Parenting isn't easy in a racialised society: decolonising childcare practice.

Abstract

This study examines the harm and the disempowerment experienced by Black Global Majority (BGM) mothers using Critical Race Feminism (CRF) theory lens (Delgado and Stefancic, 2017, Ogunwole et al., 2023). It considers the impact of entrenched Westernised mindsets and approaches related to 'good enough' parenting on BGM mothers in the UK by social workers. Conley (2003) outlines four elements of 'good enough': meeting children's health and developmental needs, prioritising children's needs, providing routine and consistent care, and acknowledging problems while engaging with support services. Although the case studies illustrated no failure to meet these requirements the researchers acknowledge the need for Children Services intervention but question the efficacy of the service they received and question the role of systemic racism in the interactions.

The study noted systemic neglect and emotional abuse, with social workers engaging in defensive practices, leading to excessive disproportionality in experiences across ethnic groups and punitive interventions to address concerns. It highlights the challenges faced by BGM parents and emphasises the need to decolonise childcare practices and the necessity of cultural humility. The papers findings and discussion should be utilised to enhance social work practice, better support BGM parents, and improve child outcomes.

Keywords: Critical Race Feminism Theory, interventions, assessment, decision-making, cultural humility.

Teaser text: Navigating parenting within a racialised society presents unique challenges, arising from systemic biases to cultural expectations. This article explores how these factors impact parenting practices and explores actionable strategies for decolonising children's social work. By examining the intersections of race, culture, and gender, it offers insights into creating more equitable social work practices. The paper delves into practical approaches to address racial disparities and cultivate supportive, culturally responsive practices that empower both parents and children. This research provides valuable perspectives for educators, parents, social workers and policymakers committed to transforming children's social work through a decolonising lens.

Introduction

Despite the Commission on Race and Ethnic Disparities report 2021 asserting there is no institutional racism in the UK, it is well documented that individuals from Black and Global Majority (BGM) backgrounds experience frequent acts of microaggression (Pierce, 1970; Sue et al., 2007), as well as institutional (colonial) racism (Carmichael and Hamilton,1967; Macpherson,1999) and the experience of parenting is not exempt, raising the question of whether these embedded attitudes and behaviours are reflected in the practices of professional social work in the UK.

The Professional Capabilities Framework (PCF), expects social workers to be anti-oppressive, person-centred, relationship-based, engage in reflective practice, and understanding how cultural awareness informs their decision-making, it is unclear how effectively the PCF led to anti-oppressive service provision. This study examines the

experiences of four BGM mothers in two neighbouring London Local Authorities. The study aims to assist social work practitioners and students improve their practice, with BGM women when providing the support they need to parent in a manner that results in best outcomes for the children. The objective was to explore the lived experiences of BGM mothers when Children Social Services are involved in their lives.

Parenting capacity judgements in the UK depend critically on the definition of 'good enough' parenting, deriving from the notion of the good-enough mother (Winnicott, 1953); defined as one who demonstrates an ability to adapt to the child's needs. This socially constructed concept of a 'good enough mother' is informed by cultural norms founded on White Western-centrism which is inherently discriminatory and dismissive of diverse and differing values, leading to flawed decision-making about what is best for children. Baroness Hale of Richmond stated: 'It is not enough that the social workers, … or the court think that a child would be better off living with another family. That would be social engineering" SB (Children) [2009]. These concerns, although legitimate, overlook the social construction of a good family which is similarly informed by a Western-centrism perspective.

The paper cites the current state of knowledge before discussing the empirical research. The literature presents differences in cultural norms and values between parents and professionals, in relation to approaches to addressing 'challenging behaviour', as reported by Brophy et al., (2003). Highlighting the findings of others, Sue et al., (2007) explained the presence and role of racial microaggressions in human interactions with

people from different races and cultures. Bernard and Gupta (2008), stress the need for cultural humility, moving away from White Western-centric views of parenting being superior which will give insight into the emotional and practical needs of children and families.

