



**University of
East London**

The Tavistock Clinic and the University of East London

**The lived experiences of
first-generation West African black
parents
whose children have been subject to
statutory interventions**

Chibuzor Roselyn Ezendiokwele

May 2021

**A thesis submitted in partial fulfilment of the
requirements of the University of East London
for a Professional Doctorate in
Social Care and Emotional Wellbeing**



The Tavistock and Portman
NHS Foundation Trust

Abstract

The primary aim of this research project is to gain a deeper understanding of the lived experiences of a group of first-generation West African black parents whose children have been subject to children's services. This research focuses on the experiences of parents, their personal stories of immigration to England and their journey to local authority children's services intervention. This is because parents' stories are not heard and talked about enough in relation to the concerns around statutory intervention.

There are no literatures on the experiences of first-generation West African black parents who have been subject to statutory intervention. However, there are studies on the migration stories of black Africans and the over-representation of black children in the child protection systems.

Nine parents participated in interviews using the Biographical Narrative Interview Method and preparatory focus group, while 21 social care professionals participated in two focus group sessions. The key questions include what the psychosocial accounts of the lives of immigrant parents are, and this is deployed to learn from parents about their experiences of statutory intervention and the responsiveness of children's services to the needs of the children and their families. The research will learn about the difficulties of working with this community using carefully facilitated focus groups comprising social work and social care practitioners.

Findings from the research include professionals' unconscious/conscious bias towards parents formed from childhood experiences of discipline; the toxic mix of professional's' unresolved anger towards (own mothers) with punishment and racism to mothers of West African origin, complicated systems dynamics; biographical and cultural tensions in the experiences of parents and professionals; parents' experiences of discrimination and racism; parents' mistrust towards agencies; professionals' inability to think about culture and the convergence of participants' experiences; and professionals' defensiveness.

Implications for policy, practice, research and education include social work training to explore cultural knowledge of black parents' parenting values; the need for social work students to have spaces to address their own histories of childhood abuse and experiences of being parented; reflective case

discussions; sound knowledge of legislation and policies; and the recruitment of social workers who share similar cultural backgrounds to the parents described in this research.

Keywords: child protection, immigration, West Africa, physical chastisement, discipline, lived experiences, childhood experiences, statutory services, psychoanalytic theories, racism and discrimination.

Acknowledgements

I want to thank God Almighty who gave me life, strength and means to embark on this doctorate journey. I thank my family for their support and prayers, most especially my mother Lady (Mrs) Rose Chinyere Ezendiokwele, my gorgeous son Joshua and my beautiful daughter Duchess Chinedum – you are all a miracle!

I owe an immeasurable amount of gratitude to the social workers and parents who agreed to be interviewed for this research study. I cannot name them due to anonymity. I am hugely grateful to them for their generosity and openness in sharing their experiences with me.

I am most grateful to my supervisors, Dr Anna Harvey and Professor Andrew Cooper, for their time, wisdom, guidance, support and suggestions in shaping this research study. I have learnt so much from their wealth of knowledge and experiences.

I would like to thank the members of the D50/D60 seminar group who helped me think about and develop this research.

Finally, my note to self:

“I can do all things through Christ who gives me strength.”

(Philippians 4:13)

Declaration

This work has not previously been submitted for any degree and is not being submitted in candidature for any degree. This thesis is the result of my own research and other sources are explicitly acknowledged.

Signature

A handwritten signature in cursive script, appearing to read 'A. S. J. J. J.', written in black ink.

Date 09/05/2021

Contents

List of Tables	xii
List of Figures	xii
List of Abbreviations	xiii
Introduction	1
Researcher’s background.....	1
Theoretical framework discussion	3
Structure of the dissertation.....	8
Chapter 1: Literature Review	9
1.1 Introduction.....	9
1.2 Migration to Europe	10
1.3 Immigration to the UK.....	10
1.4 Race and ethnic minorities	12
1.5 Culture and exploration of child-rearing practices in West Africa.....	13
1.6 History of child protection system in the UK	15
1.6.1 Parents’ experience of child protection.....	16
1.6.2 Child protection plans and processes.....	18
1.6.3 Over-representation of black children in child protection systems	18
1.7 Challenges faced by African immigrants.....	20
1.7.1 Joining a community.....	20
1.7.2 Educational community	20
1.7.3 Immigrants with international qualifications	21
1.7.4 Unemployment status and no recourse to public funds.....	22
1.7.5 UK unemployment levels linked to immigration status.....	23
1.7.6 Parenting and the state of the marriage	24
1.7.7 The family responsibilities, problems and expectation from home	25
1.7.8 Housing challenge	25

1.7.9 Adjustment difficulties, mourning and loss of home, family, friends and family left behind	26
1.8 Practitioners' views on child protection laws and procedures	26
1.9 Organisations involved with black African families and their support services	28
1.9.1 Victoria Climbié Foundation.....	28
1.9.2 AFRUCA: Child protection support services for black and African families in England	29
1.9.3 Haringey Migrant Support Centre	30
1.10 Summary	31
Chapter 2: Methodology	32
2.1 Introduction	32
2.2 Philosophical foundation	34
2.2.1 Ontology in my doctoral journey	34
2.2.2 Epistemology	35
2.3 Methodology	35
2.3.1 Psychosocial approaches	36
2.4 Research design methods	37
2.4.1 Method 1: Recruitment of parents	37
2.4.1.1 The gatekeepers	37
2.4.2 BNIM	38
2.4.3 Method 2: Recruitment of social care professionals	42
2.4.4 Focus group process	44
2.5 Ethnographic study	46
2.6 Data analysis	47
2.6.1 Analytical process.....	47
2.6.1.1 The defended subject.....	48
2.7 Thematic analysis and triangulating findings	49

2.8 Qualitative generalisation, sampling and validity	52
2.8.1 Generalisability	52
2.8.2 Sampling	53
2.8.3 Reliability and validity	54
2.9 Ethics: Participants, consent, confidentiality, anonymity and wellbeing ...	55
2.10 Summary	57
Chapter 3: Ethnographic Study	58
3.1 Introduction	58
3.2 The gatekeepers.....	58
3.3 Setting up the parents' focus group	59
3.4 The school's position: Safeguarding and child protection policy	60
3.5 Parents' focus group: A case study	61
3.5.1 Poor and painful relationship experiences using the ecological theory	63
3.5.2 Unfriendly and discriminatory experiences using the systemic theory	64
3.6 Summary	65
Chapter 4: What is the Lived Experience of First-generation West African Parents Involved with Children's Services?	66
4.1 Introduction	66
4.2 A brief history of West Africa and West Africans in Britain.....	66
4.3 Researcher's arrival stories: reflexivity	68
4.4 Parents' focus group.....	70
4.5 Parents' profiles	71
4.6 Discussion of themes from the pen portraits.....	89
4.6.1 Health and mental health problems	89
4.6.2 Marital problems, domestic abuse and husbands unwilling to be interviewed	90

4.6.3 Special needs children (autism)	91
4.6.4 Immigration, settlement and no recourse to public funds	92
4.6.5 Unexpected children's services and police involvement.....	92
4.6.6 Schools as referrers to children's services	92
4.6.7 Parents' experience of racism and discrimination	93
4.7 Researcher's position	94
4.8 Themes from research.....	94
4.8.1 The arrival stories and the stressors of parents.....	95
4.8.2 The lack of information and knowledge of acceptable child-rearing practices in England	96
4.8.3 The emotional distress of parents	99
4.9 Summary	100
Chapter 5: Social Care Professionals' Personal and Professional Experiences.....	101
5.1 Introduction.....	101
5.2 Focus Group 1: Vignette 1a, 1b and 1c	101
5.2.1 A summary of Vignette 1	101
5.2.2 Outline of Focus Group 1 discussions	102
5.3 Focus Group 2: Vignette 2.....	103
5.3.1 A summary of Vignette 2	103
5.4 Professionals' pen portraits (see Appendix E)	103
5.4.1 Outline of focus group discussions: positions and defences	103
5.5 Themes arising from the first focus group.....	105
5.5.1 The lived experiences of discipline among social care professionals in childhood.....	105
5.5.2 White British social care professional experience of physical chastisement	108
5.6 Grace's story	109
5.6.1 Social care professionals' experiences of being parented.....	109

5.6.2 Professional-hood vs childhood.....	111
5.6.3 Judgemental and transference ideations.....	112
5.6.4 Parents denial of abuse.....	113
5.6.5 Developing depressive positioning	113
5.7 The maltreatment of children	114
5.7.1 Impact of practice on parents and children.....	114
5.8 Maltreated social worker.....	115
5.8.1 How systems maltreat social workers.....	115
5.8.2 The media and social work.....	116
5.8.3 Generational abuse (parents of social care professionals).....	117
5.9 The maltreating system	117
5.9.1 Professionals' critique of case vignette (social care systems and practices).....	117
5.9.2 Racism	118
5.10 Themes arising from the Focus Group 2	119
5.10.1 The questions, practice and the blame.....	119
5.10.2 Awareness of own (social workers') bias and prejudice	120
5.10.3 Challenges of working with African parents.....	121
5.11 Summary	122
Chapter 6: A Cross-analysis of Themes	123
6.1 Introduction.....	123
6.2 Parents' cultures and values.....	123
6.3 Poor knowledge and low trust.....	127
6.4 Professional defensiveness as a symptom of organisational defensiveness.....	129
6.5 Difficult engagement and poor communication between parents and professionals	132
6.6 Racism and systemic discrimination experienced by parents and professionals	135

6.7 Impact of adverse experiences on children: Parents' and professionals' views.....	138
6.8 A way forward for parents and social care professionals.....	143
6.9 Summary	145
Chapter 7: Researcher Reflexivity.....	147
7.1 Introduction.....	147
7.2 Researcher background	147
7.3 The catalyst for my research area	147
7.4 Reflexivity on engaging the gatekeepers	148
7.5 Introductory meeting with parents.....	149
7.6 Parents' interviews: Reflexivity	151
7.7 Researcher's professional experiences	152
7.8 Professionals' position at focus groups.....	155
7.9 Black racism-researcher reflexivity on the phenomenon of mistrust.....	157
7.10 Summary	158
Chapter 8: Research Findings	159
8.1 Introduction.....	159
8.2 Models from the research	159
8.3 Biographical-cultural tensions in the experiences of parents and professionals	162
8.4 Professionals' inability to think about culture and convergence with participants' experiences	167
8.5 Professionals' unconscious bias formed from childhood experiences of discipline.....	168
8.6 A model of participants' reactions and positioning.....	169
8.6.1 Evidence of professionals' defensiveness.....	169
8.6.2 Manic defences: professionals' laughter.....	170
8.6.3 Evidence of excellent and thoughtful practice by professionals.....	171

8.6.4 Racism: A professional’s preparedness to name the ‘elephant in the room’	171
8.7 Summary of findings	172
8.8 Summary	174
Chapter 9: Conclusions.....	175
9.1 Introduction.....	175
9.2 Research questions framework	175
9.3 Reflection on the research process and learning.....	175
9.4 Strengths and limitations of the research.....	176
9.4.1 Strengths	176
9.4.2 Limitations	176
9.5 Contributions to knowledge	177
9.6 Recommendations from the research.....	177
9.7 Co-produced parenting strategies with West African parents	179
9.8 Awareness of own bias and internal defensive structures	180
9.9 Implication for policy and practice.....	181
9.10 Implications for organisations	182
9.11 New areas for research	183
9.12 OPPP theoretical model (Organisation, professionals, parents and prevention).....	183
9.13 Summary	186
References.....	187
Appendix	208

List of Tables

Table 1 Themes and key coding arrangements	51
Table 2 Parents' experiences of disproportionate escalation	160
Table 3 Parents' experiences of unfair treatment.....	161

List of Figures

Figure 1 Sources of data.....	49
Figure 2 Thematic maps of six main concepts with theme keys	52
Figure 3 Map of West Africa (answer africa.com, accessed 24.11.18)	67
Figure 4 The system, the actors and the pressures	164
Figure 5 Triangle A	165
Figure 6 Triangle B	166
Figure 7 Social cares professionals' positions in and around the child protection system	170
Figure 8 OPPP (organisations, professionals, parents and prevention) theoretical model: the production and reproduction of a fractured/institutionally racist relationship between children's services and the WA community and preventative strategies.....	185

List of Abbreviations

AFRUCA	Africans Unite Against Child Abuse
ASD	Autism spectrum disorder
BAME	Black, Asian and minority ethnic
BNIM	Biographical Narrative Interpretative Method
CIN	Child-in-need
CRT	Critical race theory
CSCB	Camden Safeguarding Children's Board
DSL	Designated safeguarding lead
FAB	Family Advisory Board
FIP	Family Intervention Project
GP	General Practitioner
HMSC	Haringey Migrant Support Centre
NI	National Insurance
NLW	National Living Wage
OFSTED	The Office for Standards in Education, Children's Services and Skills
OPPP	Organisation, professionals, parents and prevention
PIN	Particular incident narrative
SCIE	Social Care Institute for Excellence
SEN	Special educational needs
SFSC	Strengthening Families, Strengthening Communities
SQUIN	Single initial question to induce narrative
UEL	University of East London
UKBA	UK Border Agency
UREC	University Research Ethics Committee
VCF	Victoria Climbié Foundation
WHO	World Health Organization
YOT	Youth Offending Teams

Introduction

'First-generation West African black parents' refers to West African-born individuals who have relocated and become citizens or permanent residents in the UK. These individuals have also become parents in the UK. Parents migrate from West Africa, which has been defined geopolitically as including 17 countries (see a brief history of West Africa and West Africans in Britain in section 4.2). This study aims to explore the lived experiences of first-generation West African black parents who have experienced statutory involvement. Statutory involvement includes intervention from schools, children services, police, the courts and other agencies involved in child protection.

Researcher's background

My background as a first-generation West African parent and social care professional is closely linked to this research. I worked as a social care manager in supported accommodation and floating support services for eight years in various West London boroughs. At the end of 2011, I joined a team of social workers and social care workers to work at a project called the FIP (Family Intervention Project). This project provided intensive and early support to families who have difficulties in (but not limited to) the following areas: anti-social behaviour, mental illness, exclusion from school, teenage pregnancy, underage sex and gang membership. Families who benefit from support may also contain members who are at risk of grooming for sexual exploitation, drug running, child neglect and abuse, and those living in poor housing or with ongoing involvement from police and criminal justice agencies. I found that one or more members of a family: presented with physical and mental illness, has experienced domestic abuse, is engaged in substance misuse, lacks necessary life skills, is unemployed, lacks education or training. The number of black West African parents I encountered while working with the FIP was numerous.

A significant number were first-generation black parents of West African origin, with seemingly high numbers of children in the local authority care system. While supporting these families, I observed a consistent theme in their experiences as well as similarities in the nature of their children's risk of harm. These included physical chastisement and neglect. Children's services involvement with these families led to children being placed on child protection

plans and very quickly escalated to removal into local authority foster care. Many of these children later returned to their parents. As a first-generation West African parent living and working in London, I found that I was preoccupied with the question – could this stage have been avoided, or at least done differently? My observations over six years showed the very troubled and often challenging process of rehabilitating children back to their parents and families after being looked after in local authority care. Often, this painful process was not easily understood or articulated by the parents or professionals involved. As part of my role in supporting the families, a couple of colleagues and I had trained in facilitating the parenting programme: Strengthening Families Strengthening Communities. This parenting programme ran three times a year for 13 weeks, followed by 4–6 weeks of post-intervention support. It is important to note that the parenting groups became oversubscribed at 30 persons per group. Social workers, schools and Youth Offending Teams (YOT) referred parents to the programme with a view, according to the parents, that it will resolve all challenges. This includes children already in care being returned to their families. During the onboarding process, I found that most of the parents were mostly of black/ethnic minority origin, on parenting orders, and with children in care and/or in care proceedings.

At my very first introduction session, over 90 per cent of the parents stated that they were at the parenting programme in order that their children are returned to them. The others wanted an opportunity to be in the lives of their children. The many weeks of the sessions provided useful insight into some of their lived experiences of children and young peoples' service involvement with their families.

During this period, I joined the Tavistock Clinic/UEL to develop my interest in psychology, which I had initially trained in and started on the programme for an MA/Doctorate in Social Care and Emotional Wellbeing. In this programme, I was introduced to a way of thinking and being that uses psychoanalytic concepts. In seminar discussions and study time, I explored the various concepts in programme modules such as infant observations, organisational observation, clinical practice and professional development. I was assigned an adult psychoanalytic psychotherapist, Trinidad Navarro, who also ran a practice clinic. She helped me make sense of my feelings and thoughts on my work with

parents and families so that I could articulate them into words that were meaningful in my essays. Continuing with my programme at the Tavistock Clinic, I found that I was interested in the biographical stories, the migration stories and the experiences of parents and their involvement with children's services.

I am curious about what I would call significant differences in the way I have observed white (and other non-black social workers) engage with these groups of parents. I have also thought about Fahkry David's (2011) discussions of internal racism and the building of a defensive organisation based upon ethnic differences. While thinking of this, I am interested in the social workers' approach, practice delivery and interpretation of the safeguarding guidelines. The first-generation West African black parents' reactions and experiences of the professionals' involvement with their families is also important.

As Lowe (2014, p. 15) points out in his book *Thinking Space*, "equality, legislation, and policy, while seemingly tackling exclusion, may have created an environment where prejudice and discrimination have become more hidden or covert and in many ways been driven even further underground". I am also aware that there are complexities within these experiences and wonder if there is discriminatory practice in the system. I have also wondered about the problem of first-generation black West African parents assimilating ways of life in the United Kingdom, perhaps struggling to acculturate to the acceptable parenting standards expected of everyone in this country.

Theoretical framework discussion

This study uses the psychoanalytic theoretical framework, drawing on classic Freudian concepts such as projection, transference and counter-transference, projective identification and defence mechanisms. It also uses the Kleinian tradition known as 'object relations'. The Kleinian tradition postulates that psychic structure (internal structures) projects onto the external world; the object relations theory emphasises how external structures shape the inner world (Frosh, 1999). Both theories emphasise the development of the individual in relation to others and the environment.

The psychoanalytic theory refers to the definition of personality, organisation and the dynamics of personality development. This concept was first laid out by Sigmund Freud in the 19th century and emphasised the recognition of

childhood events that could potentially influence the mental functioning of adults. Psychoanalytic theory posits that anxiety is an individual's natural response to underlying fears, such as not having basic needs met. Bion (1962) in Ruch et al. (2010, p. 30) calls this fear "the nameless dread"; the non-existence of a relationship with another, whereas Klein's object relations theory suggests that the development of an infant is always in relation to another person, where the anxiety are feelings arising from the fear of losing a loved object and confronting a hated object. Klein (1946) in Loshak (2013, p. 50) referred to this conflictual position as necessary, and termed it the "paranoid-schizoid position". She went on to postulate that infants who experience positive parenting go on to have an integrated and balanced emotional stance. She described this stance as the "depressive position".

The psychoanalytic framework is relevant to this study because there are unconscious processes in the systems between children, parents, social workers, managers, organisations and the society. These processes act on the system and creates a dynamic that is harsh to parents and may see children and West African parenting style as 'objects of concern' (Beckett and Mckeigue 2009). Systems and individual defensive structures have been written about by several academics (Whittaker, 2011; Cooper, 2010; Ruch, 2010), while Dominelli (2002; 1998), Gordon and Newnham (1985) found specifically, that black people were denied welfare support, considered temporary residents and undeserving of welfare services. This study shows the particular dynamic between first-generation West African parents and the organisations involved in the system of safeguarding. Fanon (1952) and Fakry-Davids (2011) wrote about racist structures in the system in relation to black people and the psychopathologisation of slow cultural assimilation which has led to a hostile environment.

A detailed discuss of psychoanalytic theories provides an understanding of the dynamics experienced by first-generation West African parents in the child protection system and the professionals who work with them. I will describe the concepts particularly relevant to this study below.

Transference according to Parth et al. (2017) is an unreal relationship or one that does not 'fit' but is instead a re-enactment of a past relationship. It is the idea that in our current relationships and interactions, we may unconsciously

'transfer' feelings into the here and now, when they belong in a previous relationship in Ruch et al. (2010, p. 34). Transference as a situation is common in human interpersonal relationships; it is an unconscious reproduction of impulse, pain, defence, internal and external object relationships, as they have occurred in the past (Cilliers et al., 2004, p. 73).

Most modern theorists acknowledge counter-transference to be both as a potential obstruction of analytic work and as an invaluable source of information about the patient, which the analyst can access by meticulous self-study (Parth, 2017). It is a most valuable source of information about a patient as well as a potential tool to measure the counter-transferential material between patient and analyst (Stefana, 2017; Segal, 1977). Freud (1912) regarded counter-transference as the therapist's unconscious transference to the patient, a source of impingement in the therapist emanating from the patients influence on his unconscious feelings.

Steinberg (2015), in his discussions on the work of Patrick Casement (2006; 2002; 1990; 1985) describes the importance of the therapist providing a secure and containing space for the patient to work through their trauma; the patient's interactional unconscious contribution to analytic work and the therapist's ability to offer more than one possible meaning of what is happening in the psychoanalytic relationship. The external and internal realities of analyst and patient are key to determining if these materials will disturb the analytic process or become an integral part of it.

Carr (1989) noted that diagnostic counter-transference describes the use of counter-transference reaction to examine the personal level at which professional workers respond to cases of child abuse, perhaps experiencing a strong urge to rescue the child at all costs, or making an unconscious identification with one or other of the adults. Preston-Shoot (1990) summarised counter-transference (of the diagnostic type) as the worker's capacity to pick up those different types of unconscious communication from the client and understand their meaning. This transaction is pivotal to a relationship-based practice. Hardwick (1991) suggests system counter-transference is a situation where networked professionals feel and act out roles. Giami (2001) said that transference and counter-transference are ways of understanding and interpreting the world in which we inhabit, and will inform how we see and

interpret the world. Smith (2014, p. 50) described feelings of reservations when studying the unconscious processes at play in managing frontline social work practice. She felt that her responses were “subjective, provoked by her personal value and concerns”. Smith recognised this counter-transferential material as useful in “trusting intuition and gut responses to seek meaning beneath the surface of ordinary functioning.”

Ruch, in Ruch et al. (2010, p. 39) refers to projection as the placing of unwanted “split-off feelings for example-hatred, anger, resentment, fear, confusion, and envy into another person.” Ruch (2010) described projective identification as a situation whereby the recipient of unwanted feelings indirectly experiences them as if they were their own. Preston-Shoot et al. (1990) described projective identification as the splitting off of bad or unacceptable parts of oneself and assigning them to someone else, while applying pressure on the recipient to experience the projected feelings or to act out projected impulses.

