et al., 2016) and the marginalisation of ethnic minority communities (Payne, 2014). This study gives prominence to the racialised and oppressive experiences of birth mothers from ethnic minority backgrounds within the English child welfare system. Critical theory has significance because it examines the extent to which larger social, historical, and ideological factors affect individuals, while at the same time, equipping ethnic minorities with the capacity to challenge and resist systems that exert oppression and discrimination (Wyatt et al., 2022). It critically examines the source of knowledge, the enforcement of law by professionals and its consequences on families of ethnic minorities.

Critical Race Theory (CRT), under the framework of Critical theory has relevance because it centralises race and racism, offering an empowering space and language through counter-storytelling methodology to expose individual prejudice, the normalisation of whiteness, and systemic racism predominating social structures (Bonillia-Silva, 2017). CRT recognises the interlinking nature of racialised oppression and the layers of subordination intersecting at race, gender, class, immigration status, surname, accent, sexuality and phenotype (Solórzano and Yosso, 2002). Intersectionality (another key theory under the Critical Theory umbrella), has bearing; it provides insight into the profound ways that multiple forms of inequality compound themselves, creating obstructions which are rarely prevalent in mainstream thinking (Crenshaw, 1989). In centralising the lived experiences of discrimination and oppression, this study adopts an individual and intersectional lens, demonstrating the destructive impacts of multiple oppressions experienced by birth mothers of ethnic minorities.

### 4. Research methodology

The methodology was deliberately chosen to create a research space that allowed for cultural considerations of storytelling and the unapolgetic use of emotion expressed by ethnic minoritised mothers. Historically, traditional social science paradigms have often misrepresented or overlooked marginalised groups and their concerns about racism (Rodriguez, 2006). Also, cultural deprivation theories were often constructed in a language of failure and deficit, regularly influenced by racial stereotyping (Solórzano & Yosso, 2002). Scholars such as bell Hooks (2003) called for the creation of new forms of knowledge and oppositional viewpoints, contesting the dominance of power and racial structures permeating social institutions and reproducing inequalities.

The intentional use of counter storytelling methodology has cultural connotations as it aligned with the oral tradition of retelling micro-aggressions (Nakaoka & Ortiz, 2018). Consequently, providing critical space for the re-telling of stories recounted by marginalised people whose experiences are rarely told. This is important in my study, as counter storytelling provided birthmothers with an empowering space to use their voice. By implication, contesting the prejudicial ideological assumptions and negative portrayals of them. Race-based theories such as CRT provides a specific language and space for ethnic minorities to voice experiences and gain visibility in academic discourse (Solórzano et al., 2000). Through CRT counter storytelling methodology, it constructs a convincing framework exposing how prevailing conceptions of race sustain relations of dominance, repression and injustice (Modiri, 2012).

Qualitative research was conducted in 2022–2023, whereby purposive sampling was used to recruit participants. The participant selection criteria were outlined as follow: birth mothers of ethnic minorities; child protection and foster care experiences; local authority region. The ethical principles of informed consent, confidentiality, anonymity, voluntary participation, and the right to withdraw at any research stage underpin this study. Once ethical approval was granted by the university and a local authority in England, Senior and key staff members, such as the Directors, independent reviewing officers (IROs), Team Managers (TM) and social workers were provided with project details to assist with the recruitment of participants. Although the uptake was low, I was able to recruit six women with the support of three black social workers and a white Senior Manager. Held in a local studio, I conducted semi-structured interviews (1 h30 to 2 h long) with mothers who were involved in child protection and foster care services.

Following the data collection, framework analysis was applied to analyse empirical findings. Each transcript was read and re-read, aiding familiarisation with the data. Using the interview schedule, descriptive and explanatory accounts were elicited that indicated developing themes. Thereafter, initial themes and emerging sub-themes were written up. Applying indexing, transcripts were labelled using themes which aided qualitative coding. The key words and phrases were highlighted to obtain basic codes, which constructed a complex index of all major sub-themes that became the framework for data analysis. For instance, the invisibility of whiteness theme and exclusion, as sub-theme started to emerge from the interview and its transcription. Consequently, charting data, summarising, and rearranging data into a distinct order to construct an overall picture of key findings discussed in the results below.