Literature Review

At systemic or individual social worker level the UK Children Services, do not act in the best interests of BGM parents. Research identifies a disproportionality in the experiences of BGM groups in social care; namely an overrepresentation on child protection plans, extended periods of being looked after, and less likely to receive child in need (CiN) support (Ahmed et al., 2022; Bruster et al., 2019). These findings were supported by Bansal et al., (2022) who found that tensions around power, identity and knowledge lead to inequalities in service access, experience and outcomes; while Brophy et al., (2003) reported that some minority ethnic parents saw state intervention in parenting as a complete anathema.

Cornish's (2024) study evidenced racism and oppression in contemporary children's social work. Bernard and Gupta (2008) concluded that *"the child protection system that exists in Britain will be unfamiliar to many African families, especially those more recently arrived, as similar state systems do not exist in most African countries'' (p481).* Overall, at a systemic level, there is a need for approaches to be explicitly anti-oppressive and anti-racist (Bansal et al., 2022). At an individual social worker level, Whittaker and Havard (2016) found that social workers 'unquestionably' engage in defensive practice due to blame culture (Munro, 2019). This coupled with bias regarding the childcare and familial practices of other

cultures can lead to risk averse interventions including over-emphasising problems which can lead to the unnecessary removal of a child. White Western-centric social work approaches risk reinforcing the pathologisation of Black mothers, presenting them as deficient and in need of corrective intervention (Adjei and Minka, 2018).

Existing literature on BGM mothers and children social work is often US based, although literature from the in the UK (Bernard and Harris, 2019 and Nayak 2020), has begun researching Black women's experiences in child protection. Currently the literature raises concerns about the quality of childcare, social work assessments, and social workers' capacity for analytical and critical thinking pertaining to BGM mothers, where a lack of cultural sensitivity exacerbates the challenges they face (Turney and Ruch, 2021).

This study contributes to social work practice by addressing aspects of ineffective intervention with BGM mothers in the UK, utilising Critical Race Feminism (CRF) theory a tenet of Critical Race Theory (CRT) (Henry, 2021; Pratt-Clarke, 2012). Incorporating CRF simultaneously enhances practice effectiveness and promotes equity, cultural sensitivity and humility, advocacy for justice in addressing and improving service delivery for marginalised populations.

Methodology

The researchers are British born, BGM mother, Social Work practitioners and academics, with lived experience of being referred to Children Service for initial parenting assessments (Mackay, 2023). Their cases were closed with no further action necessary, which MacAlister (2022) found to be a common occurrence. According to Strauss and Corbin (1998), when researchers have similar life experiences, they have deeper insights

into what is being described by study participants and can increase sensitivity and be more attune with the relevant issues and data. The researchers have limited insider status regarding the level of social care contact; however, belonging to the same racial group offers an insider perspective. Being an insider of the participation demographic could raise questions about the subjectivity of the study regarding the interpretation of the data or it could lead to researcher bias. To mitigate this possibility, the researchers employed a specialist NVivo research assistant based in Africa. This assistant independently identified the themes from the video recorded transcripts providing a greater objective perspective (Breakwell et al., 2012).

The positionality of the researchers informed their adoption of Critical Race Feminism (CRF) theory (Delgado and Stefancic, 2017; Ogunwole et al.,2023) that underpins this paper, as it combines insights from critical race theory and feminist theory to address the intersections of race, gender, and other social identities, seeking to explore and challenge the prevalence of racial inequality in society. The theory creates a comprehensive understanding of how multiple forms of oppression intersect and are embedded in societal structures and norms. Focusing on developing strategies for social change to combat these interlocking systems of inequality, based on the unique experiences of BGM women. Ultimately, Critical Race Feminism seeks to dismantle the structures that perpetuate racism and sexism, promoting policies and practices that empower and uplift BGM women. These cultural and social contexts were carefully considered to ensure the research was respectful and inclusive of Black women.