Klein’s (1952) object relations theory describes the initial experiences of object relation in infancy. As soon as a baby is born, the infant meets its first object: the mother’s breast. Klein (1997) then described splitting as one of the earliest ego-mechanisms and defences against anxiety. At this time, the baby operates a primitive splitting mechanism where in states of gratification turn towards the good breast, while in states of frustration, hatred and persecutory anxiety attach to the condemned breast.

Preston-Shoot and Agass (1990, p. 70) noted that: “systems theory affords a wider view and illuminates how parts interact and influence each other.

Assessment, planning, intervention and evaluation must take account of this wider view. System theory can thus be used to highlight the interconnectedness, relationship and dynamic interaction of phenomena, such that intervention at one level affects the entire system”.

The systemic theory posits that individual behaviour in the here and now is a result of interpersonal relationships. Smith (2014, p. 52) cited Friedman and Allen (2011), who stated that systems theory is a way of elaborating increasingly complex systems across a continuum that encompasses the person-in-environment: “It enables us to understand the components and dynamics of client systems in order to interpret problems and develop balanced intervention strategies.”

Containment and the container/contained relationship (Bion, 1962) is akin to 'not knowing and curiosity' in systemic theory (Cecchin, 1987). Capacity tolerates the uncertainty surrounding the dysfunction experienced in 'not knowing' what is going on in order to explore the circumstances thoroughly and at the same time give service users space to reflect on their behaviour and how it is affecting others. The next segment will discuss the ecological theory.

Calder et al. (2004) stated that ecology is a science exploring how organisms interact and survive in the environment in which they find themselves.

Bronfenbrenner's ecological system of human development (1994) described the ecological system as a means to understand human development. The entire ecological system in which growth occurs must be considered. This system is composed of five socially organised systems that help support and guide human growth. They range from the microsystems, which refer to the relationship between a developing person and the immediate environment, such as a school and a family to macrosystem, which refer to institutional patterns of culture, such as the economy, customs and bodies of knowledge.

Bronfenbrenner divided the ecological system into five different levels:

- The **microsystem** consists of activities and interaction patterns in an individual's immediate surroundings. These are the family members, health services, schools, peers, neighbourhood play area, faith groups and face-to-face interactions.
- The **mesosystem** is the connection between an individual's immediate settings; a system of microsystems. It is the relationship or link between home and school, peer group, health services and the police.
- The **exosystem** is the collection of interactions that do not contain children but affect their experiences in the immediate settings, e.g. parents' networks. It is the links or processes taking place between two or more settings. One of the settings, which do not contain the developing individual; for example, a child caught in the relationship between home and the parents' other difficulties.
- The **macrosystem** is a conglomerate of patterns including micro-, meso- and exosystems. This system of identity includes culture, belief, customs, lifestyle and resources that influence interactions at the inner levels.

- The **chronosystem** is the influence of time in the situation and environments.

The various concepts and theories discussed above capture systems and individual defence structures which impact on child protection practice and West African black parents and families experiences of statutory involvement.

Structure of the dissertation

Following the above introduction, **Chapter 1** examines the literature and theories; **Chapter 2** describes the philosophical foundation, research designs and methods, data analysis, themes from data, generalisation, sampling and validity and ethics. **Chapter 3** discusses the ethnographical case study of the research with the school gatekeepers and the parent group. **Chapter 4** examines the lived experiences of first-generation West African parents, provides pen portraits of the participants, discusses themes arising from the pen portraits, and the research itself, and covers the researcher's reflexivity regarding arrival stories and meeting and interviewing parent participants. **Chapter 5** examines the focus group research participants using the pen portraits and identifies and discusses the themes from both focus group sessions. **Chapter 6** discusses the themes of the research. **Chapter 7** explores the researcher's reflexivity on the research and journey as a parent, researcher and practitioner. **Chapter 8** discusses the research findings and examines the models from the research. **Chapter 9** reflects on the research questions framework, the learning from the research process, and the implications for practice, policy and organisations. The strength and limitations of the research, contributions to knowledge and recommendations from the research and the OPPP theoretical model are also discussed in Chapter 9.

Chapter 1: Literature Review

1.1 Introduction

At the centre of this research are child protection systems and practice, culture, ethnic minority, immigration and race and my observations and experience of statutory interventions with families of ethnic minority groups (specifically, first-generation West African parents) as a practitioner who worked in children's services for many years. I have approached this literature review as a practitioner-researcher, being a service manager with a range of experience in various social care settings, as a first-generation West African black parent and as a doctoral researcher undertaking qualitative psychosocial research. Through open acknowledgement of my various positions, I have been reflective in my role supported by regular supervisions, clinical seminars and race and research forum sessions with colleagues of black and other black ethnic minority groups.

In my search for literature for studies completed with first-generation West African parents who have had statutory involvement, I found that there are a significant number of research projects on the over-representation of black children in the local authority care system, including the effects of placement on children, black and white foster carers of black children and parents whose children were taken from their care. There is a research study on first-generation Nigerian immigrant parents with child welfare issues in Britain (Okpokiri, 2017), but no literatures on works completed specifically on the lived experiences of first-generation West African black parents who have had children's services intervention. I believe that my research will provide considerable insight into the lived experiences of this group of parents. It will provide some answers that will close the gaps in systems: children's services, policies, laws and Acts governing children's services, individual bias, emotional templates and assumptions of social workers and other professionals on West African black parents' child-rearing practices.

The biographical histories and immigration stories of the research participants were explored in this research; pertinently, this chapter reviews the meaning of concepts and other literatures on the following: race, ethnic minority, migration and culture and child-rearing practices. This included the parents' experience of

child protection intervention, child protection plans and processes and the over-representation of black children in the child protection system. The challenges faced by African immigrants was also explored.

1.2 Migration to Europe

This literature review is critical at this time for several reasons: the continued immigration saga from the war-torn countries of the Middle East, East Africa and the economic downturn of West and Central Africa which has seen thousands of families from across the Sahara, Libya and other routes cross the Mediterranean to Europe. The narrative, however, has changed. For most European countries, from late-January 2020; the above overview has since been overtaken by the lockdown ordered by most countries in Europe, the Middle East, Asia, North and South America and Africa as a result of the deadly novel coronavirus.¹ International flights are at a minimum and restricted to essential travels. The coronavirus pandemic has brought immigration to an all-time low.

1.3 Immigration to the UK

My personal experience of migrating to a new country and continent was filled with the excited dread that comes with new places and people, and an unknown way of life. Akhtar (2014) explored the mental pain caused to minorities through the experience of conflict in the migrants' personal values and the cultural differences in the new society. He also pointed to the fact that minority groups retreat from participating in social events and engaging with the present community and dream of times and places where they had majority status. On 23 March 2017, I attended the seminar 'Thinking Space', hosted by Tavistock and Portman NHS Foundation Trust, where the discussion topic was on migration and loss. One of the speakers was JJ Bola, a Congo-born, UK-raised writer and poet. He spoke about his family's experiences and struggle to adapt to the new country where they had sought refuge. Bola talked about 'place' and 'placeness', how he had to assimilate the culture and the language of the newly adopted country, and how he felt displaced as a result of losing his culture and hometown but then wondered about belonging when he met an Englishman who did not feel settled in his own country or community. Bola questioned what

¹ A novel coronavirus referred to as SARS-CoV-2 and associated disease as COVID-19 by the World Health Organization (WHO). Updated information on www.gov.uk.

becomes of migrants when the migrant experience is not processed; he strongly believes that accessing privilege through ideology without processing it could mean not being any closer to experiencing it tangibly.

Curry-Stevens and Coalition of Communities of Colour (2013) completed an extensive study on the experiences and challenges facing African immigrant and the refugee community in Multnomah County, Oregon. A significant number of the immigrants were from east and west Africa. They noted that immigration was insignificant until the 1960s, when Africans migrated primarily to their former colonial powers, including Great Britain, France and Portugal, with more than a million sub-Saharan Africans currently living in Europe. They stated that Africans immigrate to a new country hoping for a better future and hoping for respect and dignity, aiming to take part as equals in society. Curry-Stevens et al. (2013) found that the decision to move from Africa is difficult, stressful and costly; on arrival, African immigrants find that they have several layers of identity, including national origin, ethnicity, gender, class and religion. The layers of identity described by Curry-Stevens et al. are what I perceive as the culture of the African people – who they are, what they do and how they live. Curry-Stevens et al. (2013) also described more profound problems African immigrants experience. These include discrimination and racism – they noted that such encounters are baffling and evoke feelings of shock, indignation and humiliation in people who have grown up in societies where their intellectual, physical, social and even human qualities are never questioned based on colour.

Another study, from Breckner (2002), explored the experience of first-generation migration as the new normality – a problem in which the receiving society is overwhelmed by the large numbers of different people coming from elsewhere. This phenomenon is the current discourse in all coastal countries in Europe: the unprecedented influx of people from West, East and North Africa and the Middle East crossing the Mediterranean to reach safety and better life at the risk of drowning. Breckner (2002) discussed the problems migrants face, some of which include employment, education and health. Significantly, Breckner talked about migrants' difficulties to construct stable, coherent identities; they are stuck in their 'traditional culture' which is regarded as inadequate to adapting to and making a success of life in a 'modern society'.

Breckner (2002, p. 213) described migrants perceived as “torn between two culture”, “uprooted” and lacking “embeddedness”, thereby creating a pathology of identity breakdown.

A brief review of race and ethnic minorities in the next section is important to contextualise the experiences of parents in this research.

1.4 Race and ethnic minorities

Saini (2019) described the use of race in the 16th century to refer to a group of people from a family of the tribe; it did not refer to physical appearance or colour. In the 18th century, during the European enlightenment, Saini wrote that skin colour was thought to be changing based on geographical locations: people who lived in hot places had darker skins compared to people who lived in colder places, where their skin would get lighter in response. Nelson (2019) points out that research has shown that race is not a scientifically valid concept, as humans share 99.9 per cent of their DNA. Races as objectively existing biological entities do not exist, the term ‘race’ assumes that humans could be clearly “divided into distinct populations based on biological characteristics derived from their genetics and that there are many more biological differences within races than between them.” (Graham, 1997, p. 16); I accept these biological propositions regarding race; however, I also believe that race is only skin deep – people are shaped by their socio-cultural background and geographical locations, as Onwuachi-Willig (2016) opined that race is a social construct defined by physical attributes such as skin colour, hair textures, ancestry and even name.

Curry-Stevens et al. (2013) defined ethnicity as an arbitrary classification of human populations based on the sharing of common ancestry, including features such as nationality, language, cultural heritage and religion. Littlewood (1989b) stated that an ethnic group might be a nation, a people, a language group, a so-called race or a group bound together in a coherent cultural entity through shared religion, belief in common descent or through the recognition of particular shared physical characteristic selected for remark or identity by the group or others. He went on to define an ethnic minority group as a group which is dominated politically or numerically by large (e.g. European) populations and social institutions. Such domination may be temporary or permanent, explicit or implicit. This research defines ethnic minority groups, specifically the black

African community, as a group of people with similar and diverse biographical history, language, religion and culture. The next segment explores culture and the various child-rearing practices in West Africa.

1.5 Culture and exploration of child-rearing practices in West Africa

Culture is a fuzzy set of underlying assumptions and values, orientations to life, beliefs, policies, procedures and behavioural conventions that are shared by a group of people and that influence (but do not determine) each member's behaviour and his/her interpretations of the 'meaning' of other people's behaviour (Spencer-Oatey, 2008). Itulua-Abumere (2013, p. 1) described culture to mean "the ways of life of the members of society, or of groups within a society. It includes how they dress, their marriage customs, language and family life, their patterns of work, religious ceremonies and leisure pursuits". Helman (1985) noted that culture is inter-subjective; it is the process of transmitting conceptual and social guidelines to the next generation using symbols, language, art and ritual. Spencer-Oatey (2012) details the key characteristics of culture as follows: culture manifested at different layers of depth affects behaviour and interpretation of behaviours and can be differentiated from both universal human nature and unique individual personality. It influences biological processes, it is associated with social groups, it is both an individual and a social construct, it has both universal and distinctive elements. Culture is learned, and it is subject to gradual change. It is also interrelated and it is an evaluative concept.

Heather Montgomery, in Waterhouse et al. (2015), discussed the anthropologist point of view with regards to the dynamics of culture. Montgomery noted that, in certain cultures, parents decide how a child is raised once that child is born. Anthropologists who studied various communities and their child-rearing practices agree that all activities in caring for children are culturally motivated, even basic biological needs like food and warmth. Therefore, there is nothing natural or universal about the care and protection of children. Gottlieb (2014, p. 180) studied the Beng people who inhabit the edge of the rainforest in Cote D'Ivoire, and noted that the nurturing of babies appears to include "violent means" – Gottlieb described the use of enemas by mothers on their children in the morning, before breastfeeding. The studies found that most of the mothers

using this practice were working mothers who required childcare while at work. The enema practice made sure the children emptied their bowels in the morning so that their mothers could clean them up before going out to work. This practice made it possible for the mothers to retain suitable childcare; this would be difficult were the children to defecate at odd times. Gottlieb concludes that “when infants are socialized into body-violating practices that are viewed not as punishment for bad behaviour, but rather as beneficial both to themselves and to their mothers, the outside observer must pause to consider the possibility that long-term emotional damage is far from inevitable” Gottlieb (2014, p. 177). Montgomery (2013) advised that anthropologists should not intervene or attempt to change the belief system or behaviour of a group, but observe, participate and analyse these worldviews, as the moral frameworks of various cultures differ profoundly and should be assessed on their own terms.

Uka (1966) investigated child training in three major Nigerian tribes: the Yoruba, the Ibo and the Ibibio:

In all areas studied, the child receives a great deal of love and warmth. He receives affection not only from the mother but also from relatives and friends of the family. He is carried whenever he cries. In rural areas, the mother shares her bed with the infant in her hut...if a child cries at night he is picked up immediately and fed or cuddled. If the cry persists, a bush lamp is lighted, and parents are forced to stay awake. (p. 87).

Uka (1966) went on to compare the child in Britain who presents with ‘separation anxiety’ when their mother leaves them or someone else holds them, and the West African babies who do not present with such difficulties because the babies are accustomed to being handled by a range of people. Uka found two further ways in which the treatment of young children in West Africa differs from practices in Britain. At first, the child gets much more comfort from continuous close bodily contact than a child in Britain. Later, fondling and kissing of infants and any kind of caressing stops when the child is a toddler, but physical expression of care and love continues through bathing, skincare and haircare, which are all very important in a tropical climate. Secondly, verbal behaviour and verbal communication are regarded differently. In Britain, mothers tend to talk to their infants from a very early age, but in West Africa, the mother will talk to her child when he can talk to her in return.

Uka retells the autobiography of an Ibo mother, Adah, who struggled to bring up her five small children alone in London. When she goes to pick up her children at the nursery:

Her baby was gurgling at nothing in the pram. She even gave a smile of recognition when she saw her mother. Adah did not have much time to talk to her as she was supposed to be doing. It took her a long time to learn this ritual of talking to a baby, who either did not understand or in most cases, did not know what to make of it. In England, they said it is very good to chatter to your child, even when it is a few hours old, so she too started doing it, but would make sure that none of her people was around. They might well think her a witch, talking to something that did not answer back. (p. 95).

Uka explored the beginning of a West African childhood in his studies. He found that the West African baby's life is a good one, though his cosseted existence is brief, however, and ends with weaning or at least when he begins to walk and talk. Field (1960) found in his studies of the Ga tribe of Ghana that the mother appears to lose interest in her child once it ceases to be a baby. The mother usually seems interested in a child while it remains the youngest. Field observed that the child's world changes when he is weaned. He gets treated with some strictness, and he must learn to respect and obey those who are older than himself, and to revere old age.

Ellis (1978) noted in the book *West African Families in Britain* that African culture has a meaning and coherence of its own and is certainly not an inferior version of any culture. Children in West African society are of great importance, and to not have children is probably the most significant single misfortune that can happen to anyone. Ellis found that the child may misbehave and require punishment and close monitoring, but this occurs within an accepted framework: the parents and other agents of socialisation do not question the basis of their actions. This unfortunate behaviour contrasts with Britain, where one should take account of the needs and predisposition of the individual child and help them to reach their potential. The next segment provides a brief history of child protection in the UK.

1.6 History of child protection system in the UK

Societies for the protection of cruelty to children were set up in Liverpool in 1883 and in London in 1884. In 1889, an Act was passed and known as the Children's Charter, a law which let the law to intervene between parents and

children for the first time in history (Bilston, 2019). Legislation to prosecute people accused of child cruelty was in place in the 1880s, but not enforced until several child abuse deaths happened. These deaths led to inquiries which later established the child protection systems we have today. In the early days, Westminster passed child protection legislation in the UK. In 1999, the process of devolution made it possible for power and responsibility to be transferred from Westminster to the national governments in Northern Ireland, Scotland and Wales. In 1989, the Children Act 1989 established the legislative framework for the current child protection system in England and Wales. In 2000, the serious case review into the death of 8-year-old Victoria Climbié led by Lord Laming caused a sweeping change to the way children's services were practiced in England and Wales. For this research, the literature and statistics will focus on child protection in England; literature and materials from other areas will be used for understanding phenomena and for comparisons.

1.6.1 Parents' experience of child protection

Birmingham City Council (2014) reported in the child protection research on parents' experience of the child protection process and staff experience of working with parents. The report points to several challenges parents face in the child protection process. These include the fact that parents are not always aware they could have an advocate. Parents with specific needs (such as in mental health) were not always supported; parents experienced power dynamics and found that decision-making lay with the professionals who made the parents feel intimidated, dismissed, anxious, daunted and emotional, ganged up on, attacked and blamed. Parents overall felt disempowered, not allowed to talk, not listened to, and were not provided with reports and enough time to read them, understand them and contribute meaningfully to meetings. The research interviewed parents of white, black Caribbean, black (other) and other ethnic minority groups – demonstrating that this was a generalised experience and not specific to a group of parents.

Dumbrill (2005) completed a qualitative study in Ontario, Canada on parents' experiences of child protection. He found that practitioners and policy makers being aware of the impact power has on worker-parent interaction is important. Dumbrill described two concepts of power emerging from his study of parental experiences of child protection intervention: parents perceived power being

used over them as a form of control, and with them as a form of support. The parents responded in three different ways due to these power dynamics: parents fought workers by openly opposing them; 'played the game' by feigning co-operation, or worked with them in collaborative relationships. The parents in Dumbrill's study were predominately white: 15 were white and 3 were of an ethnic minority group; they collectively considered power from the child protection worker as 'absolute', 'tyrannical' or 'frightening'. As such, a deep fear was evoked in some parents when a social worker called or visited the family home. Dumbrill gave an example which resonated with my research experience: he described a mother who was called by a child protection worker informing her that her 6 and 7-year-old sons were interviewed for suspected abuse and neglect, and the mother was instructed to attend the child protection office immediately. When she arrived at the office, the worker informed her that her children were in care. The mother stated:

If there were not going to listen to anything I said why did they haul me down to the office? Because they had already made the decision that was kind of academic. (p. 4).

A father shared his experience of a child protection worker presenting him with a typed intervention plan during their first meeting. The father concluded that nothing he said would have changed the plans because they had already been developed and put in writing before the meeting began. He said:

They already had a programme, they knew very well what they were going to do, they wanted me to sign the papers, and they wanted me to go along with them. (p. 5).

Dumbrill's study demonstrated that power shifts. He described parents' experiences of power shifting when child protection workers were changed. Some parents described positive shifts: power with the parents to achieve goals, and others described negative shifts to power over the parents, e.g. a parent feeling that a worker wants to take their child away from them.

In conclusion, findings from Dumbrill's study have important implications to practice and policy. In practice, the study recommends that workers should reduce the need to find out parents' understanding of issues which have precipitated the need for intervention, and rather strive to have a discuss on how parents perceive workers' power in the process of intervention. In policy, Dumbrill's findings from the parents' perspective disagreed with the child

welfare policy of 'differential responses', where response to cases are divided into coercive police responses and supportive casework. This is because parents are not able to separate the intervention that uses power over them from that which uses power with them.

In reviewing the two studies discussed above on parent's experience of child protection in the UK and Canada, similar themes were found; however, most striking are the power dynamics. Parents experienced the workers using their power as statutory agencies in their intervention. This made parents feel afraid and blamed. The next segment explores the child protection processes and anomalies found in some practices.

1.6.2 Child protection plans and processes

The child protection process is designed to ensure that the child's needs are considered at all stages; that information is shared by all relevant professionals; and that the family is offered all possible support. The ethos of social work practice and child protection plans and processes in Working Together to Safeguard Children (2018) stipulates that all children's needs are at the heart of practice. The overall aim of a child protection plan is to ensure the child is safe from harm. Contrary to the above aim, White (2014) noted that social work is an emotionally charged and contestable area – some decisions are not so wise and not so humane. She states that family and children can be helped with compassion, and that this kind of practice needs forms of organisational culture. She points to challenges children and families experience, which shows the child protection process is viewed by some as unwelcome scrutiny, with intensive intervention into the intimate spaces of family life. Specifically, White's experience is that families are not given information before conferences; social workers do not always form relationships with the children; and that the process does not often recognise the centrality of everyday struggles, such as troubled relationships, intense emotions and the experience of poverty in the lives of families.

1.6.3 Over-representation of black children in child protection systems

Inequalities in child protection process occur "when children and their parents face unequal chances, experiences or outcomes of involvement with child welfare services that are systematically associated with structural dis/advantages and are unjust and avoidable" (Bywaters et al., 2015, p. 100).

Chand, 2005; Chand and Thoburn, 2005; 2006 suggest that black African children in Britain are over-represented in the child protection system for a variety of reasons, such as physical, emotional and sexual abuse or neglect.

Singh's (2006) findings show that African families and their entrenched cultural and social perceptions of parenting behaviours are challenging to understand in the context of contemporary social work practice, and therefore social workers may be quick to intervene in such families. Maguire-Jack and Wang (2016) noted that the impact of institutionalised discrimination and other factors such as economic, cultural contexts, consequences of housing and welfare benefit policies – as well as neighbourhood crime and violence – had impacted higher numbers of black children in the child protection system. Bernard and Gupta (2008) also found that black African children and families are more likely than white families to be drawn into the child protection system based on inherent differences in beliefs and child-rearing practices. Poverty is linked with reports of abuse and neglect, and black African families are proportionately more likely to live in poverty than many of the other communities in the UK (Bernard & Gupta, 2008). Owen and Statham's (2009) study of ethnic differences in intervention rates found that black children are over-represented among looked-after children. Adjei and Minka (2018) in their study using critical race theory (CRT) to explore the black parenting experience, found that "race, racism and whiteness consciously or unconsciously inform and shape ways in which child welfare service providers understand, relate, interpret and respond to black parenting practice" (p. 513).