## 5. Results

The data analysis revealed three key themes: adversarial child welfare system; racism and microaggressions in contemporary social work; and the dominance of Whiteness and social class inequalities operating within children social work.

### 5.1. Adversarial child welfare system

Statutory social work interventions are extremely intricate, vital safeguarding services. Under S47 of the Children Act 1989, key professionals such social workers, the police, teachers, and health professionals must work together to safeguard and protect vulnerable children. However, in carrying out these safeguarding duties, research reported a fundamental increase in hostile, racialised child protection experiences amongst ethnic minorities (Fallon et al., 2013; Hyslop and Keddell, 2018). Affirming this key argument, my empirical data illustrated the extent of hostility and adversarial practices in child protection investigations. When interviewed, Miriam stated:

"So, while I was waiting at the school gate, suddenly, there is a social worker calling my name. There are 3 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”. 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”...So, I am living in the dark for the past two days. On the 9th, 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. She said that I hit her. This is all not true. 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”. Don’t fight with them because they can take your child away from you” (Author, 2024:10).

This counter-storytelling provided compelling evidence, affirming existing research that ethnic minorities experienced hostility and a lack of compassion in child protection services. Demonstrating a complete lack of empathy and void of critical insight, the social worker paid no heed to Miriam’s sheer panic and plight for information about her only child, Sammy. The withholding of crucial knowledge about the reason for social work involvement and not explaining what a S20 meant, underscored oppressive practices and anxiety provoking experiences outside the school gate. Complicit in Miriam’s ill-treatment, the police failed to intervene and instruct the social worker to explain the purpose of a S20. She was in a double bind, because not only is English not her first language, but she was also told by the police not to contact any friends, denying Miriam a significant opportunity of enlisting advocacy support at a time when the stakes were high. Vital, life-changing decisions were made by the social work team, police, and paediatrician, and their voices were only heard. Her only child was subjected to a S47 investigation and taken to an emergency placement without Miriam’s approval or knowledge of her whereabouts. For a sustained period of 48 h, Miriam waited for information, and it was during the police interview, that she discovered the nature of allegations. Completely denying Miriam a crucial chance to influence the narratives that was told about her.

Miriam required a supportive, tolerant space which allowed her time to process key details. Instead, she found herself in a lengthy, deeply sensitive, and petrifying discussion occurring outside the school gates. Put simply, racialised child protection practices caused a public scene which painted Miriam as the stereotypically unsafe individual, suspected of causing harm to her daughter. Given no privacy, in this situation she was publicly shamed outside the school and onlookers were also drawn into an accusatorial, deeply sensitive welfare matter. Pointedly, the right to privacy, freedom of information, confidentiality and ethical values were breached in Miriam’s circumstances.

## 5.2. Racism and microaggressions in contemporary social work

Racism can be covert and overt, manifesting in many forms including racial microaggressions that comprises, subtle verbal, behavioural, or environmental signals distinguished in hostile, derogatory, or negative racial insults towards people of colour (Solorzano, 2002). Researchers such as Adjei and Minka (2018) found that issues of race, racism, and

Whiteness, whether consciously or unconsciously, greatly impacted safeguarding professionals’ ability to interpret, understand, relate, and respond to minoritised parenting practices. Conscious of her ill-treatment, Miriam believed that racism played a role when she stated:

asked my social worker, “**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 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

Charmaine, another birthmother also believed that racism had a profound impact when she stated in an interview,

It started when I broke up with my ex-husband. He left me with 4 kids all under 10 years. So, sometimes I was struggling, you know. I was drained. So, the Social Services said they want to help me. But they didn’t come to help. They were controlling. They were telling me, do this, do that. Social Services took me to the court. We’ve been to the family court. The judge decided that the kids should stay with their father because the kids seem to be happy when they are with their father, other than when they are with me. You know, I was a single mother, struggling, no help – nothing. But Social Services, the one I was thinking was coming to help, they were the ones who made the things worse, you know. They’ll be blaming me. When I cry, they say, “Look at you! Look at the way you cry! How can you look after the kids? You can’t! You have no ability to look after you kids. (\*mum sobbing in interview) You’re not fit. You are depressed, you need to go to the GP (mum wiping tears streaming down her face). Go to the GP! They pushed me to go to the GP. I went to the GP, they put me on antidepressants. That medicine, when I take it at night, I can’t sleep. When the social workers came, oh, it was horrible! They treat me badly. They would go “Can you show me where the kids sleep”, they go there saying the room was smelling like wee. They would open the fridge to see if there is food in the fridge, they go round the house. So, I didn’t feel I was treated good. **To be honest, I did not hear anything from their mouth, but from their actions I can see that they were racist.** As a single mum, I need to do this, I need to do that. I can’t be always sitting on the floor playing with kids. There is a time to play, there is a time to eat, there is a time for this and that. So, when they come, they impose on you to be playing, they need to show you how to be playing. How can someone show me to play with my kids?