Using critical race feminist theory challenges the White Western-centric and androcentric tenets of appropriate methodology by embracing knowledge sharing practices that BGM women adopt in their daily lives. Accordingly, the study used a collective case study methodology (Stake, 1995), in which the transcripts of multiple interviews were analysed to generate a broader appreciation of the experiences of BGM parents who encounter Children Services' intervention. Yin (2009) asserts that the case study methodology, can assist in the exploration and examination of specific everyday real-life settings, while Keen and Packword (1995) argue that case studies are useful when considering questions about how and why a particular intervention succeeds or fails.

Having previously undertaken research on the experiences of Black mothers, both researchers sought to further investigate emerging themes which indicated that Black women were treated as 'other mothers' (Keel, 2016). The four women in the study had previously sought professional advice from one of the researchers because they had believed that as a Black mother and social worker, she would empathise with their plight (Weekes et al., 2024). Thus, they were invited to participate in a formal research study and were provided with information about the purpose and process of the study and informed that their anonymised data would be published. Each woman provided informed consent as part of the ethical process. The research scope extended to mothers who had experienced different social work interventions: Child in Need, Child Protection, Looked After/Accommodated (Section 20 or 31, Children Act 1989) and child(ren) placed for adoption. The researchers recognised the potential emotional harm that could occur from retelling these experiences and implemented a minimum of 3 year time lapse of the intervention for a mother to participate. There was also consideration of risk to reputation,

so their confidentiality was safeguarded through anonymisation and secure handling of data to protect their identities, to avoid the risk of recognition. This selection process and ethical considerations aligned with a 'convenience and purposeful' sample approach, (Kumar, 2011; Robson, 2002)

Sensitive topics were approached with respect to minimise the risk of emotional distress, with participants given sufficient time and support during and after the interviews. The interviews took place in venues they requested, two in their own homes, two in a neutral venue. The audio and video recorded semi-structured interviews, explored each participant's experience of parenting in the UK, social work interventions, impact of intervention, and the mothers' views on social work skills, with each mother being asked to tell their story about the social care involvement in their life. The transcripts were analysed using NVivo (version 12) producing a coding structure (Table 1). A thematic analytical method resulted in two umbrella themes (Assessment & Basis of Decision Making) and five sub-themes (Intervention, Follow-up of Intervention, Impact of Intervention, Emotional Distress and Rapport Building).

Table 1 Coding structure

Table 1 Coding structure**Name**	Case 1	Case 2	Case 3	Case 4	No. of service-users that mentioned the theme	No. of times the theme was mentioned across interviews
Rapport Building	*	*	*	*	**4**	16
Active listening	*	*		*	3	5
Being on time				*	1	1
Privacy & confidentiality	*	*			2	4
Empathy	*		*	*	3	3
Responsive		*		*	2	3
Assessment	*	*	*	*	**4**	69
Basis of decision making	*	*	*	*	**4**	60
Gathering information		*	*		2	6
To understand needs		*	*		2	2
To understand strengths		*	*		2	5
'Best fit' intervention		*	*		2	8

Information was not collected	*	*		*	3	13
Gaps were not understood	*	*		*	3	10
The culture was not understood		*	*		2	3
User's views were not taken into account	*			*	2	6
Not so 'best fit' an intervention	*	*		*	3	7
Sharing information	*		*	*	3	9
Intervention	*	*	*	*	4	32
Follow-up of interventions	*	*	*	*	4	8
Impact of involvement	*	*	*	*	4	30
Emotional distress	*	*	*	*	4	23
Loss of employment	*				1	4
Attachment difficulties	*				1	9
Self-doubt			*		1	1

Case Summaries

Mother K.

56 years old, Black British Caribbean descent, practising Christian, though she wears her hair in dreadlocks. K and her husband live apart together (LAT); with both partners living in separate homes (Duncan and Phillips, 2010; Levin, 2004). Thus, K adopted two siblings as a single applicant. A former Children Centre manager with 38 years employment experience of childcare prior to adopting a former disabled children's foster carer.