Social Care Institute for Excellence (SCIE) (2008) research of black and minority ethnic parents with mental health problems found mental health problems among Black, Asian and minority ethnic (BAME) parents, compounded by lack of treatment and support, can have enduring effects upon their children and contribute to their over-representation in the child care system. The Department for Education (2015) statistics for children in need was 391,000 at the end of March 2015; 49,700 children were subject to a child protection plan during the same period. Children in Care in England statistics (2015) detailed the numbers and characteristics of children in the care system. At the end of March 2015, 69,540 children were looked after by local authorities in England at the rate of 60 per 10,000 children; an increase of 6 per cent since

2011 (65,510). The report notes that the number has increased steadily over the last seven years, higher than any point since 1985. Mixed groups and black or black British children make up about 9 per cent, and 7 per cent of the looked-after population, respectively. These minority groups are over-represented in the looked-after population (about 5 per cent of the child population of Britain is from black or black British and mixed groups). The report also notes that in 2015, the main reason children's services first get involved with families is because of abuse or neglect (61 per cent), with family-related issues making up the majority of the cases. The published statistics for looked-after children in the UK for 2017 stands at 96,000 (NSPCC, 2019). The next segment will explore the various challenges experienced by African immigrants in the diaspora.

1.7 Challenges faced by African immigrants

Curry-Stevens et al.'s (2013) study on the African immigrant and refugee community in Multnomah County found various themes. Other studies in the UK with similar themes are discussed alongside them in this section.

1.7.1 Joining a community

Membership to various groups in the society are fraught with difficulties. One migrant who took part in the study noted "with the system here, you always meet someone foreign, and you are struggling to build that relationship – connecting is hard with them, this fails us. We do not have people we can relate to and connect to." (p.54). Hickman et al. (2008) reported in their study of immigration and cohesion in the UK that several factors impacted on the social cohesion of new arrivals to a community. These include the fact that families are smaller and more people live alone and work more, which impacts on the family adversely, where parental authority is undermined and as such family values are under greater pressure. The report found that class, ethnicity and age affected relations between residents and migrants with high educational aspirations. This disparity could disrupt social cohesion in areas where education is not valued; hence schools not being equipped to meet the language needs of new arrivals is problematic as this could provide an opportunity to improve social relations between local groups.

1.7.2 Educational community

The study found that children and young people who had immigrated with their families struggled to fit in at school. They often performed poorly academically

and did not make friends easily. This is due to several immediate factors such as language and lack of understanding of the new environment and its systems. A parent in the Curry-Stevens et al. (2013) study noted that prevailing patterns of ignorance (lack of knowledge) can sometimes deteriorate to isolation from the classroom culture and peers. In most situations, our children feel like outsiders even when they are inside their classrooms. Further deterioration can turn into an arrogance for teachers and school staff in presuming that African students are stupid, uncultured, and even subhuman (p. 55).

The difficulties suffered by the children would be further made worse if their teachers and support staff at school were not supportive. Another factor, the study found, was parents' poor understanding of the school system or their lack (or relative lack) of literacy: "many come from countries where once your child is registered in school; it is the role of the teacher and the school to help kids succeed." (pp. 54–55).

1.7.3 Immigrants with international qualifications

Many African immigrants have university and college degrees from their country of origin, but the new country often does not recognise this as there is a question of standards and quality of teaching at the universities in various African countries. It has an enormous impact on the immigrants; they become disheartened and frustrated as they are not able to get jobs commensurate to their qualifications; they take on jobs which they feel overqualified for in a bid to earn a living and provide for their families. This leads to reduced family income, dissatisfaction at work and difficulties in the parental relationship.

Curry-Stevens et al. (2013) offered that the "undervaluing of African degrees is a broad and deep economic and social loss for both Africans and the host country. Among Africans, there is a pronounced inability to turn high education into high incomes." (p.58). Their research found that Africans hold the highest number of degrees per capita of any explored group, yet Africans hold the worst child poverty rate of all communities of colour and one of the worst poverty rates among families. Incomes are devastatingly low compared to other communities of colour. The research summarised that "low incomes, high poverty and very high education are a pronounced feature of their lives." (p.58). This is contrary to the wide belief that good education lifts people out of poverty and a catalyst

for economic progress. The research shows this is not true for the African immigrant community; in effect, their professional qualifications, experiences and skills are not recognised. The study found that institutional racism is rife across employment experiences; this includes systems that do not recognise foreign credentials.

The Low Pay Commission (2017; 2010) found that, although many migrant workers come to the UK with higher skill levels and excellent qualifications, research suggests that they often have to take lower-paid jobs with the key issue being a failure by UK employers to recognise international qualifications (Haque, 2010; Erel, 2009; Battu & Sloan, 2002). There is evidence that migrant workers are particularly vulnerable to low-paid, low-status work. National living wage (NLW) jobs are concentrated in sectors that are defined as 'low-paying'; these are sectors in which there are a high proportion of jobs paid at the minimum wage. The Low Pay Commission (2017) notes that the three largest low-paying sectors: cleaning and maintenance, retail and hospitality, contain half of the NLW jobs, despite only making up 13 per cent of all jobs undertaken by workers aged 25 and over. The Curry-Stevens et al. (2013) study in the US and the Low Pay Commission UK report (2017; 2010) point to a link between immigration, foreign qualifications, low-status jobs, low pay and the minimum wage and difficulties in parental/family relationships and parenting.

1.7.4 Unemployment status and no recourse to public funds

The Curry-Stevens et al. (2013) study found that unemployment levels are higher among Africans than among whites. The 2011 African community survey found that 35 per cent of the community is unemployed and looking for work; more than 1 in 4 spent over a year looking for work. The official benchmark for long-term unemployment set by the Bureau for Labor Statistics is 27 weeks or longer; this means that more than half of the communities meet this level of unemployment. The study described these findings as "harsh and troubling" (p. 69) – ethnicity facts and figures from GOV.UK (2019) reports 4 per cent of white people were unemployed in 2018, compared with 7 per cent of people from other ethnic groups combined. Black people had the highest unemployment rate out of all ethnic groups, at 9 per cent.

1.7.5 UK unemployment levels linked to immigration status

The UK visas and official immigration statistics (2015) reported that more than 77 per cent issued family visas in the 2008 cohort had been granted settlement five years later, with a further 4 per cent recorded as still having valid leave to remain. Migrants granted student and work visas (not leading to settlement) – both mostly temporary migration routes – were less likely to have either achieved a settlement or have valid leave to remain after five years (16 per cent and 6 per cent respectively). Of these, only a small proportion had achieved settlement (1 per cent and 2 per cent respectively). The above statistics show how long it takes immigrants on proper settlement routes to settle down, and not everyone who was issued visas were successfully settled. Other challenges immigrants face in settling down in the UK may include the condition that they have no recourse to public funds.²

Poverty is the lived reality of low and inadequate income according to the Curry-Steven et al. (2013) study; it said that people struggle to pay bills and sometimes go hungry. Their survey of 72 African immigrants showed that 3 in 4 have much less than they need to pay for basic needs. The survey showed that 1 in 3 have experienced hunger in the last 12 months because they could not afford to pay for food. The study found that significant industries are seeking to profit from indebtedness (like the payday loan industry, predatory lenders and unscrupulous mortgage lenders). Immigrants were also confused about things like cash machines and credit cards.

Hirsch et al. (2011) examined the complex ways in which family responsibility and economic outcomes interact. To poverty, the two key issues are for families to have enough income to be out of poverty as well to care for family members

² The UK visas and immigration guidance on Public Funds (2014) noted that immigrants that have no recourse to public funds and are not able to claim most benefits, tax credits or housing assistance that are paid by the state. The guidance listed public funds to include the following benefits: income-based Job Seekers Allowance, Income Support, Child Tax Credit, Universal Credit, Working Tax Credit, Child Benefit, Housing Benefit, Council Tax Benefit, Council Tax Reduction, State Pension Credit, Personal Independence Payment, Carer's Allowance, Disability Living Allowance, an allocation of local authority housing, local authority homelessness assistance etc. Public funds do not include benefits that are based on National Insurance (NI) contributions. NI is paid in the same way as income tax and is based on earnings. Benefits to which a person is entitled as a result of NI contributions include contribution-based Job Seekers' Allowance, Incapacity Benefit, retirement pensions, Widow's Benefit And Bereavement Benefit, Guardian's Allowance and statutory maternity pay.

(adults and children). He went further to note that ethnicity is essential in all of this for number reasons: the employment rate may vary among women of various ethnic groups and is mostly affected by patterns of education and occupation and choices about work and type of childcare. There are also big differences in terms of community support networks between settled ethnic communities and new migrants.

1.7.6 Parenting and the state of the marriage

The Curry-Stevens et al. (2013) study found that the majority of the population live in married-couple families and the remainder are either women raising children on their own and a much lesser, though still significant number of men are raising children on their own. The study found that almost half of sub-Saharan Africans have not been married and that more women have become separated or widowed, but a roughly equivalent number (with men) have divorced. The study described the African immigrant community as young, with a high percentage of married-couple families. This phenomenon means that the impact of family dissolution is highly stressful for the women, who are most likely to be left to raise their children alone. The possibility of a circle of poverty, isolation, stigmatisation, parental stress and poor behaviour in children who may have underlying emotional trauma of separating from one parent begins.

The study described the African family structure as typically male-led, with men being the leaders and breadwinners in the family. In the US, however, African women are more likely to find employment than their male partners and more likely to have high incomes. Government welfare funds are more likely to be issued to women, and women are more likely to develop English language skills than their male partners. As a result, a role transition disrupts the male status and position in the family. The study recorded that one consequence of reworked gender relationships is the profound disorientation and futility experienced by men in families:

If you know that African men are the heads of families, and they are breadwinners, you will understand the frustration, the feeling of inadequacy ... Men live in perpetual heartbreak. (p. 92).

Sometimes, men's angst results in violence against women and children. When one experiences frustration and challenges (intended or unintended) to one's stature, this threat catalyses an effort to regain control, and the route to such control is the subjugation of those that threaten this stature – even more likely

when violence has been used in the past to subjugate the person currently being challenged.

1.7.7 The family responsibilities, problems and expectation from home

The study noted that remittance is an essential dimension of the collectivist African immigrants, who care for family members, extended families and the wider community. The study found that 60 per cent of African immigrants send money to Africa. Though they are struggling to settle in the new country, the immigrant feels held in a place of privilege and stature in their relationship to those in Africa.

This is the story of most African immigrants around the world. I have come to see this responsibility imposed on individuals who left their home country in Africa to Europe and elsewhere as the 'cultural/community black tax' which can be very difficult to avoid paying. Avoiding making remittances could result in isolation and disownment by family and community.

1.7.8 Housing challenge

The Curry-Stevens et al. study found that a high percentage of African communities are vulnerably housed. A significant number of African immigrants spend more than half of their income on housing, and for homeowners, more than 1 in 3 pay more than 50 per cent of their income in mortgage costs. The high costs of housing are further made worse by language barriers in relationships with landlords that result in stress, eviction and an environment of animosity and confusion. Other factors include occupancy levels and an inadequate supply of affordable housing.

The African Community survey (2011) shows that African immigrants have a higher likelihood of moving frequently. According to Curry-Stevens et al. (2013), 61 per cent of the community moved homes within the last 12 months; they found that moving reduces the likelihood that African immigrants will participate in surveys. Other negative factors to moving are increased likelihood of mental health challenges (as suicide risk increases with what is called social fragmentation and social isolation) decreased academic performance, and a high possibility of self-exclusion from school. It is known that poor behaviour might be experienced from the children and presentation of other difficulties, parental stress and relationship strain, parental separation and broken marriages.

Robinson et al. (2007) found that new immigrants in the UK are primarily influenced by their immigration status, associated rights and related opportunities. They tended to fill the void in housing stock left behind or avoided by other households which resulted in a concentration of new arrivals in certain neighbourhoods. As seen in Curry-Stevens et al. (2013), Robinson et al. (2007) found new immigrants reported problems of insecurity, poor living conditions in permanent long-term accommodation, little or no secure tenure and people struggling to maintain their accommodation due to low incomes, unemployment and poverty – in some cases losing their homes and becoming homeless.

1.7.9 Adjustment difficulties, mourning and loss of home, family, friends and family left behind

Health and wellbeing was a factor of note from the study; it found that African immigrants have specific needs, ranging from learning the language to learning the social services structure to applying to welfare benefits and the generally disempowering state of being new in a different society. Settling in is bewildering, made more so as there is an expectation of acculturation.

Acclimatisation to US society is very difficult, with high stress and role changes required. The study found that 20 per cent of immigrants and 44 per cent of refugees suffer from depression, and similar numbers suffer anxiety disorders, while the approximately 7 per cent of the general population has anxiety. There are various reasons why people may not seek care and treatment for mental health illness early: language barriers to accessing care, cultural stigma about mental health illness, social isolation and lack of insurance to pay for care.

Communication is another critical factor – even with interpreters – it is difficult across cultures and complicates care, especially in the area of mental health.

1.8 Practitioners' views on child protection laws and procedures

Two famous lines of discussion concerning the protection of children (standards and methods) are individualist and collectivists points of view (Waterhouse et al., 2015). The individualistic point of view argues that the standards of raising kids are a private affair, where religious and other ideological considerations are the responsibility of private families or institutions. In contrast, the collectivist point of view argues that children are already members of society from birth, and their upbringing is a matter of public concern. I considered the 'when' of the

collectivists' point of view on children's place in society and a child's view of 'when' they feel like a part of the society – both are important. However, Maynard and Thomas (2009) gave prerequisites for this. They discussed difficulties; irreconcilable contradictions social workers face balancing legitimate access to the private arena of a family for a full picture of issues experienced. Individual families/carers are resentful of this interference and the public want to see a common standard of 'human behaviour' and freedom from state interference (Haus, 2008). Contemporaneousness and effective intervention came following deficits, failures and violations in standards of child protection in private contexts (families and care institutions).

Carnock and Montgomery (2011) looked at the universal and equal rights of children and the cultural practices of pre-modern times. Due to the modernisation of child protection concerns, there is a concentration of power on expert systems at the expense of personal and professional liberty. Professionals who used their discretion based on training, knowledge, experience and expert skill set are weakened and forced to follow procedures in order to keep their decisions within legal parameters. The push and pull experienced by professionals for not doing enough in identifying abuse and acting prematurely and with insufficient respect for families' rights to privacy becomes problematic. Thus Power (2004) said that professionals are now experiencing a shift in child welfare system from prevention and crisis intervention to risk management.

Parton (2012, p. 98) elaborated that

the key defining feature of social work is that it operates in the intermediary zone between the private sphere of the family and the public sphere of the state and the wider society in order that the child can be protected but also that the privacy of the family is maintained. In doing so, it plays a key role in governing the family in advanced Western societies.

Dingwall et al. (1983, p. 220) felt that there is a level of "agency failure" of the child protection system as it is neither "fully effective in preventing mistreatment nor in respecting family privacy and lurches between these two poles". Child protection social work, as Cooper et al. (2003, p. 16) stated, is "perhaps the most demanding, conflict-ridden, worrying and controversial of modern public services".

Navigating the various positions on child welfare in Europe, it is hard to see what is best practice. However, there is the consideration of the political structure and cultural values of the people; for example, Finland is the principal provider of welfare while Germany and Austria subsidise welfare and have mediation agencies working between government child protection agencies and private individuals. This reduces the critique of a single profession when things have gone awry, but also slows the response to issues.

Hetherington, Cooper et al. (1997) found in their research work learning about the child protection systems of other countries that it is hard to understand a child protection system without a case situation. At the same time, it is hard to understand the decision-making frameworks of a social work team without understanding the system it operates in.

The next section will detail agencies involved in supporting black African families.

1.9 Organisations involved with black African families and their support services

1.9.1 Victoria Climbié Foundation

The Victoria Climbié Foundation (VCF) is a UK organisation which emerged from the Victoria Climbié family campaign, founded to support the family of Victoria Climbié in their quest to seek justice and accountability for the failures, incompetence and negligence of the child protection system. The foundation has provided support to families involved with statutory agencies. VCF undertook a pilot study in 2015 titled *Engaging Children and Families: The role of advocacy within child protection*. The key findings from the study include that individuals and families who approached VCF for help did so to resolve conflicts with statutory organisations – mainly housing and children's services.

Specifically, this included parents in conflict with the UK's Border Agency (UKBA) over immigration issues; with local authorities about child protection issues; with partners and ex-partners; with education services; with local authorities about housing issues and children in care and teenagers in conflict with authorities.

The study also found many of the families have experienced poverty, low and uncertain incomes, lack of recourse to public funds, inadequate and problematic

housing, and temporary accommodation, including hostels. These conditions have impacted on the lives of parents and their capacity to provide for their children. It also threatened family cohesion and caused conflict, separation, disruption and children considered for or placed in local authority care.

Children's services intervention appeared to exacerbate the difficulties already experienced by parents of children with disabilities, large families, and those dealing with the physical and mental health concerns of a family member.

Families who participated in the study have experienced the trauma of dislocation and loss. Conflicts between family members, breakdowns of parental relationships or the parent/children relationship, experiences of violence through domestic abuse and conflict with neighbours and strangers all caused feelings of being unsafe living in the area. The Briggs (2015) report also found adverse impacts of migration to be language, communication difficulties and conflicts about cultural differences with statutory services. It also found that different cultural expectations and perspectives about childcare protection contributed to conflicts between families and children's services, including the occasion when children were removed from the family by children's services or the police.

VCF has developed an innovative and robust method of advocacy for working with families. This is characterised by working to realistic assessments and emphasises the need for establishing communication and dialogue between individuals, families and statutory services to resolve conflicts. The study also found that the application of the VCF approach leads to improved outcomes for clients through achieving access to better resources and resolving conflict situations.

1.9.2 AFRUCA: Child protection support services for black and African families in England

Africans Unite Against Child Abuse (AFRUCA) was established in May 2001 as a platform for advocating for the rights and welfare of African children following the deaths of children like Victoria Climbié, Jude Akapa and Damilola Taylor in the UK. AFRUCA's mission is to respond to the problems African children and parents face and the gaps that exist within the child protection system for African children in the country. The focus of AFRUCA's work is prevention and early intervention. The 1989 UN Convention on the Rights of The Child along

with the UK Children Acts of 1989 and 2004 provide the foundation for the work the organisation does with families.

AFRUCA maintains that culture and religion should never be a reason to abuse a child. AFRUCA works with families on a one-to-one basis to provide child protection awareness and positive parenting skills to parents and carers of black/African background. By building parents' knowledge and skills, they aim to reduce the number of black/African children subject to child protection plans and reduce the number of children removed from their families and placed in the care system. AFRUCA provides training for practitioners who meet internal needs for workforce development and organisational priorities of all practitioners working in child protection and safeguarding of black and African families in the UK and across Europe. AFRUCA's work emphasises the theory of change on three levels in supporting the black and African children and families. These are changes in culture, the system, and the structure to promote the rights and welfare of children. AFRUCA's recent research report, *Exploring Attitudes Towards Physical Chastisement Among African Communities in Greater Manchester* (September, 2018) details views and lived experiences of using physical chastisement as a tool for parenting, and the actions and consequences from statutory agencies because of this.

1.9.3 Haringey Migrant Support Centre

The Haringey Migrant Support Centre (HMSC) was set up for migrants in Haringey who were concerned about the lack of immigration advice and migrant-specific services provided in the borough. HMSC's mission statement (2020) notes that

Haringey Migrant Centre will provide a weekly drop-in service for migrants. The drop-in offer free immigration advice from legal professionals, advice and signposting services on welfare and health issues. It will also provide a safe and welcoming space, helping to reduce social isolation amongst migrants and serving as a hub for social and wellbeing activities. It will campaign on issues relating to migrants and raise awareness of migrants' social and economic circumstances amongst people in the community. It will welcome people from all migrant groups, regardless of their specific immigration status.

HMSC provides support through a system of triage, initial assessments sessions and offers to follow up advice appointments. There are other agencies providing similar support across several boroughs in London.

The review of recent and past literatures shows the various biographical histories, immigration stories and cultural beliefs and values of parents, with focus on the lived experiences of parents who have had statutory intervention. Parents difficulties in settling into their adopted country and culture are steeped in tales of woes with difficulties ranging from low pay jobs, inadequate housing and experiences of racist and harsh child protection interventions. Parents appear misunderstood and experience a disproportionate number of West African black children placed in care or on the child protection register. During the research, findings from focus group sessions with professionals showed that professionals have unresolved psychoanalytic materials from childhood which presents as unconscious revenge projected towards mothers and families of West African origin.

1.10 Summary

This chapter explored immigration to the UK with a history of the child protection system in the UK. Research studies on parents' experiences of child protection and child protection plans and processes were also examined. The literature on the over-representation of black children in child protection systems was discussed with an overview of the definitions race, ethnic minorities, culture and their impact on child protection. The Curry-Stevens et al. (2013) study of African immigrants and refugees in Multnomah County, Oregon, provided a basis for discussion with reflections and comparisons using various studies completed in the UK. An exploration of some support agencies involved with black African families showcased the type of support offered and how a difference is made to immigrant families and communities.

The next chapter discusses the methods used in the research.

Chapter 2: Methodology

2.1 Introduction

The previous chapter explored various literatures in migration challenges, race and culture issues, child protection and child-rearing practices in West Africa and other parts of the world. It also discussed agencies in England who work with African parents and social care professionals to safeguard and protect children in a balanced way. I have chosen a qualitative method because I am researching the subjective experiences of parents and professionals.

I am not a neutral and objective investigator in this research process. This is because I have worked as a practitioner in local authority children's and young people's services, which is the research area. I am a first-generation West African parent, though never subject to statutory intervention from children's services. I also have a range of professional and lived experiences that influence my views. My tripartite positioning as a researcher, a parent and a professional in this area of research has made me strive to be reflexive throughout the research journey. This was supported through supervision, research seminar groups and race and research discussion sessions. These spaces have provided me with an opportunity to be open to conscious and unconscious materials emerging from the research process, as Froggett et al. (2014) posits that the self is used in learning and thinking from experience, and at the same time using theoretical principles to support thinking process.