In Charmaine’s narrative, there were numerous examples of racialised microaggressions in her interactions with the social workers during child protection and foster care services. Although not verbalising any overt racist slurs, Charmaine identified the numerous subtle verbal aggressions and demeaning treatment of her, during social work visits. The lack of respect, judgmental attitude, and derisive actions of the social worker during a family crisis, were in breach of social work’s ethical principles. Charmaine identified painful moments when she felt misjudged by Euro-centric expectations of how birthmother’s ought to parent. Her belief coincides with existing research which reported that birthmothers felt that their actions were specifically judged by high expectations of idealised good mothering (Rothkirch and Janhunen, 2010). In Charmaine’s circumstances, this reality is reflected in the social worker’s assessment focus on play and how normative White hegemonic knowledge of child development theories informed social work interventions. Losing sight of the tight grip of poverty impacting the extent to which single, ethnic minoritised mothers could find time to play whilst raising children in poverty. Illustrated in other research, the mothers faced increased surveillance, social control, and punishment in response to their mothering practices (Roberts 2022).

### 5.3. The dominance of whiteness and social class inequalities

Being white has always been seen as a marker of normalcy, importance and privilege (Orbe and Harris, 2008). Whiteness behaviour has always viewed 'White' as the standard for normalcy, importance and privilege (Mlcek, 2014). Which in turn, constructed Whiteness as the norm, often visible in the display of power and privilege within a professional context (Mlcek, 2014). The disclosure of Charmaine and Miriam's counter-storytelling exposed the invisibility of White dominance: the IRO, foster carer, social workers, police, lawyers, doctor, and mental health practitioners were all White. When there is a lack of racial representation, in such a milieu racial othering is established and racial oppression goes unchallenged. How is it that the IRO allowed the social worker to keep Sammy in emergency placement and later foster care, despite the lack of police and medical evidence? When Miriam was pressurised and threatened to sign the form, the police did not intervene, allowing the social work to work outside professional boundaries. There was an emotional disconnect, a particular lack of emotional sensitivity evident in the actions of the solicitor too. To elaborate, Charmain explained:

"Then, they're sending me to the solicitor, because we went to the court more than 4 times. They (social workers) find the solicitors themselves. When you go to the solicitor, the solicitor does the same. If I make a statement, tomorrow he would change it before we go to the court. In his best interest. I don't know how to confront them because I'm fearing because maybe I could be arrested.... You are my solicitor – what are you doing about my case? The solicitor would not even fight for me (wiping tears)".

Miriam voiced similar concerns when she reported:

"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 saying 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".

As divorced women, Charmaine and Miriam raised their children in a single parent household. As single parent they were on low income with no family support. Affording a good, quality solicitor services was impossible. Thus, the option of relying on the law courts for a fair, quality legal representation was non-existent given their lack of adequate finances. On their own, Miriam and Charmaine were confronted with an overpowering, all-White safeguarding workforce whose cumulative power have contributed to their children being raised in foster care, without much prospect of reunification.

## 6. Discussion

### 6.1. The pernicious effects of racism, oppression, and whiteness

This study confirms the existence of racism, oppression, and white dominance in contemporary children's social work. Demonstratively, Charmaine and Miriam's accounts challenged any taken-for-granted assumptions of equality, inclusion, and diversity experienced by some birthmothers from Black African and Asian communities. Both narratives recounted painful, humiliating, and unethical practices perpetrated by safeguarding professionals in different contexts of working. Rendered powerless, both Charmaine and Miriam were on the receiving end of inconsiderate, harsh practices that made them felt devalued, inferior, and incompetent as mothers. Through the lens of counter-storytelling, my data accentuated the debilitating effects of a White, oppressive workforce depriving both mothers of critical opportunities for advocacy and fair legal representation.