K's eldest child disclosed to a schoolteacher that he and his sister were physically chastised by his parents, and that he did not feel safe; the decision was made to place the children in foster care and immediately initiate care proceedings, under Section 20 of the Children Act 1989. Court ordered psychologist reports revealed that the son had Foetal Alcohol Syndrome, Attention Deficit Hyperactivity Disorder and other emotional difficulties. After eight months, a judge return both children to K's care, denying the local authority a care order. K decided to homeschool both her children, as her son had struggled in school while in foster care, with the school labelling him unmanageable. Surprisingly, despite the initial concerns that had led to the children's removal, Children Services made no attempt to monitor or support the children or parents on their reunification.

Despite the years between social work involvement and the research interview, K was visibly emotionally distraught recounting her experience, due to the impact on her personal and professional life. It is noteworthy that, at 21, the son had moved out to

live in another city, and the adopted family had a distant relationship with him. Her daughter continues to struggle with being separated from her mother and K was never able to work in childcare again despite the reunification, and no action taken by the courts.

Mother M.

M is British Indo-Asian, a converted Christian raised as Hindu. Estranged from her family, having married a Black African man whom she subsequently divorced due to domestic abuse.

M worked in Further Education. She successfully parented her university attending son but struggled parenting her younger daughter. Despite support from school and her social network, M could not manage the teenagers behaviour, who alleged that M had physically assaulted her. The assessment did not substantiate the allegation, but as the daughter was unwilling to work with her mother and the social worker, she was accommodated under Section 20 of the 1989 Children Act – residing with family, friends and foster carers.

M reported that her initial interactions with Children Services were very supportive, but a change of social worker led to oppressive practices based on age and religion. This led to the alienation of the daughter and mother and caused the daughter's behaviour to further spiral out of control. At the time of the research interview, the daughter was embarking on university studies, despite having been prosecuted for a serious offence, (contextual safeguarding framework factors appear to be evident in this case). M reported that she had experienced a mixture of good and poor social

work practices.

Mother A.

From southwestern Africa, A is married, with three daughters (two in primary school and one in high school). At the time of interview, her nephew had recently left her care to go to university – she had never openly disclosed that he was her nephew, and not her son. A is a practising Christian, her husband is Muslim. She worked shifts as a theatre nurse with her husband being the main carer.

The referral came from the school based on an allegation from the youngest daughter that her father had smacked her. The schoolteacher allegedly carried out a physical examination of the child, while A was in theatre; her husband was prohibited by the social worker from collecting the daughters due to the allegation. His unfamiliarity with the UK childcare system led to him, inaccurately being deemed angry. Following the initial home visit, Children Services instigated a Children Act 1989 Section 47 Child Protection investigation, resulting in a three-month child protection plan. Despite suggested interventions, no services were provided to the family.

A reported that her husband felt disrespected by the social worker who had a lack of understanding about their culture. The couple as a result, were subjected to a disempowering rather than enabling experience. It was assumed that they understood the UK system, thus no information about the processes and procedures of UK child protection was provided.

Mother C.

C is a West African married mother of four children, the two eldest diagnosed with severe autism. C's husband is an engineer, and she is an accountant.

Due to the disability of their two sons, the family had carers. On request for additional support to help with their severely disabled eldest sons, C was astonished to find that they were removed from the family and accommodated under Section 31 of the Children Act 1989, based on the perceived inability of the parents to cope. One son was placed in the North England, the other in South-East England. As the family lived in Greater London, and had two young children living at home, the distance and consequent expense meant that they struggled to see both sons regularly, needing to take it in turns to visit.

During the interview, C's body language conveyed a clear sense of bewilderment. She expressed a belief that it was her lack of knowledge of the UK childcare system that had led to their request for help, which resulted in the loss of her children. C reported that the social workers demonstrated little insight into the needs of the two younger children still at home, including their sense of loss.