The emotions of migrant parents from West Africa to the UK who have experienced statutory intervention (specifically around safeguarding children and young people) cannot be adequately measured or understood in numbers and percentages. The method emerged after much reflexivity, as Clarke and Hogget (2009, p. 7) asked "why are we interested in our research project; why choose this area and not some other? What is our investment in it, and how will this affect the way we go about the research?" Clarke and Hogget (2009, p. 3) also wrote that the reflexive researcher should be engaged in "sustained self-reflection on our methods and practice, on our emotional involvement in the research, and the affective relationship between ourselves and the researched".

It is evident from the quality of the material provided by the research participants that the methods used constituted a trustworthy qualitative research

model, which is valid and reliable thereby ensuring the study has an organic and evolving scientific attitude. Frosh (2003, p. 154) noted that psychosocial subject matter is “a meeting point of inner and outer forces, something constructed and yet constructing, a power using subject which is also subject to power, is a difficult subject to theorise, and no one has yet worked it out.” While reflecting on this, I will discuss my experience as a reflexive researcher, practitioner and parent in Chapter 8.

I have used two different qualitative methods: the Biographical Narrative Interpretative Method (BNIM) to interview the parents, and two focus group sessions employing the use of vignettes to hear the thoughts, opinions and experiences of professionals who work with parents within a social care context. Later, I have used the ethnographical case study research method to understand the dynamics of a primary school and a parent group who have experienced statutory child protection intervention. I will analyse the data using the thematic analysis method, critical discourse and a psychodynamic theoretical framework.

This chapter also discusses some ethical dilemmas that arose in the design of the method for conducting this research. The research process includes the challenges in the recruitment of participants – parents and professionals – and describes the process of the focus groups with professionals; the coded themes of responses and reactions to the vignettes administered to the groups in sessions 1 and 2. The materials from both focus groups were both unprecedented and riveting. The parents’ interviews were equally challenging, painful and emotionally laden. Thus, the focus group process and interviews showed evidence of both conscious and unconscious processes at play. These include childhood experiences and trauma, migration, woes experienced in settling into a new country, systemic /cultural practices, upbringing and individual bias as possible causes that affect decision-making when parents are subject to statutory involvement, and the practice of social work professionals.

In this chapter I will also explore the underlying epistemological assumptions of a psychosocial framework to understand some of the lived experiences of parents and the social work professionals that work with and for them.

2.2 Philosophical foundation

This section describes the theoretical and philosophical origin of the research approach and the methodology and analysis for this research.

2.2.1 Ontology in my doctoral journey

In developing my research interest, I had initially considered parents and social care professionals (which include me) as social entities, existing in both natural and social worlds; our experience and perception of being in the world (Wisker, 2008). I have adopted Bhaskar's (1978) perspective of critical realism which is based on the premise that there is a reality out there which is separate from our thoughts. This reality is divided into three levels: the practical level, which covers experienced events; the actual level, which consists of all events whether experienced or not; and the causal levels – mechanisms which generate events. These mechanisms are from different levels of stratified reality: biological, social, existential (Houston, 2001). Thus, I consider issues that might immediately be at play in these inter-relationships:

- Is there something to be learned from the parents by social care professionals?
- What difficulties do social care professionals and parents experience when working together?
- What is the psychosocial account of the lives of parents who have immigrated to the United Kingdom, and what do the experiences of social care professionals working with this group of parents look like?

I feel from my experience that a large proportion of relationships developed between parents and professionals do not come from any direct application of policy but the unique and effectual engagement of one to the other in the shared interest of the concerns at hand: child protection. Also, in developing my research proposal, I had a sense that issues are discussed and negotiated, and agreements and compromises made. This implies that social events are not only created through social links; they are continually developing in an iterative way. This contrasts with when people perform according to the rules relevant to their place in an organisation, or in wider society. It suggests that organisations or societies have dominance, and the people that work within them operate in the manner they were employed to undertake (Bryman, 2016).

2.2.2 Epistemology

Epistemology is defined by the online Oxford English Dictionary and (Wisker, 2008) as the understanding of the theory of knowledge, especially with regards to its methods, validity and scope and the distinctions between justified belief and opinions. At one end of the epistemological spectrum lies positivism, which raises a form of scientific examination able to precipitate experiments that demonstrate facts that can then be reproduced autonomously by others. At the other end, and at odds with the premise inherent with positivism, lies interpretivism, which focuses on the social world and emphasises the range of different ways of researching the nature of human social life and accurately reflecting its complexity. Snape and Spencer (2003, p. 13) said that the “relationship between the researcher and the social phenomenon is interactive. In this case, the researcher cannot be objective and cannot produce an objective or ‘special’ account”. Bryman (2012, p. 28) explored the differences between the two approaches and the discord as follows: positivism explains human behaviour and “interpretivism is concerned with the firm understanding of human action rather than with the forces (that) are deemed to act on it.” Bryman (2012, p. 393) noted that reflexivity on the behalf of the researcher ensures all the implications of methodology; values and biases are considered and “entail a sensitivity to the researcher’s cultural, political and social context.”

2.3 Methodology

The ontological position therefore draws on critical realism, and does so from an epistemological position: the tradition of interpretivism. It is pertinent to examine the research methodologies that were selected to help explore the research approach set out in section 2.2 of this thesis.

The introduction of this work details the background of the researcher, i.e. the professional and personal experiences of being a West African parent working in local authority children’s and young people’s service. During this time, the researcher observed many ethnic minority families (parents) who are ignorant of and/or lacked the understanding of relevant child protection policies and struggled to engage productively with social care professionals. Professionals also struggled to work with this group of families in a positive, engaging and non-oppressive manner. Practice as a result of professionals’ interpretation of the policies towards this group of parents was sometimes applied differently to

parents of Caucasian background. Chapter 1 explored various literature on the lived experiences of first-generation West African parents and indeed any ethnic minority parents who migrated from Africa to Europe, America and elsewhere. The voices of these parents were heard clearly about how they grappled with the various factors at play in their quest to settle in their new country. The factors include (but are not limited to): language barriers, education, status, employment, housing, welfare and community; but the most significant factors are the policies that govern the system (society/country) and the professionals that interpret and give life to the policies. Hence, a methodology was required that can engage with the lived realities of this group. Parents' difficulties included ignorance of and lack of understanding of acceptable child-rearing practices in the UK, professionals' difficulties; the policy interpretation applied to this group of parents and the system itself.

2.3.1 Psychosocial approaches

Psychosocial approaches relate to the combination of internal and external realities. They look at external issues such as policies, procedures and practice; as well as internal issues such as the emotional responses of parents who have had children's services intervention. Conversely, the professional (social workers') responses in dealing with families whose children were deemed to have met the threshold for children's services intervention may be conscious or emerge unconsciously through the various 'defended positions' that they seek to occupy. These defences, such as splitting and projection, are part of a psychoanalytically informed psychosocial approach. Cooper and Lousada (2005, p. 15) shone a light on the value of the psychosocial approach by asserting that "the work of welfare is emotionally, intellectually, and practically challenging." Psychosocial approaches then encompass relationships, both at the conscious and unconscious levels between individuals, communities and systems and, according to Cooper (2009, p. 440), an inherent belief "that every situation and context is unique and particular and must be understood-apprehended in its terms." This gives an insight to the unprocessed and unconscious of feelings that social work professionals may hold, and their interplay with their practice when dealing with parents. This type of qualitative research, noted Julian Manley in Clarke and Hoggett (2009, p. 79), "demands an attitude of reflexivity and understanding of subjectivity and intersubjectivity in

the researcher.” This is work that takes emotions, their projections, transferences and counter-transference seriously.

2.4 Research design methods

This section describes the research process, its design, and how it relates to the research questions. The research design consists mainly of two types of method: BNIM interviews and focus group sessions. This means two different data sets that were analysed systematically. The ethnographical case studies method was also used to capture the experience and views of parents within their community setting.

2.4.1 Method 1: Recruitment of parents

I had thought a lot about how to recruit my parent participants over several months while preparing my ethics application to the University Research Ethics Committee (UREC). I researched and contacted several voluntary and statutory organisations that work with parents of African background who have had statutory intervention from children’s services. They include the Victoria Climbié Foundation (VCF), Africans Unite Against Child Abuse (AFRUCA), Haringey Migrant Support Centre (HMSC), family rights groups and Spring Care Agency, an East London local authority children’s service and a North London local authority children’s service, an outer London primary school and a professional acquaintance with connections to a church with a large number of African congregants. It was challenging to engage with the gatekeepers in these organisations. I had to call and email several times with my requests: for the organisation to introduce me to the families of West African origin who are known to them, have had statutory involvement, have finished all involvement with statutory services and are interested in taking part in my research study.

2.4.1.1 *The gatekeepers*

The journey of finding gatekeepers was quite tricky, and I felt disillusioned at the lack responses to my emails and messages, the lack of interest and capacity and the seeming lack of understanding of the research, despite several explanations via phone and email. Eventually, the VCF responded and asked for more information about my research. I immediately emailed the full research ethics application I prepared for UREC to the operations director. I followed up by calling a week later; I was informed that a discussion will be completed with the Chief Executive of the foundation for his approval and that it will be likely

that I will come in for a friendly face-to-face meeting. Two weeks later, I received a call to agree dates and time attend the VCF offices. I met with the directors, and they were positive, welcoming and willing to support my research following an informal discussion about my research aims, the characteristics of the participants and how VCF can support me. An agreement that clients, both current and past, who no longer have any involvement with children's services, will be introduced to take part in the research. Parents would then decide whether or not to engage with the interviews. I was delighted with this progress, which also helped the UREC panel to approve my application.

During my search for gatekeepers, my supervisor introduced me to a fellow research student with connections to agencies that work with African parents. I made contact with her and we discussed at length our research areas and our similar interests in the lived experiences of black and ethnic minority parents who have had children's services involvement; albeit, experiences of different stages of involvement. The fellow student (a black woman of African origin and a children's services manager) introduced me to a family support manager based at a large community primary school in outer London. I contacted her, and she was pleased to hear about my research. I write about my research journey with the primary school and the parents in Chapter 3.

2.4.2 BNIM

BNIM, as developed by Wengraf and Chamberlayne (2006), outlined its main strength as the ability to equip the researcher to search for inherent meaning in personal accounts. They added that we not only need to understand our personal histories but the context around them, both psychological and social. BNIM has two distinct lines of interpreting and processing data: one is through biographical events; the other is how the participants told the story. The BNIM method is a clinical case study approach to interviewing; it is an approach that is consistent with the emphasis on reflexivity in the interview while also allowing for the development of an understanding of the unconscious dynamics at play, particularly the individual's defences against anxiety (Hollway & Jefferson, 2000).

I interviewed nine parents, six of whom have finished their involvement with any kind with children's services; the other three were involved with children services due to childhood historical abuse, a teen stabbed to death, domestic

abuse and child abuse linked to faith and belief. I interviewed parents (two of the interviews were with couples) using the BNIM to elicit their lived experience of statutory interventions. BNIM is a type of unstructured interview that is naturalistic, autobiographical, in-depth, narrative or non-directive (Wisker, 2001; Wengraf, 2001). The questions to participants are based on the BNIM, which relies on a single initial question to induce narrative (SQUIN) and is followed up by particular incident narrative (PIN) questions, but only in order to further encourage narrative flow. The SQUINs used in the interviews (see Appendix B) are:

SQUIN 1: Can you please tell me the story of you and your family's upbringing in West Africa and the story of your immigration and experiences in moving to this country?

SQUIN 2: Can you tell me about your experiences of and involvement with children services in this country?

The interview was completed in two parts: the first part elicited information about the participants' upbringing in West Africa and the second part elicited information about experiences in the UK. Finally, I looked to find links (or the lack of links) between the information provided in the two sessions, and I prompted for more information as required. Miller (2004) said that all research with human participants exists in a relational context in which the question of trust is central. Before the interviews commenced, I also sought to clarify any questions the parent participants may have had about the research project, process and issues around consent and confidentiality.

Parents appeared to be more open to me because I am a black African woman who understands their cultural perspectives. I am mindful of the complexity of the research relationship and the imbalance of power which exists between the parents and me. This is because I identify myself as a first-generation West African black parent, and one who has worked as a professional within children's services. My approach to this question of unequal power distribution was to be as open, honest and transparent as possible about the research project, the processes of data collection and the analysis and dissemination.

Hollway (2009), in developing the concept of the research as an "instrument of knowing" (p.4) posits that reflection provides an understanding that can help us to articulate the participants' experience and subjectivity in distinct ways. This evidences the idea that transference can be recognised through the subjective

experience of the researcher. Hollway (2009; 2000) is also interested in how anxious and unconscious processes affect the research participants' responses and presentation; this means that the emotional tone of voice, unspoken words and pauses can unveil unconscious meanings being communicated. Hollway (2009) referred to the research participant as the "defended subject" (p.3) – through this understanding, tough questions may be answered superficially. Clarke and Hogget (2009) examined the use of psychoanalytic and psychosocial ideas in qualitative research. They argue that the researcher and participants are not only defended, but that other psychoanalytic notions may be involved.

While conducting interviews with parents I found pain, profound sadness, anger and even rage. Parents raised voices, made angry sighs and agitated hand movements to describe events. Some parents were tearful in their inability to continue describing their lived experiences, and refused to say more due to the intensity of the hurt. All the interviews were emotionally intense; the parents talked about their experiences in their native dialect interchangeably and the English language with ease, knowing that I would understand their experiences on a deeper level. (I also speak two main Nigerian languages fluently, as well as the regional West African Pidgin English).

Hochschild (1983) noted that reflecting on what is conscious and unconsciously communicated in the interview is the emotional work of the research. Counter-transference includes reflecting on the emotional charge of the interview, the different feelings and intensities evoked in the researcher and the researched. In the interviews with the parents, I recalled the moments when the tone of voice while describing their experiences with children's services heightened. The switching from English to native dialect enabled them to accurately describe the profound pain and bewilderment experienced. I found it an overwhelming experience as Ruch in Ruch et al. (2010, p.43) describes in her paper that "social workers in all contexts have the potential to act as the container for distressed individuals, by tolerating and understanding their distress and expressing confidence in their ability to learn to manage their own distresses."

Ruch stresses the need to ensure that the worker is not overwhelmed by the distress experienced by the individual or family. At these times, I attended to the

parents emotionally and pulled through the intense emotional projections directed at me while offering containment. This containment made it possible for the interview to progress to more compound events which were articulated, listened to, felt and thought about (Bion, 1962). In this way, the interviewer's reverie – i.e. my attendance to the emotional strands of the work and the unconscious or semi-conscious communications – helped me to absorb the experience and think about it; using counter-transference responses to create meanings through dialogical analysis and providing material for researcher reflexivity. Harvey (2017, p. 45) noted that “countertransference is a reflexive attitude of the researcher where the unconscious is made conscious through a process of reflecting on our emotional responses in order to understand the unconscious communication of the research participant.” This includes what the researcher brings to the encounter and the unconscious reasons for the object of study (Giami, 2001). I reflected on the unconscious meaning of the research during my supervision meetings, the race and research forum and clinical seminars. I found that the research represents a deeper understanding of my journey as a first-generation West African immigrant and now as a parent (with involvement in children's services but working within it as a practitioner). I had experienced difficulties settling into a new country; I had experienced barriers to appropriate information and clear communication while working with other professionals, families of West African origin and minority ethnic groups. I had feelings of guilt, anger and helplessness stemming from being in the system at the time, and not being able to help these parents understand their profound experiences. As stated by Crittenden (2008), understanding and helping troubled parents to become secure and balanced people is crucial for the parents themselves, for their children, and for society.

Reflexivity was used in the tasks of completing the interviews while grasping the pain, fears, hopes and aspirations suffered by parents, their children and their families. During the interviews, I noted my emotional reactions and took these reflections to research seminars where I reflected with a group of fellow research students. In reading out extracts of the interview material to the group, they provided me with different interpretations and meanings; it helped with the blind spots we all have in our subjectivity (Urwin & Hollway, 2015; 2007). This especially helped me to secure awareness of the unconscious role I hold as a parent and a practitioner.

2.4.3 Method 2: Recruitment of social care professionals

I had planned to recruit social care professionals from my professional network to participate in focus group sessions, but I had a challenging experience. Several colleagues and friends of colleagues were curious, and a few did not understand why I wanted them to get together to discuss social care/work issues in a focus group setting. I set about calling, emailing and arranging coffee meetups to talk about my research interests and recruit participants to take part in my focus group.

I met with Clara, an ex-team manager at a North London children's service, who had set up her employment support agency a few years ago. Clara's agency provides social care services to local authorities. She responded to my various emails and calls following a chance meeting at a funeral. We talked at length about my research and the background to it. Clara was very interested and noted that she had wanted to bring a group of social workers together in a forum to provide a beneficial and supportive space for social workers to discuss cogent issues relating to their practice, and at the same time hopefully provide a platform for interested participants to join my focus group. Clara noted that her interest stems from her experiences of working for several local authority children's services for 25 years. Clara and I agreed that we would form an informal WhatsApp group called 'Social Work Practice Forum'. Clara completed this task, and I spoke to social care practitioners from our professional network about the ethos of the group. This included to "support one another with practice and career issues, support one another with higher education aspirations, raise awareness on issues, educate, support and advocate for immigrants families and community in England and Wales through talks, seminar, presentations and training". This will be achieved through "empowering, educating and supporting the immigrant community on social work issues such as child protection and safeguarding vulnerable people." The group aimed to "partner with agencies such as local authority children's services, embassies, high commissions and consulates, churches, evidence-based research, articles and case studies published through social care publications," (Social Work Practice Forum UK, 2017). We had 20 enthusiastic professionals join the WhatsApp group after 6 weeks of active conversing. Over a further six weeks, Clara and I posted several social work articles exploring social work issues and concerns from Communitycare.co.uk; the articles drew

professional comments synthesised by child protection policies and procedures and the dynamic systems within which the social worker operates. The comments did not tell me something personal about the social workers on the practice forum. I decided to post social work humour cards as further icebreakers to the group:

The mugger came at me with a gun and said 'your money or your life'. I told him 'I am sorry but am a social worker, so I have no money and no life.' (Posted to Social Work Practice Forum, 12 July 2017)

The humour card raised comments thus:

This is funny but sadly a reality for most social workers

this narrative needs to change though.

very funny but a reminder of social work is hard work and low pay.

in this forum, we will work towards a positive change.

Really, we must be superhuman.

I posted another card that was neither humorous nor immediately related to social work and was quite surprised by the number and variety of responses:

A person of substance seeks a person of substance. (posted to Social Work Practice Forum 31 July 2017)

Responses:

You have to wear different hats, professional and personal; we are individuals and subject to different tolerance levels. So, choose your baseline. It is looking that way.

Yes, being professional at work and conscious of who we are in public, so we do not bring disrepute to the social work profession.

There are times when your previous experience assists you with making salient decisions based on the first-hand experience. In life journey, both work and personal experience shapes and guides subsequent next actions. Reflection in action and on action. [Thinking emoji]

The comments above helped give some insight into the people (social workers) on the forum. Clara sent an invite to the group introducing me as a doctoral student from University of East London (UEL)/Tavistock Clinic completing her research fieldwork. She invited the group to my research focus group. There was a lot of interest in me and my research area. Clara and I suggested dates, and I secured a venue at a North London Community Hall and arranged for refreshments.

2.4.4 Focus group process

Unlike the one-to-one interview, a focus group facilitates space for individuals to disagree, argue and challenge each other. Bryman (2012, p. 503) noted that “this process of arguing means that the researcher may stand a chance of ending up with a more realistic account of what people think because they are forced to think about and possibly revise their view.” At first, I had imagined a focus group with an all-white professional; however, the ethics panel and my supervisors encouraged me to open the research design to include all social work professionals in the recruitment drive to ensure balanced views. I allowed the anxiety and fear of the unknown to sit with me while I recruited professionals (via the Social Work Practice Forum); professionals that were from a mixture of backgrounds of race, culture and ethnicity. Through acknowledging my anxieties and fears and letting go of the control I wanted to have in this research, I was able to gain a new perspective – a process that allowed for a flexible, unstructured dialogue between the members of a group to elicit their thoughts, perspective and opinions.

Earlier, I had discussed the recruitment of professionals to the focus group (WhatsApp Social Work Practice Forum Group). Once a date was agreed (between six and eight weeks in advance), I advertised the focus group session weekly. The reminder notes highlighted that the group session was an opportunity to share experiences, learn from one another and be in a positive, supportive space with like-minded professionals. The reminder notes also had details of the venue and programme for the day. I had arranged the session to ensure convenience for all attendees, on a Saturday, starting from just after midday, at a location near to public transport hubs and with parking spaces. I provided hot and cold drinks on arrival as well as sandwiches, pastries and fruits at breaks and at the end of the 120-minute session.

Provision of food and drinks to invited guests at events is an important part of my cultural values as a black West African. It shows regard for the health and wellbeing of the guests and ensures a successful communal and engaging event. Guests have reported feeling valued and thought about. Social eating is a cross-cultural activity, however the studies by Dunbar (2017) found that people made friends, reinforced friendships and family relationships, built wider

community relationships and experienced health benefits. I found this to be true at the parents' and professionals' focus group sessions.

The Social Work Practice Forum had grown from 20 to about 35 members by the time the second focus group was completed; this meant the possibility of a higher number of attendees to the session. The need to ensure the group was sufficiently large caused considerable anxiety: in the first group, 18 professionals committed to attending, but only 11 turned up. Bryman (2012, p. 507) wrote that "one major problem faced by focus group practitioners is people who agree to participate but do not turn up on the day. It is almost impossible to control for 'no-shows' other than consciously over-recruiting, a strategy that is sometimes recommended."

Eleven professionals attended the first focus group session, and a different group of 10 (all new except for one) attended the second focus group session. I facilitated both focus group sessions with practitioners to elicit how they experience parents in relation to the two vignettes (see Appendix C). Litosseliti (2003, p. 1) stated that focus groups are small, structured groups with selected participants, usually led by a moderator. They are set up in order to explore specific topics and individuals' views and experiences through group interaction. Focus groups are special groups in terms of purpose, size, composition and procedures. I explored various professional practices in a structured way by administering short vignettes to practitioners of mixed ethnicities and recorded and analysed their responses. It is hoped that the focus group will highlight the influence of the practitioner's background in decision-making and the unique group processes that lead to decisions being fair, supportive, partial or punitive.