Moreover, my findings exposed the invisibility of whiteness, evidencing pro-White normativity and Eurocentric ideals of parenting, placing birthmothers of ethnic minorities under extreme pressure. The dominant stereotypical view of migrants and asylum seekers could not be ignored, as research evidence found that individual, deep-seated stereotypes about migrants, cloud professional judgment and practices (Stanfield and Stone, 2018). The findings of my own research demonstrated that social work assessments and interventions are rooted in normative White hegemonic cultures and knowledge. Other researchers also found that motherhood was habitually perceived through a predominantly white, middle class and Euro-centric lens (Carolan et al., 2010). This reality was reflected in Charmaine's narratives about the social work visits to her house and their criticism of the lack of play they perceived to be absent in her parenting. Moreover, deficit narratives on Black families prevailed, establishing stereotypes of dysfunction (Bernard and Gupta, 2008). Therefore, affirming this article's key position: the current safeguarding milieu is a highly political space which mirrored deep-seated inequalities underpinning large systems of power reproducing racism, disadvantage, and oppression.

### 6.2. The significance of seeing the person within their context

There is a reported lack of contextual understanding by many professionals working in child protection services (Broadhurst and Mason, 2020; Otterlei and Engebretsen, 2021). It is troublesome that social workers were conducting safeguarding services without a working knowledge of the deeply complex, multifaceted influences impacting the circumstances of birthmothers from ethnic minority backgrounds. The counter-storytelling narratives of both mothers affirmed that firstly, their individual cases were not a solitary experience, but that both women were deeply impacted by harsh, destructive realities of racism, oppression, white dominance, and social inequalities within the child protection and foster care contexts.

This article acknowledges the uniquely different, yet overlapping corresponding experiences of deeply complex, multi-faceted, adverse constraints placed on birth mothers of ethnic minorities in statutory social work. Both were migrants, resident in a predominantly white, powerful, first world country. Despite residing in the UK for over 20 years, they were both aware of their racial visibility and non-UK status in the country. They experienced communication difficulties, with English not being their first language. Therefore, complicating the extent to which they could process important information and communicate in a complex, formal child welfare system where the stakes were high. To exacerbate the situation, both were unfamiliar with the English child protection and fostering systems, a terrifyingly complex welfare system that is extremely difficult to comprehend. Worsened when there are no family or friends to explain the system. Their family resided overseas, and after their divorce, both women were raising their children in a foreign country without family support. Plus, social services involvement carried stigma and shame. Thus, diminishing the prospect of asking advice and support from ex-pats.

Indeed, Charmaine and Miriam were in a dreadful situation. Their children removed from their care without having a fair chance to afford private legal fees and fight for their children. Their low socio-economic status and the poor quality of free legal representation by social work-appointed lawyers, significantly curtailed any chance to fight for their human right to family life. Their children were removed and placed into foster care. This significant loss was exacerbated in the cultural context of how children of ethnic minorities are viewed: there is a strong belief that one's ancestors live on through their children. Also, in many communities, children are considered to have economic value, providing for the rest of the family in later life; this includes looking after relatives in old age. Thus, when children of ethnic minorities are removed, there are intense feelings of ancestral loss, associated feelings of failure and shame. In the safeguarding context, they felt marginalised and gender discrimination since both their ex-husbands seemingly were granted

greater agency and voice in professional meetings and court proceedings. Instead of providing empathic social work services, both women were caught in a hostile, harmful system that reproduced racially and gendered discriminatory experiences. The lack of cultural insight and ignorance of indigenous values compounded the situation. Given the gravity of their circumstances, the key findings emphasised the urgent need for the original design of a culturally sensitive approach to children’s social work with ethnic minorities. It was important that professionals truly see the person, not only judged by past mistakes or present conduct, but fully recognising the stringent impact of multiple layers of oppression inhibiting parenting capacity and the mothers’ agency in children social work. It required an intersectional lens as vantage point for professionals to be empathic and truly see the person within their socio-cultural existence. This insight was lacking, evidenced in how Miriam and Charmaine were treated. Because of this, the key findings influenced the original design of the SAWUBONA practice model, discussed below.