Data analysis summary

The data gathered was analysed and six key themes emerged in connection with the fundamental processes and results of professional practice. The emotional discomfort that participants in these processes endure is also given special consideration. The themes are examined to revealing the wider ramifications for practice and service delivery.

1. Basis of decision making

Social work assessment models significantly influence the outcome of social work process. Bolger and Walker (2018) posit the nuance and complexity of undertaking assessments, highlighting the variance among practitioners on how to undertake a good assessment, which was evidenced in the mothers' interviews:

> *"[the social worker] fired a whole range of accusations…it was quite clear the view had been formed, …There was no room for discussion on how things had been and what had led up to this and what his needs are." –Mother K*

> *"…we then had a social worker come to the house, met with me, and met with my daughter…to assess the situation, assess the environment she lived in, and make sure that she was safe." –Mother M*

> *" So, they came. Did the investigation. They took the girls, took them upstairs, and talked to them " –Mother A*

> *'I just said something like my son is going to maybe do something, and I think they heard that, and then the next day or so they were there at my doorstep. They just took him.' - Mother C*

Mothers M and A depict instances of social workers undertaking an ecological assessment, seeking views from all involved parties subsequently identifying needs and strengths. These mothers believed the social workers assessed their needs and identified root causes. Conversely, Mothers K and C describe assessments that were not conducive in gathering useful information to help them, leaving both families feeling that they'd experienced an accusatory process. The impact of these varying approaches was felt by the families. Mother C who was struggling to cope with her disabled children believed the

social workers did not ask clarifying questions to understand the real issues behind her cries of not being able to cope. The social workers, working with Mother K, rightly focused on the children's safety, based on a disclosure of physical chastisement resulting in legal proceedings. The court ordered additional assessments on the children, revealed that the children had genetic developmental delays and learning difficulties related to their time with their biological family, that had not been shared with Mother K. The significance of this information undoubtedly influenced the court outcome, of the children being rehabilitated home with no order. It is fair to deduce that had information about the birth family history been included in the initial assessment when the disclosure was made, the decision to pursue the legal pathway may have been averted and a more supportive approach adopted.

> *'…What was known about my son was a long history of mental ill health within the family. So, his birth parents, his grandparents [were] schizophrenic…' – Mother K*

Mother A's social worker appeared to demonstrate cultural superiority regarding parenting practices. Albeit concluding that the mother intended to correct behaviour and not to mistreat the child, she was dismissive of the communication style of the family, which was believed to be a cause for concern,

> *"We are African, … Our tone is sometimes, it's really very loud. And the people from here, they'll think like you are shouting on them which is not how we take it." – Mother A*

1.1 Rapport Building

The social workers' professional conduct during the initial contact played is significant in establishing rapport and setting the tone for the interaction. The mothers mentioned that social workers' behaviour was essential for building a good rapport.

> '… So, she was asking us questions but not making eye contact with us… She was like two finger typing thing and she was so noisy with it. And it makes you wonder how much of it she was listening, how much she was missing… she was very defensive, very sort of argumentative at some point as well. And she didn't put herself in a position where she was open to having a discussion with us…" –Mother M

Based on previous professional experiences with adoption social workers and services Mother K expressed a change of perspective. Her deduction being that social workers appeared to have preconceived judgements from the outset of the assessment. She required assistance with her situation but expressed her disappointment and lack of confidence:

> "… I worked very much in partnership with social workers…so always had a positive view… And then the referral came. I went in, and in walked a social worker…She glared at us and …it was at that point I thought, oh my goodness, this is not what I thought it would be." –Mother K

Building rapport was not always linked to the direct work of the social workers but sometimes to the quality of provision they sourced for the family. Mother C needed help in managing her two teenage autistic children, who were initially cared for at home by carers.

> '… some of the carers that came in were not really adequate enough…either they would come late, or they would come with some issues...even telling me some of their problems…. I just didn't have that real support I thought I would get." –Mother C

Adhering to privacy, such as obtaining consent before sharing personal information with third parties, is crucial for strengthening rapport. Confidentiality builds trust; without it, service users may withhold information which was the case with Mother M's daughter who disengaged with a meeting at college where her confidentiality was breached by the social worker to her personal tutor.