The number of professionals who attended both group sessions was just right (neither too large nor too small). The transcript of the focus group shows everyone contributed. While some participants appeared to say much more than others, there was fair and even contribution across the group. This was helped by my recording device, which was passed around one at a time as professionals made their contributions based on the vignettes. This ensured that each contribution was registered on the recording device. The mixed group of professionals (white English, black Africans, Afro-Caribbean, Asians and mixed-race) provided my research with rich material as every participant had a

different frame of reference, childhood upbringing and experiences as a social work practitioner.

The importance of careful planning and thoughtfulness in developing the arrangements for a focus group should not be underestimated, including making practical arrangements for good meeting rooms, offering refreshments and making time for good introductions which create a warm, welcoming space for everyone. Combining these two methods (BNIM and focus groups) will provide data that encompasses the intra-psychic, social and organisational aspects of decision-making, practice and statutory intervention in child protection to families black West Africa. The range of data produced was recorded for both the BNIM interviews and focus group, then transcribed and analysed drawing on the theoretical frameworks discussed in my proposal. Themes were identified both holistically and across individual interviews and the professionals' group discussions using thematic analysis.

2.5 Ethnographic study

My research design did not initially include ethnography. However, my experiences with the school gatekeepers were best reflected using the ethnographical research method. The research process of recruitment led to unexpected avenues that were ethnographic in nature. This method facilitated further research of the lived experiences of black communities, which is a difficult area to research. Fusch et al. (2017) state that ethnography can be used to explore the feelings, beliefs and meanings of relationships between people as they interact within their culture, or as they respond to others in response to a changing event. Cronin (2014) described case study research as a highly legitimate research method appropriate for both qualitative and quantitative research, mainly dealing with "the understanding and change of interwoven complexities associated with interpersonal processes that emerge in a wider context" (p. 20). Hollway et al. (2010) defined ethnography as the description and interpretation of a culture or social group; study of culture and everyday behaviour of participants. Black ethnographers (Henderson, 2017; Brown, 2011; Kaba, 2009) found from their studies that although ethnographic research seeks to highlight the culture of a racialised group, race is often not acknowledged.

This mini-study was limited to the school personnel and the parent community, and was conducted for a short period, focusing specifically on the school's relationship with the parent community. The purpose of mini-ethnography is for a researcher to understand the cultural beliefs, values and roles about what is called to mind by the participants (Henderson, 2017; Alfonson, Nickelson & Cohen, 2012; Brown, 2011; Kaba, 2009; White, 2009). Yin (2009) noted that case studies help us to understand complex social phenomena while allowing investigators to retain a holistic view of real-life events such as individual life cycles, small-group behaviour, organisational and managerial processes, neighbourhood change, school performance and international relations.

2.6 Data analysis

The overall sources of the data (Figure 1) were from the transcribed recordings of BNIM interviews with parents and focus group discussions with social care professionals, Social Work Practice Forum comments to posts (on WhatsApp), reflective and research diary (my personal experiences and feelings), notes from supervision meetings and seminar contributions from supervisor and colleagues. The approach to analysing the material is based on a psychoanalytically informed psychosocial approach and a Gestalt approach; analysing events and relational interactions in detail but keeping the whole in mind (Hollway & Jefferson 2000). I am aware of the responsibility upon me to be reflexive, drawing upon all spaces where materials from the research were discussed to apprehend the meanings and interpretations ascribed to the events, actions and experiences. I am mindful of the social, emotional, mental and 'other' realities of the lived experiences of all the participants involved in the research, including myself.

2.6.1 Analytical process

A psychoanalytically informed approach to the focus group and BNIM method encapsulates psychoanalytic materials including feelings, emotions, transference, counter-transference, projection, projective identification and defence mechanisms – all of which are legitimate concepts used to understand the research process and journey. As a researcher, I must apply an appropriate level of reflexivity to grasp the role of the self as the meanings and interpretations of the research materials grows or changes.

In keeping with the approach of continually reflecting and finding new meaning in the material, I presented four transcribed BNIM interviews and the first focus group session for discussions at my tutorial meeting on 19 February 2018. I had emailed these a fortnight before the meeting to allow time for the reading of the material.

I used critical discourse analysis to analyse professionals' responses to the vignettes in focus groups 1 and 2. Critical discourse analysis aims at revealing socio-psychological characteristics of a person(s), rather than text structures. It analyses conversations, vocal or sign language use, forthcoming events or any significant semiotic event. Fairclough's (2010) approach to critical discourse analysis is centred on language, power and ideology; exceptionally how power relations are established, maintained, enacted and transformed with various vulnerable groups in the society, such as ethnically and culturally different groups. This thesis focuses on the marginalised, vulnerable ethnic minority individuals and families in our society and how the practices of government policies affect the care and support provided to them. Phillips and Jorgensen (2002, pp. 8–9) noted that "our access to reality is always through language, with language, we create representations of reality that are never mere reflections of a pre-existing reality but contribute to constructing reality". They went further to say that:

language is not merely a channel through which information about underlying mental states and behaviour or facts about the world are communicated. On the contrary, language is a 'machine' that generates, and as a result, constitutes the social world. It means that changes in discourse are a means by which the social world is changed.

2.6.1.1 The defended subject

The psychoanalytically informed psychosocial approach provides a framework within which we can examine the professionals' experiences of working with parents who might not provide good enough parenting to their children. The attraction of defences to an individual working in a space which demands emotional engagement is that they offer protection for their emotional equilibrium, thus enabling them to avoid being swamped by the anxiety that can emerge from working with parents, children and families who have experienced any form of abuse and neglect. As professionals, Foster (2001, p. 83) notes that "a duty of care reminds us that we owe this to all our clients – even those who are not the sort of people we naturally feel warm towards. We have to manage

ourselves and our ambivalent feelings without resorting to projection and retaliation, at the same time managing that which is projected onto us”.

2.7 Thematic analysis and triangulating findings

In making sense of materials that emerged from the BNIM interviews and focus groups, another more rigorous analytical approach was used to triangulate the findings. This is the thematic analysis approach; it was used to collate material from the transcripts, reflective and research diaries, notes from interviews, focus groups, research seminars, supervision and race and research forum. Each source of data was read, read again and phrases or words were highlighted. Braun and Clarke (2019) called this method “reflexive thematic analysis”. Stake (1994, p. 241) describes triangulation as “a process of using multiple perceptions to clarify the meaning, verifying the repeatability of observation or interpretation but acknowledging that no observation or interpretations are perfectly repeatable”. The observation of facts or events can be thought about from different perspectives, in different ways and from different archetypal frameworks. For example, psychoanalytical theories are one way of looking at human experience; sociology is another. Both outlooks can provide different perspectives, highlighting other systemic impacts as well as individual psychological processes.

Figure 1 Sources of data

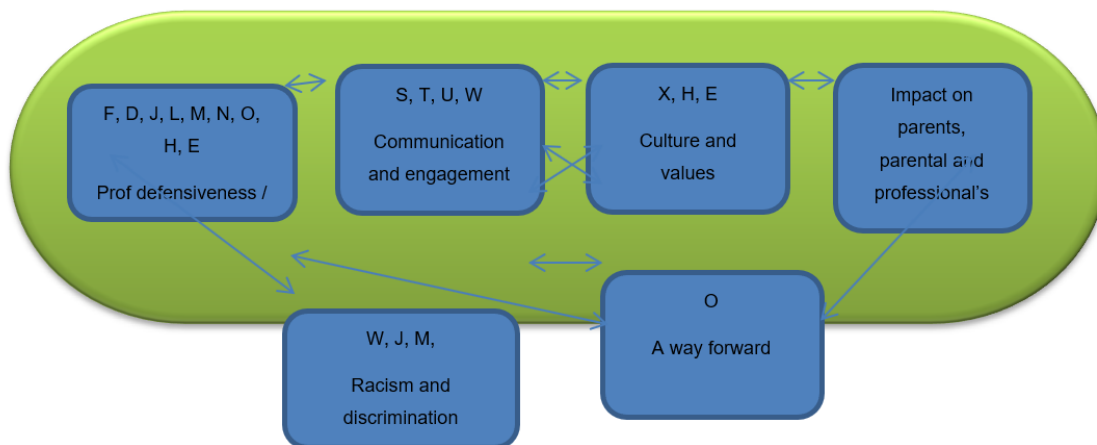


Following a painstaking process of highlighting sentences and words in the texts; these were then written down verbatim in tables, generating a large set of codes that are extracted directly from the actual materials. Having extracted these data codes from the raw material, I then grouped them into provisional categories known as themes. Twenty-four themes were created from the original 460 codes identified and from this group, six simplified themes emerged (see Appendix F, Figure 1 and 2) Braun and Clark (2006, p. 82) pointed out “that a theme captures something important about the data in relation to the research question and represent some level of patterned response or meaning within the data set.”

Table 1 Themes and key coding arrangements

Key	Coding Areas
A	Professional defensiveness
B	Poor communication and engagement
C	Culture and values
D	Professionals' experience of physical chastisement
E	Non-disclosure of abuse
F	White British professional experience of physical chastisement
G	Generational abuse (parents of professionals)
H	Laughter: group laughter, angry laughter, moderator joining in laughter
I	Impact on children (views from parents and professionals)
J	Professionals' criticism and admissions of the workings of children services/agencies
K	Impact on parents
L	Professionals' parent abuse's denial/ambivalence abuse took place
M	Professionals' anger towards parents
N	Professionals' depressive position
O	Challenges working with 1GWABP
P	Racism and discrimination
Q	No culture tolerates abuse
R	Arrivals stories-background
S	The fear of services and their involvement
T	A way forward
U	Immediate police involvement
V	Labelling of 1GWABP
W	Parents/families previously known to children's services
X	Faith and belief-based abuse

Figure 2 Thematic maps of six main concepts with theme keys



2.8 Qualitative generalisation, sampling and validity

2.8.1 Generalisability

Before starting my research journey, I had considered the possible generalisation from my findings. Lewis and Ritchie (2003, p. 264) note that generalisation can be considered through three concepts when starting any research:

1. Representational generalisation refers to whether what is found in the course of research can be generalised across the broader population from which the sample is drawn.
2. Inferential generalisation refers to whether the findings of the research can be generalised or inferred to other settings or context beyond the one that was studied.
3. Theoretical generalisation addresses the theoretical propositions, principles or statements from the findings for more general usage.

The concept that best suits this research is the representational generalisation and how what we learn from the parents and social work professionals who participated in this study can be generalised to a large group of parents, ethnic minority immigrants and social workers within children services. However, Stake (1994, p. 243) argues that even a single case study can have intrinsic value and include generalisability. A case study can encapsulate complex meanings while describing a situation. Lincoln and Guba (1985) stated that generalisability is not as relevant to in-depth qualitative studies. What is more relevant is whether a case is illustrative and comparative. They outline four concepts central to advancing exactness: "credibility, transferability, dependability and confirmability". We can confer credibility if we have confidence in the truth of the

findings. We can infer transferability if the findings apply to other contexts and confirmability if the findings reflect the respondent's interest rather than the general bias, motivation or interest of the researcher. Dependability refers to the extent to which we can rely on a set of findings. There appears to be a generalised predominance of pain in the parents' accounts of child protection intervention. A large proportion of professionals talked about childhood abuse, which infers that this issue is much more widespread than usually believed or talked about.

2.8.2 Sampling

The sampling method used in this research is the purposeful and theoretical sampling method (Dawson, 2009; Patton, 2002). Coyne (1997) stated that theoretical sampling is the process of data collection whereby the researcher simultaneously collects, codes and analyses the data in order to decide what data to collect next. Glaser (1978 p. 37) acknowledges that, in the initial stages of a study, researchers will "go to the groups which they believe will maximise the possibilities of obtaining data and leads for more data on their questions." Glaser (1992 p. 107) further notes that

the general procedure of theoretical sampling is to elicit codes from the raw data from the start of data collection through constant comparative analysis as the data pour in. Then one uses the codes to direct further data collection, from which the codes are further developed theoretically with properties and theoretically coded connection with other categories until each category is saturated. Theoretical sampling on any categories ceases when it is saturated, elaborated and integrated into emerging theory.

Chenitz and Swanson (1986) elaborated on Glaser's position on theoretical sampling, saying "theoretical sampling is based on the need to collect more data to examine categories and their relationships and to ensure that representativeness in the category exists."

Simultaneous data collection and analysis are critical elements. I selected participants purposefully based on the research study phenomenon and the research questions. During data collection, I regularly attended supervision meetings and a research seminar to make sense of the material collected and, through these, categories (themes) were developed and coded. It was felt at these meetings that a further professional focus group and interviews with parents were required; these were completed. More analysis and sense-making

of the material continued throughout the data collection until it reached saturation point.

2.8.3 Reliability and validity

The central aspect of validity that guided my research was attaining internal validity (credibility), which is the believability, consistency and trustworthiness of the research findings and the richness of the data gathered from the interviews and focus groups. I have triangulated these findings with the original research questions and have asked myself several times if I am investigating what I have set out to investigate – the answer was ‘yes’ each time. Robson (2011) said it is a scientific attitude when systematic consideration is used in observations, investigation and subject interpretation. Robson (2011, p. 15) noted that “if these criteria are met, then the study is potentially more valuable because it is of good quality and a socially responsible contribution to scientific research.”

Noble and Smith (2015) suggested strategies to ensure that studies are found to be valid and reliable:

- Internal coherence: concentrating on a sample that is internally consistent.
- Presentation of evidence: presenting enough raw data to ensure that a reader can interrogate the interpretation (i.e. link all identified themes and interpretations to specific quotes from the text).
- Independent audit or close supervision: allowing someone else to follow the chain of evidence (presenting material at supervision and research seminar).
- Data triangulation: using different methods and perspectives to find answers to research questions.
- Respondent validation: taking the analysis back to research seminars for comment on the findings.

Reliability in a fixed design or quantitative research consists of using a standardised instrument which can produce consistent results; however, this is problematic for the qualitative researcher. The researcher, therefore, needs to ensure the reliability of their methods and research practice through accurate and careful record keeping which can be shown to others in forms such as field notes, transcripts, tapes and research journals (Robson, 2011). All my field notes, transcripts and recorded materials are kept in a secure place and readily

available for verification. The transcription was re-read by my colleagues alongside listening the tapes to ensure accuracy. I ensured the concept of validity and reliability had been incorporated in the design of this study to guarantee a trustworthy and credible design with a scientific attitude.

2.9 Ethics: Participants, consent, confidentiality, anonymity and wellbeing

Before commencing the research, it was necessary to obtain ethical approval from all the appropriate bodies involved: Tavistock and Portman's NHS Foundation Trust and the UREC panel of the UEL (see Appendix A). When conducting research, the wellbeing of the participants should be paramount; ethically, the research must follow a code of conduct Robson (2011). While this is an essential organisational tool which is used to support both the researcher and the wellbeing of the participant; ethical issues should be at the forefront of a researcher's mind throughout the research journey (Clarke & Hoggett, 2009). Some essential procedures include: avoiding harm, obtaining informed consent, ensuring confidentiality and anonymity, handling the data with care and providing access to necessary support (Traianou, 2014; see Appendix D).

Smith et al. (2009) later argued that one must always consider the extent to which exploring experiences may awaken or stir up a strong emotional response. We must endeavour to ensure that not only are we providing a safe space for participants to share their experiences but also that if the interview is upsetting, we ensure that the participants have access to additional support. My experience as a clinical social care worker meant that I felt reasonably confident in supporting a professional. Another risk is the probability that a participant may disclose information that may show that a child or adult is at risk of harm – something I must then discuss with the gatekeeper to a particular participant.

Another aspect to consider in avoiding harm requires that, in our role as psychosocial researchers, we should also be aware of the complexities that develop within relationships. It is our responsibility to keep our counter-transference feelings in check; hence individual supervision and research seminars are vital to helping me identify my feelings and to be sensitive in my responses.

The research focused on the lived experience of parents because their experiences are often marginalised and there has, so far, been little research in this area. Understanding the lived experiences of parents provides professionals with insight into the full context of the lives and cultural beliefs of those we are working with. When these experiences are understood, the right kind of support – which is also culturally sensitive – will be provided, and parents will be more likely to work in partnership with us. The child protection framework often reduces the experiences of parents and the context of harm to a single incident. The Department of Health's Framework for the Assessment of Children in Need and their Families (2000) was in response to this – a deeper cultural understanding builds on this framework. If parents experience being understood and feel that their cultural beliefs are valued and respected, they will trust professionals more, and more meaningful discussions about parenting expectations in this country will be achieved. This is an educational intervention rather than a paternalistic, 'blaming and punishing' intervention.

I have used the BNIM method to interview parents because it uses a clinical approach to interviewing. While working with families in North London Children's Services, I encountered parents who expressed profound pain, distress and distrust at professionals and the child protection system. The BNIM uses SQUIN and is followed up by PIN questions, but only to further encourage narrative flow. The rationale of using this method of interviewing was to hear their biographical stories, which included their upbringing in Africa, journeys to the UK and children's services involvement. This method allowed the parents free narration, which is often reflective, reiterative and provides space to speak about incidents or experiences previously thought to be forgotten. It provides space for parents to speak, air their feelings of pain, confusion and maltreatment or feelings of gratitude, support and empowerment.

This interviewing method is especially suited for this group of parents because of their culture and values, which places great emphasis on parenting. Children's services involvement in families is thought to be a thing of shame and disgrace that should be hidden at all costs. There is a marked stigmatisation of families who have children's services involvement once it becomes known to their local community. The interviews were completed in participants' family homes, which afforded them the privacy and safety to

narrate some of the most profound experiences of their lives. This was done with the understanding that the interviews were confidential, and all information provided would be anonymised.

The rationale for using the focus group method supported by vignettes (case studies on physical chastisement and neglect) to elicit research data from professionals was due to the method's open nature. Professionals could share their opinions, thoughts and experiences using vignettes which act as a guide to the area of exploration with regard to the research questions. Focus group sessions also allow opinions, thoughts and experiences to be developed dynamically, which gave rise to other important themes. This was evidenced when the professionals discussed the vignette on physical chastisement; they also narrated their own experiences of childhood parenting, which include severe and profound physical chastisement. In contrast, interviewing the professionals individually would not have afforded the research the rich material that focus group sessions provided.

2.10 Summary

In carrying out this research, a psychoanalytically informed methodology was developed to examine the lived experiences of parents who have had statutory intervention, utilising the BNIM interviewing method and focus group. To make coherent sense of the materials from the interviews, focus groups and other sources of data, I attended regular supervision to discuss, reflect and test out my hypotheses. I also participated in an extensive research group session with fellow doctoral students working in similar research areas. The unique methodological design employed in this research will provide a clear sense of the lived experience of parents involved with child protection services as well as the experiences of professionals who work with them, thus providing new insights. The design values the richness of the material in the typed-up transcripts of research recordings of interviews, focus groups, research diaries, supervision and seminar groups, and allows the breakdown of whole stories (data codes) into parts which are then constructed into themes and concepts.

The next chapter will detail the meetings with the headteacher and the family support manager at the outer London primary school. These gatekeepers introduced parents who took part in the research and the ethnographic studies.

Chapter 3: Ethnographic Study

3.1 Introduction

This chapter will present a case study of mini-ethnographic encounter undertaken at a large community primary school in outer London. I will describe and explore the dynamic processes at work between the headteacher and the family support manager, highlighting their differing opinions of the school's relationship with the parents. This chapter will also describe the school's position in terms of safeguarding and child protection, and finally, the researcher's observation as parents told their stories and experiences of discrimination and racism by the school and statutory agencies involved in the child protection process.

3.2 The gatekeepers

An introduction was facilitated for me with the family support manager (Mrs Carew, not real name) at an outer London primary school. Mrs Carew agreed to speak to the headteacher about my research; she thought that it could help parents of West African background to share their lived experiences of child protection and statutory interventions which, she thought, could in turn, be shared with the school and agencies to improve working relationships. I agreed with this, and when I contacted her to discuss the details, the call lasted 37 minutes. Mrs Carew described in a tired voice the difficulties and challenges parents of black African background face when going through child protection processes. She informed me that the school has a large population of parents of black West African origin, and that she was "not liked at all even though she is a black woman".

A week later, I received an email from Mrs Carew stating that she had spoken to the headteacher and that the head was happy to speak to me about my research and for me to engage with the parents to talk about their experiences of child protection and statutory intervention. I was asked to attend the school the next day to meet with the headteacher and Mrs Carew. The meeting was beneficial, as I learned from the headteacher and the family support manager the problematic dynamics between parents and the school. These issues were described as due to the school's role in escalating safeguarding and child protection matters to children services and the police, whose offices were less

than a mile away. The headteacher noted that a “focus group-type meeting” with parents might encourage parents to participate and share their experiences; she felt that the parents would find an immediate invite to a one-to-one interview with me too invasive, since they are very defensive and unhappy with the school they were unlikely to engage in an interview process due to lack of trust. However, she explained that it was likely that they would participate in a group discussion with a neutral and unknown professional who is independent of the school.

An agreement was reached that the school would send my research letters home to parents of West African origin through their children. The letters detailed the meeting date, time, dinner and crèche (see Appendix C). I understood this meeting to be for the benefit of the school first; after which, any parent who might be interested in my research could then sign up. This case study offers an account of the lived experiences of members of a system: the school, the parent community, professional individuals and statutory agencies caught up in the dynamics that flow from but also reproduce experiences that are felt and believed to be discriminatory and racist. This study has numerous strengths. These include observations turned into useable data which is more vibrant and detailed (Jacobson, 2002), relevance to all parties involved, and it also provides insight and illuminates meaning that expands the readers’ experiences (Merriam, 2009).

3.3 Setting up the parents’ focus group

During the setting-up meeting with the headteacher and Mrs Carew, I observed subtle disagreements appearing in the dynamics between them. Mrs Carew described to me the difficulties the school had been having over several years trying to engage with parents. Mrs Carew said, “the parents never engage with anything, they are very angry and defensive.” However, the headteacher disagreed and said that this was a misunderstanding. The headteacher then disclosed that her husband is of ethnic minority origin, and she understood why the ‘Pastor’ and other parents of African origin would speak in such a passionate way; she also said she understood the hand movements and the raised voices as a cultural way of communicating and making emphasis; the parents are not purposely aggressive. She gave an example of how she greets and refers to the fathers (African parents) with ‘sir’ and how this has helped in

communicating with African parents as well as improving their relationships with the school. Mrs Carew informed me as she walked me to the gate that the relationships with parents are still fraught with distrust and poor engagement. As I left the school, I wondered why the headteacher disagreed with Mrs Carew; Mrs Carew's forthright discussion of the difficulties the school have experienced with West African parents and the headteacher's denial were in conflict. It seemed to me that the headteacher wanted to present a good image of the school by constructively appreciating the concerns of the parents and looking for a way forward, while Mrs Carew wanted to make known the issues and hopefully get some support.