6.3. Establishing the Afro-centric space of the SAWUBONA model in British children’s social work

Social work as a profession is predicated on white, Westernised, middle-class values (Mlcek, 2014). Rooted in colonialist, white hegemonic ideals, the prevalence of normative whiteness, white privilege, and lack of racial representation in the social work workforce, has created a significant gap in practice knowledge and understanding of the cultural practices and lifestyles of ethnic minorities. Often lacking, is a working knowledge and appreciation that people’s lives and the type of lifestyle they lead are culturally dependent. Without this working knowledge of cultural practices, Eurocentric-driven social workers can hold incorrect assumptions and make stereotypical judgements about behaviours with devastating consequences, as evidenced in the circumstances of Charmain and Miriam.

Although Eurocentric social work education and training promote AOP and ADP, there is a growing academic body of research revealing

reported racism in children’s social work. Within the context of their children’s removal, Charmaine and Miriam are real life examples, affirming previous research findings explaining how hostile, adversarial experiences of the child welfare system could cause birthmothers feeling that life has become unmanageable (Broadhurst and Mason, 2020). Their grieving loss has obliterated their capacity to perform daily tasks (Kenny et al., 2015). Whether it was unintended, undoubtedly, such a brutal, accusatorial welfare context reproduced racism, emotional wounding, marginalisation, inequalities, and deprivation.

In an increasingly diverse England, there is a pressing need for an updated practice model that is relevant and appropriate for social work with ethnic minorities. When social workers truly see the person in the context of their lived experiences, it provokes greater emotional sensitivity, critical insight and culturally appropriate responses for practice decisions and models of working. This position is grounded in Sawubona, an Afro-centric philosophy rooted in emotional engagement and esteemed value of human relationships. Being South African, I am cognizant that Sawubona elucidates, “I see the whole of you”; it causes you to truly see the other person (their needs, merits, sorrows, and fears). In view of my own empirical findings alongside a growing body of academic research reporting increasing racialised child protection services, a culturally sensitive approach, built on indigenous knowledge and cultural values was urgently needed. Drawing on my African heritage, I developed the SAWUBONA practice model, an Afro-centric culturally sensitive approach which could make a profound contribution in British social work. The SAWUBONA model demonstrates this Afro-centric philosophy in social work practice: it centralises the person within their socio-cultural context and enhances social work’s professional values of equality, inclusion, empathy, dignity, tolerance and respect. Requiring empathic insight, SAWUBONA impels authentic understanding of individuals within their ancestral, socio-cultural context and recognises the effects of multi-faceted layers of oppression. SAWUBONA advocates listening to other people without prejudice, allowing space for their voices to be heard. It instigates hope, amid adverse circumstances Fig. 1.