Mother M described one of their social workers as *"very responsive and easy to get a hold of"* in completing an initial assessment and co-producing an action plan. When her daughter did not engage with the plan, the social worker followed up with meetings to assess additional needs. Conversely, Mother C believed the social worker needed to be more responsive, and to reduce the time-lag in effecting requested changes. Her children were placed in residential provision at a substantial distance from home which hindered family contact.

> *"...we have told them that …. we're getting older, I can't do that journey. My husband, he just can't do that journey… So, they are bringing him to us…It took like six months to a year probably." –Mother C*

Mother K, was separated from her adopted daughter abruptly, with a lack of consideration to her or her daughter's emotional wellbeing:

> *"I think I collapsed...I couldn't get up and move. The security then wanted to lock the office up and said, you know, you really just have to go outside." – Mother K*

2.0 Assessment

The study evidenced the significance of a social worker's professional conduct during the assessment process.

2.1 Intervention

Having their views and opinions taken into account influenced the mothers recollections of the quality of the interventions.

> *"Part of the conversation at that time was that they were going to accommodate the children… And I couldn't give permission…His experience had been, age four, four foster placements before he came to us. And so, I had always promised him from day one, I would never ever give up on him…" – Mother K*

Mother K's perspective appears to have been maligned despite her insight into the needs of her children. Incomplete information prevented social workers from determining the most suitable intervention as the decision to accommodate her children was based on a disclosure of physical chastisement from one child. The second child did not disclose, and there was no supporting medical evidence. Similarly, Mother C's insight into the holistic needs of the family were dismissed when the decision to place the children a distance away was made. In hindsight Mother C described her faith in Children Social Care as naïve, hindering her decision making. Her recollection of events did not demonstrate advice was provided.

> *" … looking back, I didn't have much knowledge of anything. …you know, when you're under stress and, you know, at the time I just felt okay, that was it… So, because we didn't have the information, we didn't have any power whatsoever. I don't think I knew my rights or anything… at the end of the day, I would have loved to stay with my children. - Mother C*

When social workers have a clear understanding of the presenting needs they can better identify the appropriate intervention. The social worker, for Mother M, established that the young person was safe at home and supported the mother in identifying strengths within the family and utilising them to repair the parent-child relationship.

> *"she was able to get us to talk to each other, which was the barrier between me and my daughter…that was very helpful…and also brought in my son…he almost has a calming relationship influence on my relationship with my daughter. So, she brought him in to see how having him in these discussions helped." – Mother M*

Unfortunately, Mother A was offered support in finding alternative methods to managing a 'bossy' child, but the support did not materialise, and the case was closed at the first child protection review:

> *" … And they just told us that smacking is not allowed in this country… Or just when you smack your daughter and leave a mark, it's not acceptable, which we took on board..." - Mother A*

2.2 Follow-up of interventions

The mothers had different experiences, of follow-up assessment and support meetings and the review of the progress of the intervention plans. A comprehensive child protection plan, followed by a child-in-need plan, had been developed to support Mother A and the children. However, the social worker visited the children only twice out of six possible visits in the timeframe of the three-month. Only one child protection meeting and only two

child-in-need meetings were held. Further, a parenting class was never found for the parents, the play therapy didn't occur.

> *"Nothing was done because the plan was every 10 days for someone to come home. I think someone just came once... And the play therapy for my youngest one who disclosed, nothing happened."* –Mother A

Mothers K and C reported inadequate opportunities to discuss concerns about interventions once they were implemented. The absence of at the social workers did not organise any visits to discuss matters, while Mother C, requested that social workers review the decision to place the children in residential care so far from the family, but received no support in assisting with contact visits. Once the Care Order lapsed, the children returned home exhibiting the same behaviour issues, but, again, no support was provided.