I was placed in the position of a direct observer; observing the events from a more detached position; watching, facilitating discussions and asking questions rather than trying to take part. I found myself at a crossroads between these two positions, as Hollway (2010) wrote of the importance of triangulation to ensure reliability and validity of the data and results; the importance of gatekeepers and key informants, and the appropriate use of the word 'I' to signal the researcher's involvement in the field and subsequent influence on data collection and analysis.

The next section will set out the school's position as a statutory agency in situations of safeguarding and child protection concerns.

3.4 The school's position: Safeguarding and child protection policy

The safeguarding and child protection policy enables school staff to understand what they need to know in order to keep children safe and to respond when there is a concern. Keeping Children Safe in Education (2019) stipulates that policies are reviewed yearly and as required, and should reflect the needs of the school community. The policy should always be child-centred and consider what is in the best interests of the child. Success in Schools (2017) states that policy should ideally detail the school's commitment to safeguarding and outline the definitions, signs and symptoms of the four kinds of abuse and neglect. It includes relevant legislation that covers safeguarding in schools and the mandatory duty of teachers to report disclosures on child protection concerns.

The policy should also name and provide the details of the designated safeguarding leads (DSLs) and how school staff should promptly notify concerns in writing to their DSL. The DSL has several responsibilities, including drawing up and enforcing the organisation's safeguarding policy, being alert to and recognising welfare issues and being the first point of call for all staff who have safeguarding concerns. They challenge poor practice, sharing appropriate information with relevant people (contributing to inter-agency work in line with Working Together to Safeguard Children [2015]), gathering information and guidance if needed, making referrals to social services when appropriate, continuing work with the family, sharing information and contributing to plans when investigating concerns. The expectation is that the policy will contain training opportunities for staff in different roles and type and frequency of training. Safeguarding affects everyone; however, safeguarding and child protection with the African communities in schools without a cultural approach and understanding of parents' values can lead to trust and relationship breakdown.

The Teachers Standards (2013) described that teachers (which includes headteachers) should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties; communicating effectively with parents with regards to pupils' achievements and wellbeing. The Office for Standards in Education, Children's Services and Skills's (OFSTED) monitoring in schools involves demonstrating that the school's safeguarding arrangements are adequate; therefore, the school's safeguarding and child protection policy should explain that the school is familiar with OFSTED's current framework.

The above legislation and policies detailed highlight the statutory obligation Mrs Carew and the head must work from. There is no cultural relativeness or interpretation regarding what constitutes abuse or child protection.

The next section will detail the case study of the parents' focus group.

3.5 Parents' focus group: A case study

The focus group with the parents was completed on a cold, dark January weeknight, inside the modern family support building situated on the school grounds. The venue was purpose-built; consisting of a large playroom with children's books and toys. The large kitchen has four gas hobs, a dining area, a

standard room with comfortable settees, staff offices and meeting rooms. An agreement that dinner would be provided for the parents and their children was made and communicated prior to attendance, as the focus group was planned to commence just before dinnertime. This was to encourage parents who would have had a long day at work to attend.

A crèche was also available and facilitated by Mrs Carew and a family support worker. Reflecting on what I had heard from Mrs Carew about the West African parents and their fraught relationship with the school, I felt that I needed emotional and physical support and requested that my brother and a student colleague from the Tavistock join me in facilitating the focus group session. The standard room, the dining room/kitchen and the playroom were the main areas used during the focus group. Parents began arriving at 6.30pm, half an hour late; however, I was mindful of the proverbial 'African time' that most Africans and Caribbean people practice and I prepared for this. (African time is the perceived cultural tendency to be late to meetings and events of social and celebratory nature). Four parents and a couple, well-dressed arrived (Ireti, Joyce, Pauline, Sneider and Cara and Younes) with eight children, and settled into a three-course Nigerian meal. This went down well, and the children happily went with Mrs Carew and the family support worker to the playroom. The parents, along with supporters (my brother and colleague) went to the common room, which was prepared for the meeting. I had hoped that more parents would attend; however, as they told of their experiences with the school, children's services, police and the courts, I was grateful for the number of parents that made it.

As was written in the letter that was sent out to the parents, I reiterated who I was and that I was independent of the school. I explained the parameters of the meeting, including confidentiality, turn-taking and respectful language; I also facilitated an introduction for the parents (two of whom knew each other well) and explained that I used a voice recorder to capture the discussions.

Parents appeared happy, comfortable and confident; I did not experience them as combative, aggressive or angry towards me as they took turns to speak of their experiences of being raised in Africa, of living in England, of child protection and statutory intervention. I listened to their profound stories and experiences: stories of shock, fear, loss, helplessness, separation from their

children and police involvement, being made to feel like criminals, worry about being stigmatised by the West African community if the story got out.

Parents described a weak and complicated relationship with the school and unfriendly and discriminatory engagement. I will use the ecological theory and systemic theory, respectively.

3.5.1 Poor and painful relationship experiences using the ecological theory

Macrosystems (see Introduction) are a conglomerate of patterns including micro-, meso- and exosystems. This system is characterised by culture, belief system (religion), custom, lifestyle and resources that influence interactions at the inner levels. The parents who took part in the focus group had complex experiences which cut across various environments like the ecological theory. Irete spoke of her family's relationship with the school and how this had been fraught with distrust in recent months following child protection concerns raised by the school. Irete described how quickly the school completed a referral to children's services without her knowledge, and the police were waiting to speak to her at the school when she arrived to collect her children.

Irete described her children being taken into care the same day without fully processing what was happening to her and her children:

I feel betrayed. The school know me, supported me when I experienced domestic abuse at the hands of my husband. I do not like talking about that time of my life because it is over now. The school brought it up with this matter to make me and my family look terrible, I am very hurt. My big daughter is in secondary school, and my youngest two are still there, we have had many years of being at the school, and they know me very well. Why would they bring this thing up and treat me like this without talking to me first? It is shocking. I do not trust them.

Irete spoke of other West African black parents who have a problematic relationship with the school:

You know many people did not attend this meeting; I have to be honest with you they are not happy about what is going on ... There must be something done about it as many parents are out there crying in pain. They took their children for the past seven months, 8 months which I know them, one of them attends my church, her children have been taken away from her since September last year, up till now, they are still going to court. You know it is such a bad experience; it should not be going on and on that way.

Studies completed by Adjei and Minka (2018, p. 513) on black parenting experiences in Canada found that “religion played a strong role in the lives of parents, including parenting practices. Some Christians quoted the biblical phrase of ‘spare the rod and spoil the child’ as justification for spanking their children”. This finding corroborates what Ireti shared at the focus group; though Ireti and other parents vigorously denied smacking or hitting their children:

‘Spare the rod and spoil the child’: this is what my Bible says to me, but in this country, I do not know. I am not happy about the rules and law about child protection.

3.5.2 Unfriendly and discriminatory experiences using the systemic theory

A system theory (see Introduction) is concerned with the network of links between the self and others, individuals and the world. It is a complex range of parts, including persons and their beliefs, as they relate to an entity, for example, an organisation. Joyce and Pauline described extended children’s services involved in their lives, which was complicated and profoundly challenging. Joyce told of personal experiences of domestic abuse, mental ill-health and a child diagnosed with severe autism disorder:

They said they would put in place a CIN [child-in-need] plan for three months. Three months passed, nothing, it is now a year nothing is done; wasted a young lady’s life for the past one year with no assistance, waiting for her to fail so that they can take the children from her. CIN plan will be the first thing a social worker would do to address any issues and assist the family, even after the court refused to grant you supervision order, you still put in supervision order into the CIN plan, and I said no, it does not work that way. This is indirect discrimination.

Pauline described how children services and the police became involved with her family; she said her 10-year-old daughter wrote ‘S’ for sex in her Science work; and then her daughter was then interviewed separately at the police station. After weeks of investigations and home visits, the case was dropped. Pauline described how her culture and upbringing precluded promiscuous behaviour, and because the professionals were mostly ignorant and biased towards black West African culture and value, this impacted the decision-making processes regarding concerns about her daughter. Pauline spoke of feeling very angry and discriminated against by the treatment she received:

So, to be honest with you, it is the school which is putting us through this. It is school! I said to the headteacher, there are certain things you people must communicate with the parents. These children should enjoy this school but because of the record that they have with the black people,

this headteacher here, I think she gets award when they take black children from the school, she gets an award.

In this small-scale ethnographic study, I had the experience of being embedded in the focus group process (Fusch, 2017). I was asked questions because I was a professional as well as a black woman of West African origin, presenting similar characteristics as Mrs Carew. However, the distinguishing difference was the letter inviting parents to the focus group has the University of East London (UEL)/Tavistock and Portman NHS Foundation Trust logo. I also made sure to introduce myself as a research student who was independent of the school.

3.6 Summary

The chapter details the mini-ethnographic study completed at the primary school. The arrangements to engage the gatekeepers and discussions on how to engage the community, setting up a parents' focus group and the school's position with regards to safeguarding and child protection policy. The parents' focus group process found that parents attributed the events and their experiences to two main areas: a weak and complicated relationship with the school and unfriendly and discriminatory engagement.

The next chapter will discuss the lived experiences of parents.

Chapter 4: What is the Lived Experience of First-generation West African Parents Involved with Children's Services?

4.1 Introduction

This chapter will explore the historical lived experiences of West Africans in Britain in the 20th century and how their contact with social work professionals was established. This chapter also details the researcher's arrival stories; which echoes some of the lived experiences of other West Africans who migrated to the UK. The second section will present the parents' focus group and interviews and the role of gatekeepers. Another section will detail proforma pen portraits of parents and themes from the pen portraits. This chapter will also explore the themes from the parents' focus group and interviews: arrival stories and stressors experienced by first-generation West African black parents. There will be an exploration of the various pressures this group experienced in settling down in Britain, the lack of information and knowledge of acceptable child-rearing practices in England and, finally, the emotional distress of parents.

4.2 A brief history of West Africa and West Africans in Britain

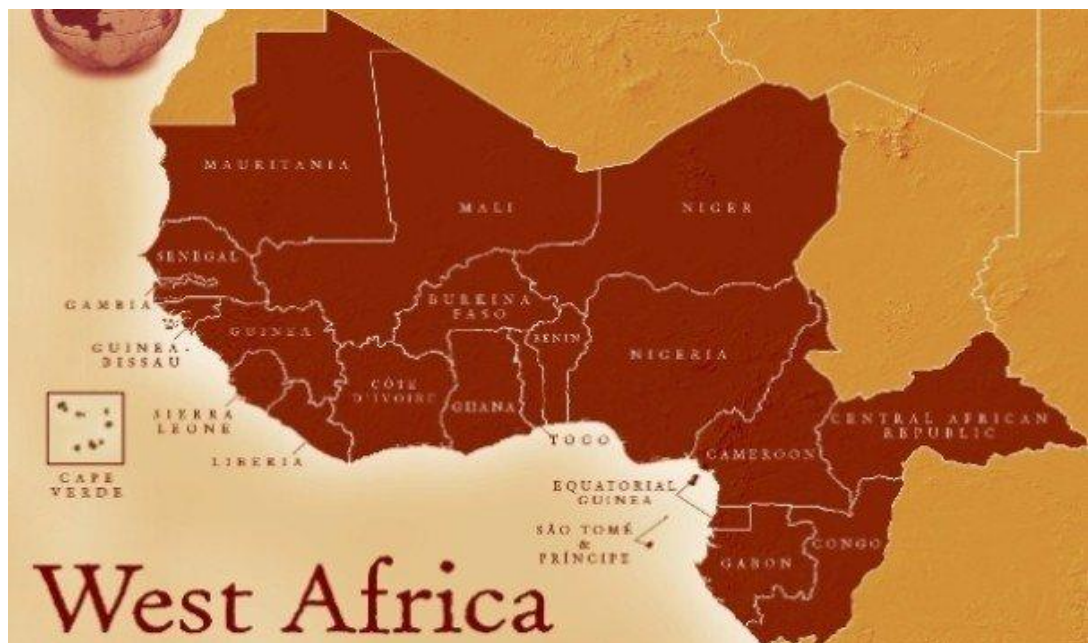
West Africa, also called Western Africa and the West of Africa, is the westernmost region of Africa. West Africa has been defined geopolitically as including 17 countries: Benin, Burkina Faso, the Island Nation of Cape Verde, Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Liberia, Mali, Mauritania, Niger, Nigeria, the Islands of Saint Helena, Ascension and Tristan da Cunha, Senegal, Sierra Leone and Togo. The history of West Africa began with the first human settlements, around 4000 BCE. It is divided into prehistory, the Iron Age, the colonial period and post-independence era in which the modern nations were formed. West Africa is west of an imagined north-south axis lying close to 10 degrees east longitude, bordered by the Atlantic Ocean and the Sahara Desert (Wikipedia.org, accessed 24.11.18).

West Africans arrived in Britain as students, dating back to at least the 18th century. A prominent West African was Philip Quaque who spent 11 years in England and in 1765 became the first African ordained as a priest of the Church of England. He returned to Cape Coast and established a school and worked as a clergy and educationist (Ellis, 1978). The combination of roles assigned to Philip Quaque is significant, for education and religion were intertwined and

throughout the 19th century, mission schools were opened in West African territories. The countries of West Africa are of relatively recent origin, their political boundaries in many cases reflecting the fortunes of former colonial powers and sometimes cutting across older tribal groups.

In recent years, individuals and whole families arrived in the UK due to political instability, low trust in the legitimacy of governments and low levels of trust in local security (Kirwin & Anderson, 2018). Quite memorable was the Nigerian civil war of 1967–1969 and most significantly, the violent military dictatorship in Nigeria between 1966–1979 and 1983–1999. These periods were characterised by loss of fundamental rights and freedoms; the press was suppressed, and several civil rights lawyers and journalists were violently murdered – notably, Dele Giwa, a newspaper editor was murdered with a letter bomb in his home. As an oil-rich nation, Nigeria was notorious in West Africa for its poor infrastructure and other profound socio-economic challenges, such as poor motorable roads, sporadic and poor electric supply, poor supply of clean water, poor standards of education and prevalence of armed robberies, kidnappings and ritual killings.

Figure 3 Map of West Africa (answerafrica.com, accessed 24.11.18)



In the late 1950s and 1960s, many West African countries gained their independence and the number of West African students coming to Britain to study increased significantly. These students arrived with their families and children and had little understanding of the way of life in Britain. Fage (1962) argues that this activity is partly explained by a desire on the part of Europeans

to make up for the injustices of slavery and for the part they played in the slave trade.

The students were often older than British students, married with children and from a poor background with no grants from their home countries (Ellis, 1978). The pressure experienced by these families was high, because it was challenging to find appropriate accommodation for them and their families; the most significant difficulties were in making adequate arrangements for childcare. Due to these pressures, the social work needs of this group were thought to be higher than other groups, such as Afro-Caribbean and Asians. In the face of these difficulties, many West African parents resorted to private foster arrangements in order to study and work, and it was estimated that about 6,000 West African children were in private foster homes in Britain and probably constituted a majority of all privately fostered children during this time (Ellis, 1978).

4.3 Researcher's arrival stories: reflexivity

In section 4.2, I wrote about how Nigerians began immigrating to the UK and later the many other reasons why individuals and whole families travelled to live and study in the UK. In this section, I write about two women of Nigerian origin whom I was fortunate to meet and speak with about experiences and stories of being fostered, and of being children of parents who travelled to the UK for study and work. Precious Williams and Ola Taiwo wrote of this phenomenon in their books: "Private fostering is strictly temporary where the birth parents are often recent immigrants from West Africa. Typically, they are full-time students by day, struggling to make ends meet by working one or even two night jobs, striving to create a secure home for their children" (Williams, 2010, p. 15); "I have found that many Nigerians, especially in the 1960s, did this so they could earn a living while they studied" (Taiwo, 2011, p. 1).

Precious Williams recounts in her 2010 book *Precious: A True Story* of being privately fostered in West Sussex when she was 10 weeks old. She was one of the babies in the advertising pages of the 1971 *Nursery World*. Precious talks of having been a withdrawn baby, experiencing an unsettled feeling throughout childhood. This was due to numerous moves from foster care to live with her mother and, when her mother was no longer able to take care of her, she would re-advertise for a new foster carer or return her to her last carer. Experiences of

being fostered (though mostly positive) were overshadowed by feelings of being unwanted and unloved by her mother. Precious eventually began drinking excessively and attempted suicide. She overdosed on her foster carer's nerve pills at 17 and wrote of her suicide attempt: "I do not want to die. I just no longer want to live the life I have been given". She did not describe her action of swallowing 38 pills as an attempt to end her life; she felt it was like pressing a button so it "shuts down and resets the machine's entire system" (p. 186).

In her book, *A Broken Childhood: A True Story of Abuse* (2011), Ola Taiwo wrote of her experiences of being privately fostered in St Leonards, Hastings. She described being fostered at the age of 6 months old until she was 5 years old. Ola remembered being happy with her foster parents and siblings until one day, when she was 5, her biological parents (who were strangers to her) came to collect her for what was said to be a long weekend away, and never returned. Ola described a life of horrific physical abuse and neglect. Ola described feeling hated by her mother and asked: "Why is my life so different? Why can't I experience love and care from my mother?... I wanted to be like other children I saw, talking and playing with their parents in the park or just walking down the road, hand in hand." (2011, p. 36). I am compelled to draw a parallel in the lived stories of these two brave women, though they experienced love and acceptance in the care of their foster mothers as babies and young children; the confusion, hurt and feelings of being unwanted by their own parents became apparent as they got older. The feelings of being displaced, not belonging in either world, was to hunt their lives into adulthood and motherhood.

I reflect on my own arrival story to Britain 18 years ago as a postgraduate student, getting married and having two children in quick succession. I finished my Master's programme and got a job as a manager in social care. Through this time, childcare was a huge challenge; my mother visited from Nigeria each time I had a baby on a family visitor's visa, to help me care for my children, but had to return to Nigeria when her visa ran out. A couple of family friends sent their children home to their mothers to care for them and encouraged me to do the same while continuing to work and study. This was very difficult for me to do, knowing all that I know of child development, developmental psychology, attachment and working with children and families. I researched live-in care instead, seeking to find the best and safest care for my children that was also

affordable. I decided to employ the services of au-pairs through a private web agency, 'Au-pair World'. Au-pairs are domestic assistants working for, and living as part of, host families. They come from various parts of the world, care for children and take responsibility for some light housework. They receive a monetary allowance for personal use while the parents go to work or study. The agency advised having an agreement drawn up, setting out hours of caring for the children, allowance, own bedroom, food and other benefits – such as registering the au-pair with the family general practitioner (GP). I also decided to ask for a criminal background check and medical history from potential au-pairs. I registered with the agency and created a profile with pictures of my kids and I; I wrote about our family, where we live, about our city, what we like doing and what we were looking for in an au-pair. This process felt to us like what Williams (2010, p. 14) described “those of us not advertised in *'Nursery World'* are advertised on postcards in shop windows”. I reflect quite painfully that some of the stories for West African immigrants to Britain in 1971 are much the same in 2006. Though I had a well-paid job, I had no recourse to public funds (see Chapter 1), which meant I had to take on a second job to afford a bigger house with an additional bedroom for our au-pair. The arrangement worked very well at the time; I felt at ease that my children were cared for in their own home and I could go to work and study part-time for another postgraduate degree. My family will continue to depend on the assistance of au-pairs for the next eight years.

In the next section, I will provide the background to my introduction to a group of West African parents through an outer London school. Some of these parents agreed to take part in the research interviews following an induction parent focus group.

4.4 Parents' focus group

During my search for gatekeepers I was introduced to a fellow research student with connections to agencies that work with parents. I made contact with her and we discussed at length our research areas and our similar interests in the lived experiences of black and ethnic minority (BAME) parents who have had children's services involvement; albeit experiences of different stages of that involvement. She introduced me to a family support manager based in a large

community primary school in outer London, I contacted her, and she was happy to hear about my research (see section 3.5).

In the next section I will provide a pen portrait of nine parents of West African origin who participated in the research interviews.

4.5 Parents' profiles

Hollway and Jefferson (2000) developed a proforma and pen portrait of individual participants; this is aimed at writing something about the individual which shows the person as a whole; it provides summaries of the raw data from which one can make interpretations and assessments. Below are pen portraits of the nine first-generation West African parents who participated in the study. The parents' names and all details in the profiles are anonymised.

Joyce	
Location	Greater London
Age	35
Sex	Female
Race	Black African
Employment	Social care senior support worker
Marital status	Divorced
Family history	<p>Joyce is from the Ibo tribe in Eastern Nigeria; born and raised in Lagos, Western Nigeria, arrived as a student 12 years ago. Married to Ayo, a Nigerian of Yoruba tribe and had two sons. Joyce had a student visa at the time; Ayo had a highly skilled migrant visa. This meant they were limited in the type/hours of jobs they could apply for, impacting their income.</p> <p>Joyce experienced domestic abuse and was later estranged from Ayo, who made a referral to children's services citing maternal mental ill-health and Joyce's inability to care for their children.</p>
Children	Two sons: Ade (10) and Ikem (8).
Health	Reported feeling sad and overwhelmed when she had her children. This was mostly due to her ex-husband's unreasonable behaviour: their heated arguments over money and household chores and the physical violence he perpetrated against her. She felt their uncertain status exacerbated these difficulties. This feeling of sadness deepened when her second son presented with severe developmental delays and was subsequently was diagnosed with autism spectrum disorder (ASD).
Experience of children's services	Following the breakdown of her marriage to Ayo and his subsequent referral to children's services, Joyce described immediate police involvement, no investigation, no communication; she was labelled aggressive when she tried to make herself heard and found lack of awareness of an immigrant's journey and cultural differences while dealing with various statutory agencies

	and poor communication from professionals while going through the court process. The case was eventually dismissed; however, Joyce described being scarred for life by the experience.
Fear of children's services	Joyce reported feeling scared and helpless. Joyce felt her human rights were abused and resents and distrust children's services and other statutory agencies. Joyce said she actively avoids anything that would cause her to have contact with statutory agencies including the police; however, Joyce noted with sadness that she has a son with special needs and must work with special educational needs (SEN) teams and the schools to ensure her son gets all the support he needs to make progress. Joyce now has settled status in the UK, with permanent and secure employment and a full UK driving licence.
Interviewer/interviewee relationship	<p>I met Joyce at the research introduction meeting with parents. Joyce's mother attended the meeting, and we spoke at length, acknowledging that I am of the same Ibo tribe. The interview relationship became warm and friendly, and I experienced them at ease with me during the interviews while talking about very profound experiences.</p> <p>I felt I identified with Joyce and her mother because of our common background and because the interview was also conducted partly in Ibo. The switch between speaking in English and Ibo was not planned, but this (I felt) showed a degree of trust and willingness to speak to someone who perhaps understood better than others.</p>
Other comments	Joyce felt that working closely with parents, speaking to them and spending time with them will help avoid such horrible experiences. The broad themes in Joyce's stories are arrival to the UK, marriage to Ayo and the circumstances that caused the failure of the marriage; becoming a mother at such a difficult time and her emotional reactions to her situation, her youngest child Ikem being diagnosed with ASD and social services/police involvement.