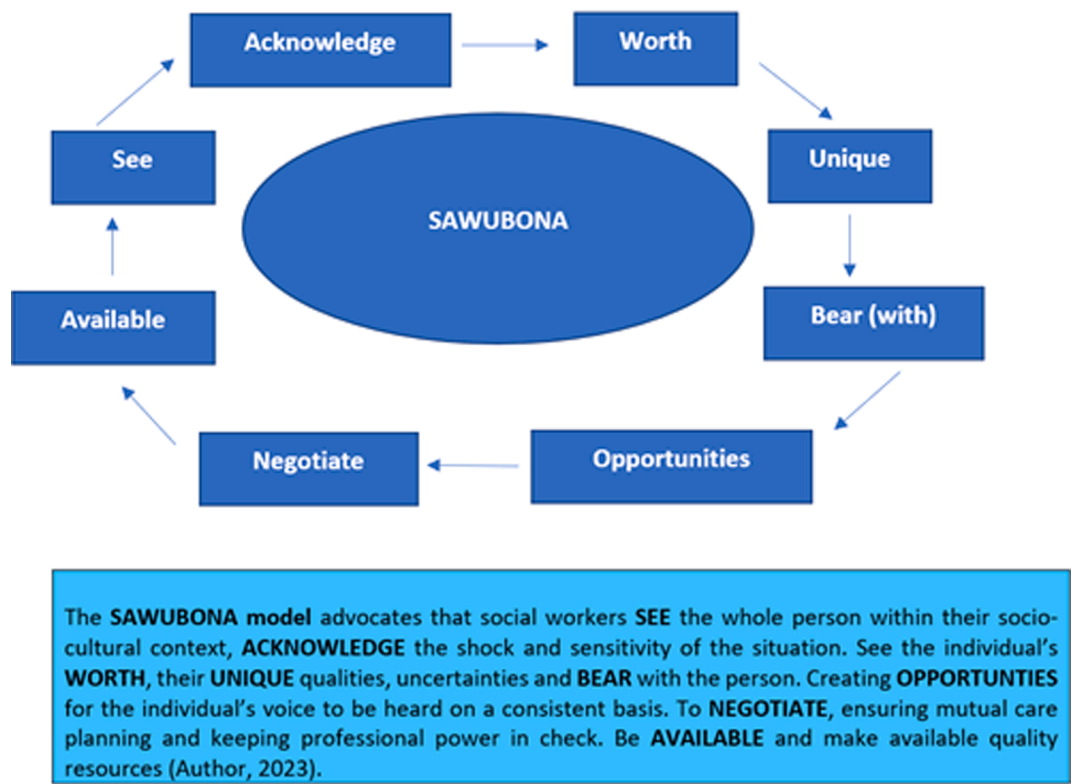


Fig. 1. The SAWUBONA MODEL.

#### 6.4. Application of SAWUBONA to children's social work with birthmothers of ethnic minorities

The global definition of social work defines social work as a practice-based profession and an academic discipline, underpins the principles of social justice, human rights, collective responsibility, and respect for diversities (IFSW, 2014). SAWUBONA recognises that birth mothers, like Charmaine and Miriam, are deserving of respect and should be treated as an individual without racial prejudice and stereotypical assumptions about their parenting capacity, race, ethnicity, religious beliefs, language needs, income, nationality, or residential address. Practising SAWUBONA, social workers are reminded that how they speak about birthmothers when they are not in the room, carried influence and could cloud professional judgments of others and their

treatment of them. Instead of humiliating and side-lining birthmothers as evidenced in my study, social workers are professionally trained to empower and let birthmothers know they are significant and integral in planning their child's life, even when the child is fostered or adopted. SAWUBONA holds in high esteem the legacy of birth families and key community members such as religious leaders and local expatriate communities. They are the passageway to reunification, inclusion and connecting the child to the wider ethnic minoritised community.

Social workers practicing SAWUBONA, sees the whole of the person not only through the lens of the referral, but within the context of who they are, their strengths and weaknesses and individual positioning within broader networks. By having a respectful demeanour, whereby professional power is kept in check, it could potentially soften difficult dialogues with birthmothers, whilst the social worker never loses sight

### Application of the SAWUBONA practice model

#### See

- See the whole of the person, their current and past experiences, ambitions, pain, strengths, weaknesses and future plans.
- Where appropriate, make eye contact. If they don't make eye contact, don't judge and assume deception.
- In many Eastern, African and some Caribbean cultures, making eye contact can be perceived as rude or aggressive.
- See through empathic lenses and consider their context: their family, racial and cultural identity, religious beliefs, gender, sexuality, their abilities and any possible disability; their employment or unemployment status.

#### Acknowledge

- Acknowledge the shock and sensitivity of the situation for the child and caregivers, and do something about this to offer reassurance.
- Acknowledge how hard it often is for an individual to speak about a deeply sensitive, often traumatic issue to a stranger.
- Acknowledge their emotional wounding, fear, anger, disappointment, confusion, and desire for fairness.
- Acknowledge that the individual would benefit from a listening and caring environment, including privacy and space for effective, purposeful communication.
- Acknowledge that in some cultures, you might not be their first port of call to seek advice. Pastors and elders in traditional families play a significant role in managing family crisis.
- Social workers must therefore acknowledge this reality and be prepared to be flexible in their practices and mindsets, working alongside significant others who the families have chosen to advise and support them during a crisis. Partnership working should therefore include key community members alongside safeguarding professionals.

Fig. 2. Depicting the application of SAWUBONA.