> *'...so, this started off in May. The first time a social worker visited my home was in October, on the day they returned my daughter."* – Mother K

> *'... Nothing, even when I raised the issue, I would like reviews. There wasn't really any support.* –Mother C

2.3 Impact of involvement

All the mothers shared experiences of psychological harm following Children Services' intervention. Despite having her children returned, Mother K faced challenges resuming work due to concerns from her professional regulators about her suitability to work with children. Years later, during the research interview, she displayed emotional distress and seemed overwhelmed by painful memories of the accusations.

Social workers were described as patronising, evoking an emotional outburst from a child's father during a CiN meeting.

> *'... he was very, very upset and then he was really loud... He was upset because that*
> *social worker was involved, she was there as well.' –Mother A*

It was not just the actual intervention that impacted the mothers and their families. The lack of clarity about the reasons for the interventions left many unanswered questions, resulting in heightened levels of distress, as did the inconsideration of the mothers emotional state during communication that relayed distressing information. This included being told that children were going onto child protection plan. Children are also negatively affected by ineffective social work intervention which can have prolonged implications as illustrated below.

> *"I couldn't leave the room.... She had never slept in my bed, as a baby, but she*
> *wouldn't go in her bed. If I took her to school in the morning, I would have to promise*
> *her that it was me that was picking her up" – Mother K*

2.4 Emotional distress

Social work processes, including how parents are treated, appeared to trigger emotional distress, as illustrated by expressions of physiological and emotional distress including fear, difficulties in sleeping, frustration, self-doubt and isolation. The mothers attributed this to specific behaviours traits of social worker such as; prejudice, controlling behaviour, withholding information, failure to listen, breaching confidentiality, patronising attitudes and insensitivity.

The accounts do not depict the families as partners in the process with social workers appearing to use their implicit authority to quieten, control and coerce families to comply.

Discussion- decolonising childcare practice.

CRF provided a framework for this study to examine how systemic racism shapes lived experiences within social, political, and institutional contexts (Delgado and Stefancic, 2017; Ogunwole et al.,2023). By focusing on the ways racism is embedded in laws, policies, and societal norms, CRF allowed the researchers to explore how these structures influenced the Black mothers' access to resources, opportunities, and justice by centring their voices and perspectives regarding their challenges which may otherwise be overlooked or misunderstood.

The systemic racism that permeates social work practice and education results in a deficit approach to working with BGM mothers. CRT offers social workers a tool for examining racial disparities in all areas of social work from a broad perspective (Kolivoski, et al.,2014). Epistemic injustice means that BGM mothers remain 'othered' in literature and the absence of cultural humility in practice keeps BGM mothers oppressed and deemed inadequate. Better ethical decisions and results can be achieved when CRT is incorporated into decision-making processes, particularly where White practitioners interact with BGM mothers (Trahan and Lemberger,2014). This was demonstrated in three of the four cases, in that the children remained in their

mother's/parents' care after the intervention, with no ongoing support. In his survey of practitioners' perceptions of 'good enough' parenting, Conley (2003) claims that "the ability to parent in a 'good enough' manner [in the] long term" has four elements: (a) meeting children's health and developmental needs, (b) putting children's needs first, (c) providing routine and consistent care, and (d) acknowledging problems and engaging with support services. In all four cases in this study, there was no evidence of failure to meet any of these requirements. Thus, it is reasonable to hypothesise that the social workers engaged in defensive practice, defined as intervening more than is needed (Whittaker and Havard, 2016).