Pauline	
Location	Greater London
Age	38
Sex	Female
Race	Black African
Employment	Business Banking Officer
Marital status	Married
Family history	Pauline is of Ghanaian descent, she arrived in the UK as a highly skilled migrant worker 15 years ago. Three years after arriving in the UK, Pauline met her husband AL and they got married after eight months, they have a kind and loving relationship. They have two daughters and are now settled in the UK.
Children	Two daughters: Zuhrah (10) and Adwoa (4)
Health	Pauline did not discuss any health issues.
Experience of children's services	<p>Her daughter's school made a referral to children's services Zuhrah wrote 'S' for sex in classwork. Pauline reported immediate police and children's services involvement; no investigation or communication with parents was sought before the agencies involvement.</p> <p>Pauline said she experienced it as a shocking and surreal time in the life of her family. Pauline feels that professionals have no awareness of parent's cultural values around sex and relationships. Pauline reported that she is satisfied that the recent sex education taught at the child's school caused her daughter to write down the word 'sex' in her schoolwork. Pauline stated she has never discussed sex with her child.</p> <p>The case was later dropped as nothing could be proved after a series of visits to the family home and attendance to the police station for questioning of the child and parents. Pauline said she felt and still feels untold pain and anguish. She said 'We are all humans, we should be treated like</p>

	humans, and blood is red for everyone. I felt discriminated against by what happened and the way it happened’.
Fear of children’s services	Pauline reported that she has stressed to her daughters that the colour of their skin is working against them in this country and they must work hard and avoid any form of conflict with anyone.
Interviewer/interviewee relationship	<p>I met Pauline at the research introduction meeting with parents. She informed me that she became interested in getting involved in the research because of the research title. She felt that the lived experiences of African parents in the UK are either not thought about or often ignored.</p> <p>Pauline was furious about her experiences and vocalised this at the research meeting and interviews but assured me that her anger was directed at the individuals who acted out the discrimination.</p>
Other comments	Pauline described the stress of living in another country; other stress factors include: working in the high pressured banking sector, having children and looking after a family. She feels that professionals working with parents should first talk things over; advice on positive parenting skills, speaking to parents will help the distrust and fear of children’s services by African parents. The broad themes from Pauline stories are: arrival and settling down in the UK, good marriage, having children and the difficulties experienced with children’s service and the police.

Sneider and Cara	
Location	Greater London
Age	45 and 38
Sex	Male and female
Race	Black Africans
Employment	Timber and wood production worker and customer service officer
Marital status	Married
Family history	Sneider and Cara are of Liberian descent. Cara arrived from Germany to join husband Sneider in England. Sneider and Cara have three children and are all settled in England.
Children	Kibi (8), Davey (6) and Serry (4).
Health	Sneider suffers from hypertension and manages this condition with medication. He informed that the children's services incident exacerbated his condition, and he suffered from severe headaches for several months at a time.
Experience of children's services	<p>Sneider said their son Davey was physically chastised (smacked with a slipper on his bottom) by mother, the child disclosed this to his teacher in school; Sneider described immediate police and children's services involvement without anyone speaking to them especially as the family are very well known to the school. Children's services also said the school had concerns that the children suffer emotional neglect at the hands of their parents.</p> <p>Sneider felt that the speed and harshness of 'intervention' is because 'we are blacks', he described inconsistencies in practice and information provided. The children were placed in foster care for 18 months – he said the incident was a 'painful and soul-destroying experience'. His wife Cara said 'my heart still bleeds when I think of that time and I want to wake up from the bad dream'.</p>

<p>Fear of children's services</p>	<p>Sneider and Cara said they engaged with all that was asked of them by children's services social worker, including attending a 13-week parenting programme. Sneider said he did this to avoid further exacerbating the fraught relationship he had with the social workers, the contact centre workers and the foster carers.</p> <p>He said he withdrew his children from the school after they returned home as he could not bear for the children to continue attending the school that 'betrayed' him and his family. They felt that professionals should communicate adequately with parents, showing respect, fairness and empathic in their practice; that this is an excellent start to engaging with families.</p>
<p>Interviewer/interviewee relationship</p>	<p>Sneider and Cara engaged well with me throughout the process. I believe they felt safe telling me their most difficult stories.</p>
<p>Other comments</p>	<p>Physical chastisement of child lead to children's services and police involvement. Sneider has hypertension, and both parents attended the 13-week parenting programme.</p>

Younes and Louana	
Location	Greater London
Age	42 and 46
Sex	Male and female
Race	Black African
Employment	Caterers
Marital status	Married
Family history	<p>Younes arrived on visitor's visa with his wife from Southern Cameroon; they overstayed their visa permit periods, could work without recourse to public funds and had three children. The family has settled in England.</p> <p>Younes and Louana have a history of domestic abuse, and Louana had stayed in a domestic abuse refuge with her children some years ago. Louana also reported that her husband had extra-marital affairs in the early years of their marriage. The family is well known to the school and children's services because of this. The couple has since reconciled and is living together with their children.</p>
Children	Lisa (9), Anaise (7) and Leticia (5)
Health	Louana reported feeling very tired and sad; she cried a lot and found it challenging to get out of bed. She felt helpless and hopeless and could not care for her children. She eventually saw her GP and was prescribed medication for depression. Younes has a history of hypertension and manages this condition with medication.
Experience of children's services	Younes reported children's services placed his children in care because Louana did not turn up to pick up the kids after school one day. Younes was abroad at the time, Louana had a mental health breakdown. Younes said children's services blamed him for his wife's mental health breakdown even though there was no evidence of this before the incident. Younes described

	<p>several false allegations against him, he said 'dangerous assumptions and bias' were evident in the reports by social workers.</p> <p>Younes stated that he is educated, confident and eloquent but was labelled narcissistic in psychological assessments by a psychologist who spent only two hours with him in a small room. Younes said his children remained in care for nine months and were returned to him following his completion of a 13-week parenting programme. His wife was still unwell to co-parent at that time. The case was closed when the mother was well enough to co-parent with her husband.</p> <p>Younes noted that no proper investigation, observation or communication was completed by the social workers; he experienced deliberate torture and discrimination, felt much disrespected and not believed. He described that time as a 'tough time' – losing the children and being worried about his wife's mental ill-health. He concluded that: 'No one cared what I went through and what the children went through.'</p>
Fear of children's services	Younes and Louana said they engaged with all that was asked of them by children's services social worker, including attending a 13-week parenting programme. Younes said they did this to avoid further exacerbating the fraught relationship he had with the social workers, the contact centre workers and the foster carers.
Interviewer/interviewee relationship	Younes and Louana engaged well with me throughout the process. I believe they felt safe telling me their most difficult stories.
Other comments	Family has a history of immigration difficulties, domestic abuse and mental health. Children service involvement was a challenging experience for the family, and they felt discriminated against by it.

Ireti	
Location	Greater London
Age	38
Sex	Female
Race	Black African
Employment	Cook/Caterer
Marital status	Married
Family history	<p>Ireti arrived the UK aged 10; she was trafficked into domestic slavery in the guise of being fostered by extended family members following the death of her mother in Western Nigeria. Ireti had no formal education earlier on but provided her aunt's family with childcare and was never allowed to leave the house on her own. Ireti lived with the family for 10 years and only ran away when someone at the local community church asked her if living in domestic servitude was her dream in the UK.</p> <p>She is now settled in England, married and has three daughters.</p>
Children	Esther (12), Sarah (7) and Ruth (5).
Health	No known prior health issues; however, Ireti developed hypertension when children's services became involved with the family and the children were placed in foster care. Ireti manages her condition with medication.
Experience of children's services	<p>School made a referral to children's services as the youngest child disclosed physical chastisement by mother (with wooden spoon) to her teacher in school. Ireti said that immediately, the police and children service were involved, and she was not allowed to collect her children from school that Friday evening. All three children were taken to a foster carer that night.</p> <p>She described the refusal of the professionals to explain to her what was happening as shocking, she could not understand why her kids were being taken straight from school into care. Ireti and her husband were unaware of their rights (solicitor, advocate, interpreter etc), Ireti said her</p>

	<p>families are well known to school over many years-school supported mothers over domestic abuse issues with husband – this is no longer an issue. Ireti stated she began having migraine headaches and was diagnosed with high blood pressure during this time and continues to be medicated for this illness. Ireti described inconsistencies in information provided, lack of understanding of African values and cultures, religious belief system, and the impact of the process on parents and on children were not taken into consideration by the professionals.</p> <p>Ireti's children were in care for 6 months and returned to the parents, and the case was then closed. Ireti said her children were not adequately cared for in care; their skin was dry and scaling, their hair developed dandruff, was dry and splitting. She described how heartbroken she was on one occasion when contact time came to an end; the children cried and clung to her legs, asking to go home with her.</p>
Fear of children's services	Ireti expressed distrust in children's services.
Interviewer/interviewee relationship	Ireti engaged well with me throughout the process. I believe she felt safe telling me her most difficult stories.
Other comments	Child disclosure of physical chastisements led to children's services and police involvement, children taken into care and Ireti developed hypertension around this time.

Evelyn	
Location	Greater London
Age	52
Sex	Female
Race	Black African
Employment	Medical Personnel
Marital status	Married
Family history	<p>The first of three children born to parents of western Nigerian origin, who arrived London in the late 1960s to study and work; the couple made arrangements for Evelyn to be privately fostered in East Sussex as they could not cope with work and studies and look after a young family. Evelyn returned to live with her parents at age 5 in London.</p> <p>Evelyn suffered severe injuries from being physically abused by her parents; when she disclosed this to her teachers in school, they sent the social worker round to the house, and her mother made her retract her story of the abuse. She was further physically chastised because of this disclosure and was then sent to Western Nigeria to live with relatives. Evelyn returned to England in the early 80s and now settled in England. She is a mother of seven children and medical personnel.</p> <p>Evelyn reported the abuse to the police after many years of suffering emotional and mental trauma. However, Evelyn's parents are in denial of abuse took place, but she has several old marks on her body as evidence. Evelyn understands her parents' defensiveness and denial as pride and personal shame, but the impact of the physical abuse on her physical health and emotional wellbeing are devastating.</p>
Children	Seven children from ages 10–30.
Health	Nerve pains from long-term injury sustained from the physical abuse meted by her parents.

Experience of children's services	Evelyn said social workers should have done more to prevent the physical abuse she suffered at the hand of her parents when she was a child.
Fear of children's services	The local community and extended family are divided about Evelyn going through this process of bringing her parents to trial and subsequent indictments.
Interviewer/interviewee relationship	Evelyn engaged very professionally with me during the interviews.
Other comments	Although this is a historical case; it recently tried at the Old Bailey following police involvement and investigations, Evelyn noted at the interview that she later understood that her parents stressed about work, money, childcare, grandparents' poor health and subsequent dying; and her parents' marriage was also failing during the years the abuse took place. Evelyn parents divorced many years ago.

Amaka	
Location	Greater London
Age	35 years
Sex	Female
Race	Black African
Employment	Unemployed
Marital status	Married
Family history	<p>Amaka joined her husband in the UK as the spouse of a student over 10 years ago. They overstayed their visa permit, they are not settled in the UK, and Home Office are involved. The couples have three children; the first child has a diagnosis of autism.</p> <p>The couple has a history of domestic abuse, no recourse to public funds/not allowed working status (though the couple wants to work as both are university graduates), and because of these factors, the family are known to children's services. Children's services are supporting the family who refused to leave the country against the advice of the Home Office and social workers.</p> <p>The couple is appealing the decision by the Home Office to leave the UK on the grounds of lack of understanding of their child's ASD condition in Africa, lack of awareness of Africa's culture and value and how disability is viewed. The family stressed that in their local community in Africa, disability is punished; it's called witchcraft and the families are often isolated from the community.</p>
Children	Ava (9), Estee (7) and Bobo (4)
Health	Amaka has fibroids, and a recent investigation showed she had reduced kidney function.
Experience of children's services	The couple feels patronised and belittled by social workers

Fear of children's services	<p>The family are worried that their community in Africa will victimise them should they return with their autistic child. They also feel victimised by Home Office decision in refusing the family indefinite leave to remain.</p> <p>They are working through the appeal process using the services of solicitors. This is costing the family much money; they said family and friends have contributed to legal fees.</p>
Interviewer/interviewee relationship	<p>During our introductory meeting, we found that we are from the same part of Eastern Nigeria; this helped the relationship immediately as Amaka spoke to me in Ibo, and I responded. Amaka introduced me as 'Aunty' to her children; an honorary title given by Nigerians to a woman who is perceived as a friend of the family.</p>
Other comments	<p>N/A</p>

Mariatu	
Location	Greater London
Age	58
Sex	Female
Race	Black African
Employment	Social Care Worker
Marital status	Widowed
Family history	<p>Mariatu joined her husband in the early 1980s, and they had seven children. Her husband died 10 years ago, and her youngest son Kamal aged 14 was stabbed to death in South London in 2011, he was involved in county lines gang wars.</p> <p>Mariatu said she felt her son was autistic but was never given a diagnosis. She had approached children's services for support when her son was chased down the street with knives by a group of boys; she approached the police and the schools too. Her son was sent to a Pupil Referral Unit (PRU) to safeguard him, but this did not help.</p> <p>Mariatu said children's services blamed her for her son's behaviour and involvement with the gangs even though he had renounced his association with them. She said she was not listened to; actions were prolonged and often took the meetings of several professionals to agree on what to do to keep her son safe.</p> <p>In the end, she made arrangements to send her son to her sister in the United States to keep him safe; however, it was too late. He was fatally stabbed two days before his planned departure to the United States.</p>
Children	Children: Ade (37), Ayo (35), Deji (33), Kasim (30), Busola (25), Ishola (25) and Kamal (deceased aged 14). Grandchildren: Taiye and Kehinde (2).
Health	Suffers from high blood pressure and on medication.

Experience of children's services	Mariatu said the killing of her son Kamal was and will remain the single most challenging thing to have happened to her and her family. She felt his death was senseless and could have been prevented. Mariatu said more could have been done to protect her son by the police and children's services. She noted that had her son not been black or from an ethnic minority group, he would not have been killed in such circumstances.
Fear of children's services	The men that murdered Kamal were caught and imprisoned but Mariatu and her family feared for possible reprisals from family and friends of the men that murdered Kamal.
Interviewer/interviewee relationship	Cordial and engaging
Other comments	Mariatu said she was blamed for her son's difficulties and involvement with gangs, he was sent to a PRU, which is known to support young people children with gang-related and behavioural issues. Mariatu felt that if her son was not black, he would have been supported better and would still be alive.

Lilian	
Location	Greater London
Age	44
Sex	Female
Race	Black African
Employment	Unemployed
Marital status	Married
Family history	<p>Lilian joined her husband in the UK on a visiting visa; her husband was not settled in the UK when she arrived. The couple has three children, but Lilian's in-laws do not like her and did not support her marriage to their son. This made the relationship very fraught, especially as the couple had to depend on her husband's sister for support.</p> <p>The couple is known to social services, have no recourse to public funds, waiting on Home Office decision to grant the family leave to remain in the UK. Lilian describes the difficulties with housing, mental health, taking care of her children and difficulties in her marriage.</p>
Children	Ethan (9), Julie (7) and James (2).
Health	Depression
Experience of children's services	She describes the difficulties engaging with social workers for support; she said she is made to feel like a 'freeloader' and belittled because of her life circumstances with the Home Office and her inability to work.
Fear of children's services	N/A
Interviewer/interviewee relationship	Cordial and engaging
Other comments	N/A

4.6 Discussion of themes from the pen portraits

Reflections on the pen portraits of the parent participants described above brought out several themes that weren't thought about before. These themes were reasonably similar for all the parents.

4.6.1 Health and mental health problems

The pen portraits found multiple health difficulties which impact the lives of West African parents and those of their families settling in Britain. In the interview with Amaka in her living room, she cried when she told me of her fibroids and the planned surgery. She then took deep breaths and smilingly informed me that she was grateful for the fibroids because they showed up her kidney dysfunction during scans and tests. She felt positive that she would receive the necessary treatment and will be well again, and compares her experience to what it could be under the health system in West Africa:

They found I have fibroids ... when I went to do the surgery, I was told the blood test is showing that I've got problems with my kidney and it is hazardous to carry out that surgery, so they did cancel it that they need to sort the kidney out before. Amaka

A significant number of the participants suffered from low moods, depression and mental health issues. Curry-Stevens's (2013, p. 90) report discussed the health and wellbeing of African immigrants. The report showed that "20% of immigrants and 44% of refugees suffer from depression, and a similar number suffers from anxiety disorder." Curry-Stevens noted that "acculturation is expected" and that "settlement is bewildering" to the African immigrants who also found the role changes difficult and highly stressful.

Louana reported feeling very tired and sad; she cried a lot and found it challenging to get out of bed. She felt helpless and hopeless and could not care for her children. She eventually saw her GP and was prescribed medication for depression.

A significant number of the participants disclosed that they suffered from high blood pressure, otherwise known as hypertensive heart disease. Two of the participants said the disease developed during children's services involvement; they felt it was a result of the shock, stress and separation from their children.

I was so stressed and hurt by the way I was treated; I had headaches every day for a long time, so when the kids returned home, I went to see the doctor, and he said my blood pressure was very high, he gave me medicine, and I am still taking it. Irete

I was stressed about work and providing for my family, but I became very sick when children service got involved. I had headaches for several months at a time; afterwards, the doctor said I have hypertensive heart disease and placed on medication. Sneider

4.6.2 Marital problems, domestic abuse and husbands unwilling to be interviewed

Most of the parents were still married, except for Joyce and Mariatu who are divorced and widowed respectively. They experienced profound difficulties settling in England, including health difficulties, concerns about the development of their children, domestic abuse, low wages and immigration issues. As Alik Shahadah (2011, p.1) wrote on African Holocaust.com: “marriage in African culture is the most celebrated rites of passage, it is sacred. Marriage is not a human right ... it is a privilege afforded by communities, between man and woman for those who meet the criteria”. He noted that marriage is significant; it is the only legitimate way to have children, have a legal sexual relationship and to win acceptance and status in society. It is also a way through which clans and communities are brought together to form larger and healthier communities.

At the end of my fieldwork, I reflected on the data that I had gathered. I discussed with a couple of my colleagues who were of ethnic minority background that one of the themes was the fact that all the parent participants I had interviewed were married, or had been married at some point. One colleague pointed out that a lone immigrant will struggle to settle, unlike two immigrants arriving together in marriage – they have one another for support through the difficult times. This reminded me of the Bible quote in the book of Ecclesiastes (4:9–10):

Two are better than one because they have a good reward for their labour. For if they fall, the one will lift up his fellow; but woe to him that is alone when he falleth, and hath not another to lift him up.

All the participants bar two discussed severe marital difficulties. The women described lacking basic provisions and adequate housing and having low income and low standard of living. The husbands gambled and drank, had extra-marital affairs, difficult relationships with in-laws and one suffered a mental health breakdown. Domestic abuse was a prominent feature of the marital problems experienced by the participants. They felt that this was a result of the stress of being immigrants and struggling to settle in the UK.

I notice that he is doing gambling and I do not like people who gamble he knows that I don't like people that smoke, I don't like people that gamble it's a no-no for me and yeah it was like we started having problems.
Louana

Four husbands were unwilling to be interviewed; though they were happy for their wives to speak to me and were at home when I visited; they preferred not to be part of the process. It is significant to note that these husbands were of Nigerian origin; I wondered if they felt that the story was for the women to tell. This was unlike the other husbands who agreed to be interviewed with their wives; these men are of Francophone West African origin. I also wondered if there is a significant cultural, ideological difference between these two groups of husbands.

4.6.3 Special needs children (autism)

A significant number of participants reported having children who are either on, or suspected to be on, the autistic spectrum. This added stress to the problem of immigration and settling down in the UK. Parent participants Joyce and Amaka both experienced domestic abuse in their marriages and have children with the neurological disorder; Mariatu suspected that her son was on the autism spectrum but was never given a diagnosis. He had, however, experienced behaviour issues and was affiliated to a gang; he was later stabbed to death aged 14. During my interview with Amaka, she told me that she did not know what autism was at the time her daughter was diagnosed but was shocked to realise she knew people in West Africa who lived with the condition, and that they were discriminated against and demonised.

I remember transcribing this interview and the feeling of my heart squeezing as Amaka struggled to articulate the moment she understood the meaning of autism. Amaka's disbelief and shock when she described asking the question "Are you serious? Are you saying my child is evil?" was challenging to watch.

I do not know autistic; the way they see them back home is different cause I remember when I was there, there is a relative of mine she is autistic cause I do not know what it was called back home... my husband explained it me, and I said "are you serious are you saying my child is evil" in West Africa you do not get to go to school they see you as like, you are worthless like you are nothing. Amaka

4.6.4 Immigration, settlement and no recourse to public funds

All the participants were immigrants who had made applications for settlement and at one time or other had no recourse to public funds. The waiting time following an application for settlement can be very long. Curry-Stevens's (2013) report found that skilled workers and professionals waited between six and nine years for an outcome; spouses and minor children of settled immigrants or citizens waited for four years; and unmarried adult children can wait for between seven and 18 years.

I think you guys would be able to get something under the no recourse to public funding and since your husband came in as a student and he did pay his taxes when he was working ... sometimes you will get a phone from the social worker asking if you know of what is going on with the Home Office thing, cause we need to cut people off, many people will be cut off as the budget is not even enough anymore. Lilian

4.6.5 Unexpected children's services and police involvement

A significant number of parents described an apparent immediate intervention from children's services and the police without warning. Irete and Pauline told of how the school informed them about concerns relating to their children with social services and police already in attendance. Both mothers described with remembered shock, pain and anger at the events that led to children's services and police involvement with their families and how the school played a vital role in this. Irete and Pauline described feeling cornered and powerless and described the incident as discriminatory and racist. This is reflected in the statement from the Curry-Stevens (2013) studies of African immigrants and refugees in Multnomah County, that racial identity is strongly linked to experiences of discrimination and powerlessness.