**Worth**

- See the individual's human worth.
- Remind birth mothers and caregivers of their worth. Birth mothers especially can feel worthless and exposed when their family life and her parenting come under professional scrutiny.
- They have merits and still matter, often hard to accept when individuals have had abusive experiences, or their children were in the welfare system.
- Care plan arrangements and social work assessments must reflect the mother's worth by including them in discussions, no matter how painful and final these arrangements were.
- When we see the person's worth, it alters how we see people and practices reflect that they are valued.

**Uniquely individual**

- The person is unique, don't generalise, stereotype, or make assumptions.
- Treat the person, not the memory of working a similar case.
- Having an outlook that individuals are uniquely different, challenges the prospect of prejudicial and stereotypical attitudes forming and shaping social work practices.
- Appreciate that the person is uniquely different, they have different histories and great potential for change.
- Acknowledging that individuals are uniquely different, it negates any belief of homogeneity, assuming those from the same racial and ethnic backgrounds are similar.
- A generalised approach to a situation should be avoided because it overlooks the individual's scope for agency.

Fig. 2. (continued).



**Bear with**

- Bear with the person. English might not be their first language, so they need time. The child protection system can often be an unknown, fear-provoking environment which can create anxiety and impact the individual's capacity to process important information. If we are not careful, we can cause more harm when rushing people, as shown in the situation with Miriam.
- When English is your second or third language, it takes longer to follow communication, even more so during formal child protection processes and court hearings. It might take longer for you to get the information you want, but you must bear with individuals. Exercise patience – you are a stranger and building rapport takes time.
- Working with someone from a different racial or ethnic background require tolerance and respect. Sometimes, they might want to be addressed formally by their surname. They might want to offer you more than a just a cup of tea or water, cooked food might be offered because hospitality matters.
- Bear with the emotions - they might get angry or defensive. Give them space and create mutually consensual ways of enhancing communication.
- Acting with empathy, will help social workers bear with families without compromising safeguarding protocols.
- They might have communication difficulties and require additional support to allow their voices to be heard. Other than making resources and additional support available, make time and space to share knowledge of the case and processes involved.
- Bear with the child and caregiver, it is worthwhile in the long-term.

**Opportunities**

- Create opportunities for the person to help you as social worker to decide on the care plan on a consistent basis; it is their child or relative, after all.
- Involving children and caregivers in care plans, provide key opportunities for mutual planning and future-proofing life, instead of them feeling a life was prescribed.
- Allow opportunity for the child or caregiver's voice to be heard, whether it clashes with your viewpoint or not.
- Give the child or caregivers the opportunity to access good, quality interpreting services if this was requested or deemed beneficial by both parties.
- Provide opportunity for reasonably good advocacy services and legal representation.
- Provide clear opportunity for reporting concerns and advising individuals how to contact senior leadership, Ofsted and other governance systems.

Fig. 2. (continued).

### Negotiate

- Negotiation reminds us not to impose our authority but allowing space for the inputs of others when case managing.
- Be conscious of the power you hold as a social worker and uphold the professional values of equality, inclusion, and diversity.
- Negotiate a process by which you can compromise, an agreement reached, aiming to achieve the best possible outcome without causing harm.
- Often due to cultural upbringing, some individuals from ethnic minority backgrounds might struggle with the idea that they are allowed to put forward an opinion. The social worker should therefore empower the child and caregivers to adopt a stronger persona in articulating their thoughts and ideas when it comes to care planning and setting appointments.

### Available

- Make yourself available because the person matters.
- Be emotionally available and be present during your interactions with the child and family. Including being prepared to set aside your own agenda to tune into the situation at hand.
- Your diary should reflect a level of availability that allows for a reasonable response time when families contact you.
- Make available the required resources if it is in your realm to avoid a crisis or escalation of a situation.

Fig. 2. (continued).

of the safeguarding concerns that require investigation. Because the stakes are high (Charmain and Miriam at the time were losing their children to the state), emotions are likely to run high. The situation was serious, birthmothers are bound to get angry, feel frustrated, bitterly disappointed, and shameful. Insightful social work practice was required, whereby social workers maintain an empathic, professional persona and not taking the emotional outbursts as personal anger directed at them. That is why, finding a private space and adopting a respectful, patient, and empathic persona could have better outcomes in the long-term for social work visits with birthmothers. This stance is in stark contrast to the overpowering figure of the social worker who confronted Miriam outside the school gates. In practicing SAWUBONA, all relationships are honoured; social workers could either alienate or develop collaborative relationships with birth mothers in statutory services.