Analysis of the interviews highlighted that in all but one of the cases the intervention appeared punitive rather than supportive; reactive rather than proactive and risk-averse, focussing on the presenting issues, rather than identifying underlying problems (Harvey and Weekes, 2023). In all four cases in this study, it can be argued that some form of Children Services intervention was warranted. However, the interventions were generally punitive (3 of the 4 were section 47), rather than offering section 17 (CiN). Interestingly, it was the (non-Black) mother of South Asian heritage who was not made subject to section 47, despite her teenage daughter clearly disclosing physical chastisement. Nevertheless, none of the mothers in the study reported that social workers made positive efforts to understand them in relation to their identities, despite the requirements of the PCF and anti-discriminatory practice. The conclusion of the research must therefore be that social workers were either not interested in this area of the families' lives, or that they were inept - or worse, haughty - in terms of believed knowledge. This supports the findings of Tervalon and Murray-García (1998), Agner (2020), and Stubbe (2020), all of whom

identified the need for a sense of cultural humility, which provides the knowledge to work with diverse families and that of Trahan and Lemberger (2014) who adopt CRT in the discipline of counselling.

Nawaz (2006) concludes that social workers who reflect the community enable service-users to feel more at ease and access appropriate services. However, embedded Western centrism pervades social care such that all social workers, regardless of their ethnicity are taught to view White middle-class women as good mothers and BGM mothers as deviant. Getfeild (2022) posits the cruciality of an awareness of Blackness and the influence of whiteness when supporting BGM families. The lack of knowledge and understanding presented in the literature prohibits Social Workers developing a meaningful understanding and acceptance of differing cultural views of parenting (Smith, 2016; Okpokiri 2021). This study found assumptions were made about the children's safety and well-being with the mothers' contributions to the assessment process were slighted and disregarded.

Overall, the results of this study support Owen & Staham (2009), findings that uncertainty by child welfare professionals appears to be a key factor in their inadequate response to the needs of global minority families living in the UK. Daniel-Mayes (2021) highlights the inevitability of discomfort when discussing race given the requirement for transparency, that confronts thoughts, assumptions, and stereotypes. Additionally, the results support the findings of Bernard and Gupta (2008), Brandon et al. (2012) and Bernard and Harris (2019), that professional curiosity by social workers in relation to race is inadequate or non-existent, thus impacting the assessments by practitioners and resulting interventions. The study's findings highlight a gap between the attitudes and practices of practitioners,

and the experiences of BGM parents resulting in the mothers losing trust in social workers, seemingly preferring to manage their issues alone, irrespective of any problems they may have in the future.

As is the goal of most qualitative studies, the aim of this research is not to make broad generalisations but to provide a rich, contextualized perception of being a BGM mother in a racialised society through the in-depth case studies (Polit and Beck, 2010). Similar experiences may resonate with other mothers and practitioners who have faced comparable instances of racism. The experiences and perspectives shared by the participants provided rich, in-depth and specific insights into their context. However, it may not reflect those of other BGM mothers, making it challenging to capture the range of variability that might exist if the sample was larger. Consequently, the conclusions drawn from the data are highly context-dependent and may not be representative of broader trends or patterns, thus, they should be applied with caution. As Cornish (2023) recommended, a combined CRT and intersectional perspective would benefit social work practice. This paper adds an understanding of the implications to families when race consciousness is neglected and BGM mothers are 'othered' by highlighting the complexity of how race, gender, and class intersect in children social work services.

Conclusion

The paper analysed four BGM mothers' cases, using CRF theory to examine their experience of social work interventions, and concludes that parenting, especially for BGM parents in the UK, isn't easy! The papers' findings highlighted the need for cultural humility to achieve anti-racist social work practice. Social work training and practice that focuses on cultural competency and awareness alone falls short without an emphasis upon

cultural humility, sensitivity, and responsiveness. Cultural humility involves social workers positioning themselves as learners rather than as authorities on others' cultures discontinuing the use of standardised Western-centrism perspectives in favour of adopting an African-centred perspective. This is achieved by continual engagement in research and engaging directly with individuals to gain insights into their cultural experiences and needs by accepting their lived experiences as a valid source of knowledge to inform their assessments. Social workers are encouraged to exercise professional curiosity, honour beliefs and values, develop sensitive and compassionate communication to work effectively with BGM mothers which challenges the disproportionality negative experiences of BGM communities in social work and the over-representation of punitive interventions as opposed to supportive involvement by social workers.

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