SAWUBONA won't have all the answers to the devastatingly painful, racialised and oppressive experiences of Charmaine and Miriam. However, this culturally sensitive model identifies key factors that establishes a working knowledge of working with ethnic minority families. The SAWUBONA practice model highlights the significance of social workers developing profound insight, truly seeing birthmothers within the context of their adverse, multi-faceted layers of oppression that constrain their capacity to parent effectively. Through this intersectional lens, social workers might gain a deeper appreciation of the debilitating challenges impacting parenting capacity. Charmaine and Miriam would have benefitted from SAWUBONA's intersectional lens, which might

have offered a more friendly, empathic, supportive social work approach that ensure birthmothers are adequately empowered in formalised meetings where the stakes are high. SAWUBONA compels you to truly see the person, requiring that social work assessments are accurately presenting children of ethnic minorities as ancestral and cultural beings. Documenting in reports what the children stand to gain with social work placements, weighed against what they also stand to lose, including their family heritage, family bond, and ancestral loss when going into foster care or adoption. In turn, SAWUBONA demands greater sensitivity and considered efforts by the state as corporate parent, to show culturally sensitive practices that honour the significance of these cultural ties within any social work placement, if children were removed from home.

In promoting social change, social work education needs to include culturally competent modules, preferably designed by academics of ethnic minority backgrounds to establish a working knowledge of social work with ethnic minorities. Indigenous knowledge should be valued, and social work educators, practitioners and policy makers should refrain from adopting a deficit ideology when working or interacting with individuals from diverse backgrounds. Their rich, cultural heritage, academic credentials and innovative practices are often overlooked, or devalued at best. Consequently, missing critical moments for knowledge exchange and hybrid practice, naturally embodied in ethnic minoritised academics Fig. 2..

## 7. Limitations of the study

Because of the sensitive nature and unapologetic use of emotion in my research, the potential for bias and subjectivity were key issues for consideration. In addition, in view of my own ethnic minority status, reflexivity was crucial. I was raised in South Africa during Apartheid, a harsh, destructive segregationist system which created my first-hand experiences of severe racism and oppressive socio-political realities. However, my experiences of the social work system in England were distinctly different because I held a differential status as a child protection expert with no experience of being on the receiving end of safeguarding practices. Reflexivity was applied throughout the study and to ensure transparency and the trustworthiness of the data, I regularly sought clarification during interviews and provided direct quotes highlighting the participants' views.

Given the precise focus and use of a case study focusing on a local authority, it limits the generalisability of findings. However, the intended goal is to not to generalise, but 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 similar incidences of racism. The methodology enabled rich, in-depth written narratives that offered scope for an intensive description and analysis of a situation and meaning for those involved (Spencer et al., 2014). Consequently, the use of counter-storytelling enables me to tell another person's story of racism using the first person's voice, instead of me, as researcher, distorting narratives which could cause further oppression.

## 8. Conclusion

This article is based on my current empirical research with six birth mothers of ethnic minorities in the context of child protection and foster care systems. Exploring the research question, 'What are their experiences of social work and how culturally appropriate are interventions during child protection and foster care services', the writing examined the extent to which the dominant influences of structural inequalities in relation to race, racism, ethnicity, class, and gender division impacted their statutory social work experiences. This study uses Critical Theoretical perspectives such as Intersectionality and Critical Race Theory to identify and analyse the domineering influences of power, White privilege and the interlocking structures of race, racism, oppression, and inequalities. Key findings revealed the invisibility of White dominance and how racist and oppressive practices went unchallenged with an all-White safeguarding/ child protection workforce (i.e., social workers, police, doctor, social work appointed lawyer). The article acknowledged that more than ever, we needed a change in how we conduct social work, especially with racially and ethnically diverse communities. Drawing on my African heritage and child protection expertise practiced in English and South Africa, I introduced the significance of SAWUBONA and how it could be applied in children's social work. The article recommends the design of culturally competent modules relevant for social work with individuals from ethnic minority background.

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## Data availability

The data that has been used is confidential.

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