So last year November something happened to me, it involved the school, social services and the police. I just came to pick my kids from school that every Friday and they were like; you need to come to the office. You must come to the office; the police are here. I asked what is going on. The police? To do what? Irete

4.6.6 Schools as referrers to children's services

It is important to note that, for a significant number of the parent participants in this research who experienced children's services involvement with their families, the children's schools were the point of contact. The families were very well known to the school personnel who made the referral to children's services. In Irete's story, the family support manager at the primary school worked closely

with Ireti and supported her and the family when she experienced domestic abuse at the hands of her husband several years earlier. The support included a referral to a domestic abuse support service, home visits, speaking to Ireti and her children and engaging with Ireti's husband, the perpetrator. Ireti expressed her shock thus:

I feel betrayed. The school know me, supported me when I experienced domestic abuse at the hands of my husband. I do not like talking about that time of my life because it is over now. The school brought it up with this matter to make me and my family look terrible, I am very hurt. My big daughter is in secondary school, and my youngest two are still there, we have had many years of being at the school, and they know me very well. Why would they bring this thing up and treat me like this without talking to me first? It is shocking. I do not trust them. Ireti

Writing this, I reflected on the juxtaposition of the family support manager, Mrs Carew, in this situation. Mrs Carew is a black Afro-Caribbean woman tasked with supporting parents and children who might present with family difficulties. The difficulties, according to Mrs Carew, were mostly experienced by families of ethnic minority groups; mainly Africans. She experienced this group of families as very resistant and hard to engage. She managed to get along with a few of them presenting with some mild difficulties, but struggled to engage with others. Mrs Carew spoke of the lack of understanding and support for her role from her colleagues. She is expected to fulfil the role of a trusted, go-to figure, showing the inclusivity and support of the school to ethnic minority parents; while at the same time Mrs Carew is seemingly tasked with escalating a referral to children's services without speaking to the parents. Referrals are based on legitimate concerns raised by a class teacher about a child, but at the same time the concerns can be investigated, supported and monitored in-house using family support interventions.

4.6.7 Parents' experience of racism and discrimination

There is an apparent thread that runs through the experiences of the parents, and appears discriminatory and racist to them. They felt that the speed and harshness of the interventions was because they are black; they described inconsistencies in practice and the information provided. Descriptions of immediate police involvement with no prior communication with the parents were felt to show lack of regard, and were due to their being black. The parents described being labelled as aggressive and narcissistic when they tried to make themselves heard and found the professionals' poor awareness of an

immigrant's journey and cultural differences astonishing. The parents said they experienced deliberate discrimination and felt disrespected and doubted.

Pauline, a parent participant, said:

We are all humans, we should be treated like humans, and blood is red for everyone. I felt discriminated against by what happened and the way it happened.

Section 4.6 examined in detail the common themes experienced by the parents during their involvement with children's services. The next section will detail my positioning in writing up the stories of the parents who participated in this research. My aim is not to retell their stories, but to write down in their own words their lived experiences.

4.7 Researcher's position

In the next section, the lived experiences of first-generation West African black parents will be laid out using the actual words of the participants. This is to avoid the sense of guilt and aloofness that sometimes comes through the retelling of another's story, and as Bell and Hooks (1990, pp. 151–152) said:

No need to hear your voice when I can talk about you better than you can speak about yourself. No need to hear your voice. Only tell me about your pain. I want to hear your story. And then I will tell it back to you in a new way. Tell it back to you in such a way that it has become mine. I am still the author, authority. I am still colonizer, the speaking subject and you are now at the centre of my talk.

In as much as I identify with the researched group, this profound statement told me to ensure that the lived experiences of the parents are told in their own words; what Brah (1992, p. 136) referred to as the "authenticity of personal experience". I am also aware that my positioning in this section might be viewed as defended by what Hollway and Jefferson (2000, p. 58) criticised and referred to as the "tell it like it is" approach to research interviews, which is committed to representing interviewees voices. They felt that this is an unconscious defence against anxiety aroused by the profound experiences lived by the parents. I disagree with their position as I have used the reflexive approach to support my analysis of all the data gathered in this research.

4.8 Themes from research

The themes identified from the research areas are detailed below. These were identified following a rigorous process of transcription, data extraction and

coding of themes and sub-themes. Braun and Clark (2006, p. 82) pointed out “that a theme captures something important about the data the research question and represent some level of patterned response or meaning within the data set.”

4.8.1 The arrival stories and the stressors of parents

Over many decades, West Africans have travelled to Britain for various reasons as the parent participants interviewed in the study recount below.

Ireti arrived as a child labourer/domestic help under the guise of family fostering.

I was born in Nigeria, in Lagos state, but unfortunately, I lost my parents when I was very young. So, after that, I lost my mum first, it was my mum, my sister and my dad. I lost my dad last. After that I had to go to one of my relatives. This separated me and my blood sister. She was with another family entirely, am with another family when my dad passed away. Since then I did not really see my sister because we are being treated like a housemaid, you know? ... I would say fortunately for me, it would seem unfortunately then, but now, I would say, fortunately, because that aunty I was living with, her friend came to her and collected money and bring me down to this country to be a housemaid as well but when we came, I was working for her, looking after the children, I did not go to school, I don't know anything about England, I just stayed with her.
Ireti

In contrast to Ireti's arrival story, Pauline says:

I came to this country as a highly skilled migrant worker from Ghana, so I had a first degree and a second degree in Banking and Economics. I work in the finance sector. My parents are educated and worked in civil service in Africa, we were not affluent, but we did ok, we did very well.
Pauline

Lilian described joining her husband in Britain but was not accepted by his family so they 'are not that close anymore'. She also talked about sleeping on the floor while pregnant because they were evicted from their accommodation.

Lilian and her family then went on to be separated due to inadequate housing:

In 2009, when we got evicted from where we were living in Basil Road and the social services said we should stay at my sister-in-laws' place while they sort the housing thing for us. I was very concerned because I was pregnant with my son Ethan ... there I was sleeping on the floor, we did have this air bed you lie on it but before you wake up the whole thing is on the floor, it was difficult and I was having back pain and everything.
Lillian

Amaka also described the difficulties of sharing a flat with another family when she had a baby.

Yeah, my involvement with the children's services started when I think when, when I was umm ok when I had Eva my first daughter ([R] ok), so I was going through a rough time cause where we were leaving in Vassa Road the lady we were leaving with (because it was a shared flat) so the lady we were living with she was one hell of a lady when she wakes up ... Eva was three months old so when she is like coming out of her room like the doors goes.. like she just bangs it hard and even if you were sleeping early in the morning between that time 5:30 – 6:00 you would wake up and then Eva would start crying. Amaka

Parental stress due to strained family relationships, strained finances and inadequate housing led to what appeared to be psychotic episodes which required mental health intervention for Lilian and Louana. Louana and Amaka experienced severe domestic abuse from their husbands; Amaka received an ASD diagnosis for her daughter.

Then I remember umm going to the GP like saying to him like sometimes you know the thought that is coming to me is to end my life like yeah and I don't want to be having that feeling like its now in my head all the time I remember him writing some prescription like asking me do you even sleep and I was like oh its hard to sleep cause you know you'll be there like thinking oh am by myself like even the one person that is supposed to even stand up is not even standing up for me like you just feel like what's the point of living and then he said ok I am going to write some sleeping pills and then give you something, you know umm yeah that was when he wrote some prescription and then did some referral as well and some people came and they say that they are from the resource centre, they are you know involved in people who has got mental problems, I said to them it's not that I have mental problems but that's the thought I am having all the time yeah being alone and like not having anyone at your back and then being through all those things and what you are going through is the whole thing is like getting at me. Lilian

4.8.2 The lack of information and knowledge of acceptable child-rearing practices in England

Parents explained that they did not have enough information about acceptable child-rearing practices in Britain. When statutory agencies became involved, they appeared not to communicate appropriately with the parents. Parent participant Ireti's story described with much-remembered pain how her children were taken from her without any prior investigation or communication from the school, and her shock and feelings of being made to look like a criminal when she realised the police were involved. I felt surprised and had a sense of the disproportionate action in the involvement of the police by the school and

children's services. I also wondered about the meaning of it: the police did not arrest Ireti nor her husband; however, they sought to calm Ireti down as she presented as distraught:

I ran to the headteacher's office, and they came and said sorry, for now, you cannot see the girls, social services are here, the police are here, and I said what is going on? And she said to me: 'I can't really say anything now'. I asked, can I see my children. Can I just see them? She said sorry no. (Pained sigh) so what am gonna do now? Am I not going home with my kids? What are you trying to tell me? She said 'you can't see them, you can go home.' I told her that I could never never go home; I have to see my kids, and she said ok that she would ask the police to speak to me. And then, the police came to me and said calm down, calm down blah blah; the social worker was there, her name was Wera. She said that they told them that something happened and I said what it that happened? What exactly happened? Can you tell me? And they said they can't really tell me that I have to go back home. Ireti

Ireti described going home and feeling like her world had imploded; as far as she was concerned, her children were her pride and joy. There appears to be 'persuasive power' expressed by the police and social worker, as Ireti narrates her experiences:

And they said they couldn't tell me that I have to go back home, that I should make sure I go back home quickly because they are coming to the house to talk to me and I said are you coming with my children? And they said don't worry, just go. Make sure you go home straight, don't go any other place.... I went home with the thought that they are coming with my children because they never allowed me to see them Ireti

The police and the social worker arrived at her home at about 8 pm and informed Ireti of their concerns and the reason for their involvement:

The police came and said one of the girls, the little one said you smacked her with a wooden stick, a wooden stick? (angry sound) do they look like children who are beaten with a stick? I said, I have never smacked her with a wooden stick but I use a wooden stick to scare them especially the little one when she is naughty and I am telling her Ruth stop it and she refused to listen and then I say ok, get me 'omorogun' (wooden stick) and she would run off and say sorry mummy. And they said ok, they will be with them as they are now under police protection for 72 hours, that it will last 72 hours so for 3 days. So from Friday to Monday and the kids will be back to me and I said really? Ireti

The above details appear to be the concerns that led to the referral being made to children's services. I wondered why police had to inform Ireti of the allegations and if the threshold for police protection was reached judging from the details above. It seems that information was not provided in an appropriate

format, and due to this, the parents had a poor understanding, which makes their experience difficult. It was disconcerting to hear Ireti describe how she was asked to attend court the following Monday, after a weekend without her children:

Monday is just around the corner, so Monday, around past 10 am, the social worker called me and said can you make your way to the court, the family court, make your way as there is hearing for you there. I said court? Court? Court? (angry sound) make my way to court? She said yes because the case has been taken to court already, I asked that this is not what you told me on Friday, she said don't worry, just make your way to court. So, I felt very helpless and cornered. Ireti

I reflected on Ireti's experiences and the contributions made by social care professionals at the focus group which corroborated them. The professionals, in their discussions, felt that Ireti and black minority parents such as those of West African origin did not have the right information and often were not aware of their rights.

The reason is that people do not really understand the implication of what they do and so there is much learning there. They need people to teach them (Social Care Professionals-SCP); they need people (SCP) to help them to understand and integrate them into the community. FG0118, p. 12

Perhaps they did not know their rights, perhaps they did not have the right advocate, and perhaps they are shying away from gathering other family members and talking to them about it to get support advice and guidance. FG0118,p. 11

The parents want more information to show they are willing to work with other organisation. They weren't informed or given information and ehh have no understanding of the process. FG0917, p. 13

The professionals' focus group also felt that children's services and police intervention does happen and perhaps child physical chastisement as detailed in the vignette discussed might have happened a long time ago before the Children's Act was instituted.

People have done this though; social workers have gone with police into people's homes and taken loads of children and at the same time it is in the news and people are in uproar because we do this to our children in this particular way, social service now remove children in one go and it took ages in court to go through the processes to be returned so I can't say this is now, but I can see this happening many years ago. This has some kind of relevance to social work. Barbara: FG0917, p. 8–9

The professionals acknowledge that the practice of immediate police involvement to an apparent case with low threshold for police involvement did happen, but defended that this practice took place a long time ago:

Let's say we are not thinking about 2017 and this case is set in 1990. A year after the Act and people are still getting to grips with what it is about, we do, what we don't do, because I have heard of people doing exactly this. Lynsey, FG0917, p. 8

4.8.3 The emotional distress of parents

Parent participants described the emotional pain they experienced as a result of social services' involvement and trying to settle in Britain:

I had a call from the school office asking if I can come to the school, the social services are here, the police are here so if I can come to the school. My workplace was a bit far so I had to rush, on my way, they were calling saying that they are giving me 30minutes, that if I don't find my way here in 30 minutes, they are going to take the child, to be honest with you, I was so worried. From Liverpool Street to here, I peed on myself three times. So, by the time I got here, they were at the office, the police officer introduced herself, the headteacher (not this one, the other one who has been transferred to Montreux Estate) and children's services and I sat down, and they said that my daughter here, they gave them something to do in class and it is like 'S.' so, to make a sentence starting with the letter 'S'. For example My Service today was good, they have to use 'S' for something, but because she wanted to go out and play, she wanted to do her work quickly, so she made the sentence 'S' for sex. So, that was the crime I committed in this country. Pauline

The professional's focus group discussed the possible emotional difficulties experienced by the parents. Broadhurst and Mason (2017) described the 'psychological effects' of removing children from their parents and how this becomes the 'collateral consequences' when a court orders children to be removed.

I suppose it is a big thing. If they are getting agitated and upset which would be natural if someone is coming round to remove your children, I would think that any parent would get upset and agitated. FG0917, p. 11

I suppose it is the impact that this has on the parents as well. If you remove a child, what is the impact on the parents, the child is still growing up. I work with people who are suicidal, what is the impact of that. FG0917, p. 12

The participants in this research all have finished their involvement with children's services; some had their children removed others did not. Children of participants who were removed from their parents stayed in local authority foster placement from between 6 months to 3 years; then reunited with their

parents. Morriss (2018) examined the long-term emotional distress of mothers who live apart from their children in her research the 'haunted futures'. In the words of one participant:

Instead of getting my head together and getting them back, I did the opposite and started drinking even more. I didn't care. They'd take my kids, and it made me worse. I didn't care whether I lived or died. ...I was disowned. I'd lost my kids. I lost my house. He was in jail; I'd lost everything. (Darby, Jones & Beckwith, 2014, p. 29).

4.9 Summary

This chapter examines in detail the parents' lived experiences from their early arrival stories to difficulties experienced in settling down into the UK. Crucially, pen portraits of the parents and families were written to provide a holistic and concrete picture of the families. Unexpectedly, significant themes rose from the pen portraiture, which were discussed in this chapter. This chapter discusses the dynamics in the relationships between the outer London school and the parents and the materials from face-to-face interviews. These materials were analysed to develop themes which were discussed in detail.

Chapter 5: Social Care Professionals' Personal and Professional Experiences

5.1 Introduction

To gain a clear understanding of the lived experiences of first-generation West African parents who have had children's services intervention; it is important to hear about the experiences of social care professionals tasked with engaging reasonably and objectively with individuals and families who might present with risk, ambiguity and complexity. Focus group sessions (see Chapter 2) brought together social care professionals from various sections of social care services in Greater London; one focus group session was completed in September 2017 (FG0917) and a second focus group was completed in January 2018 (FG0118). Only one social care professional out of the group who attended the first session attended the second session too. I will reflect on the possible meaning of this in the latter part of this chapter.

This chapter will introduce the professionals who took part in the research using pen portraits (Appendix E), a brief outline of the focus groups and the various positions the professionals held when reviewing the vignettes. The later section of this chapter will explore the themes arising from the lived experiences of social care professionals as young people and their experiences of working with West African communities in England.

5.2 Focus Group 1: Vignette 1a, 1b and 1c

5.2.1 A summary of Vignette 1

A child from West African background went to school with tear stains on his cheeks. His teacher asked him about it, and he told his teacher that his mother had smacked him on the bottom with her slipper for being naughty. The school made a referral to children's services and, later that evening, a male police officer and two female social workers attended the family home. One of the social workers informed the couple that they would be taking the children into police protection for their safety and wellbeing. The parents are shocked and became very agitated and upset, and with raised voices they demanded an explanation. The police officer firmly requested the parents to pack a bag each for the children. The children remained in care for 18 months before they were returned to their parents.

Eleven professionals (all females) attended this focus group session; the group members were individuals from varied and mixed backgrounds in terms of race,

culture and ethnicity. They have also trained as social workers in various parts of the UK, Europe, Africa and the Caribbean. The professionals were recruited from the Social Work Practice Forum (see Chapter 2) and only one participant was known to the researcher.

Vignettes 1a, 1b and 1c were administered separately in an unfinished case study form and, as the discussion moved on, vignettes 1b and 1c provided the full and more precise picture of the case study. This solidified some responses, while some views became divergent and other respondents altered their positions. Most importantly, profound childhood experiences were shared within the group with regards to professionals' experience of physical chastisement in their childhoods.

5.2.2 Outline of Focus Group 1 discussions

The professional's initial reactions to vignettes 1a, 1b and 1c were in defence of the social work profession and disbelief that the case scenario could have taken place in London in 2017. The focus group discussed the culture and values of the parents and the difficulties in communicating and engaging with them.

The professionals then went on to disclose their personal experiences of physical chastisement from parents and significant adults while growing up. The severity of the chastisement disclosed varied. The focus group explored this phenomenon and the reason for it; they felt that the parents' parenting style was not unlike many other cultures, including the type of parenting found in British society in times past. However, due to the introduction, monitoring and strict review of child protection policies from the 1970s in England; British parenting practices are the acceptable standards to society. The group also discussed the generational abuse of parents who went on to use physical chastisement as a method of discipline with their children. The researcher observed laughter throughout the self-disclosures of physical chastisement, with the group joining in on the laughter. Sense-making of the professionals' laughter during accounts of profound childhood physical chastisement will be explored in the next chapter. The focus group discussed the impact of children's services intervention on children and parents alike, while criticising some of the policies and their application as well as admitting that punitive and high-handed decisions have been made while working with parents.

5.3 Focus Group 2: Vignette 2

5.3.1 A summary of Vignette 2

A mother (Leticia) leaves 5 children (aged 2, 8, 10, 12 and 16) in England to travel to West Africa for her mother-in-law's funeral. The father (Charles) had left earlier, leaving Leticia in charge of the children. However, Leticia decided that a family friend ('Aunty') from the church would stay with the children while she travelled to West Africa. One week after, a neighbour called the police because the 2-year-old child was seen on the street with just his nappy on. Police attended the family home and found the 16-year-old in charge of all the children. Police questioned the children and found that the 'Aunty' looking after them had gone to work. Police notified children's services, and that evening all five children were placed in foster care in a neighbouring borough. The children's next of kin were informed via the school the next day; they made contact with the couple and Leticia got on the next flight back to the UK. Four of the children remained in foster care for three years before they were returned to their parents; the 16-year-old returned home to her parents after three months.

Eleven professionals (2 males and 9 females) attended this focus group session, which took place four months after the first focus group. This group was made up of new members, except for Clara and the researcher. Vignette 2 was administered to the group in the form of a case study of a family with children's services involvement. The professionals appear to have consistent experiences in their roles as social workers; experiences shared by fellow professionals and the system itself. These experiences include a lack of understanding and knowledge of the parents' culture and values, discrimination, racism and stigmatisation, disproportionate intervention and unfair treatment, manic defences, poor communication and parents' lack understanding of the child protection system.

5.4 Professionals' pen portraits (see Appendix E)

This section details the professionals' positions on the two vignettes, and the researcher's perceived defences in their contributions.

5.4.1 Outline of focus group discussions: positions and defences

1. They were defensive, stating that it is not possible; it is not a real case: *I just need to add that in a real case, real life, if this happens, to be honest with you, they found the child on the street; that is significant harm or likelihood. That is already being substantiated. FG0118 p. 3.*
2. It is the fault of the family; they have put their culture and value first ahead of the care and safety of their children: *I think it was irresponsible,*

the mother was irresponsible in the fact that arrangement had been made between both parents for a mother to stay behind, but to then leave the five children on their own basically without proper care, whether she left them with an adult or not. FG0118, p. 2.

3. Personal experiences/disclosures of the same situations: *I give you an example- my very self: My previous partner and I have a daughter, I wanted to travel to Nigeria, we had an agreement that she is around, and she would look after our child. Few days before I was to travel, she said she has an emergency, she is from African but of a different country, she bought her ticket, and this put me in a difficult position because I did not want to leave my daughter for somebody other than myself and the mother, but I had to agree for her close friend to look after my daughter. It was a breathless decision, even while in Nigeria; I was calling every day to check on my daughter, something could have happened. FG0118, p. 7.*
4. They spoke of the culture of discrimination of parents in the system in a way that distanced them: *My view is that to start with, there need to be investigations, more questions asked, the social worker needs to do more groundwork before thinking about removing the children. Police protection is an abuse of power and I think they can have some kind of strategy meeting some kind of conference and try to put a plan in place to support this family bearing in mind that the parents are in shock as nobody spoke to them about it. FG0917, p. 7.*
5. Acknowledged bias, discrimination and racism in the systems and practice: *Honestly, this intervention was very harsh, could have been prevented ... African families, most of them, because of our nature, the way we act and respond to authority, we try to prove ourselves, we try to prove even the manner we approach things; these challenges will cloud our (parents) reasoning, our rational thinking and the local authority will not see it that way because the person dealing with you may be from a different culture, they will look at you as aggressive: 'we will not work with you', 'you are not engaging', even visiting you, they may be frightened because of the way you have responded, the approach. That can impact their decision and the way they approach things. FG0118, p. 6–7.*

6. The professionals proffered various ways to help the situation for the parents. *What about communication and keeping family informed and exploring who is out there outside mum and dad. FG0917, p. 14.*
'Educate parents on legislation and social services, and that way they are more informed and they might think twice about getting the slipper out to hit him. They know the consequences, children are now more confident in going to speak to school, teachers, children threaten their parents.' FG0917, p. 8.

The next section discusses the themes arising from the first focus group session. These include the professionals' experiences of childhood physical chastisement, the white British professionals' experience of childhood chastisement and the denial and defences of the abusing parents.

5.5 Themes arising from the first focus group

5.5.1 The lived experiences of discipline among social care professionals in childhood

The first focus group session was attended by ten social care professionals on a sunny Saturday afternoon, hosted at a brand new community hall in North London. The medium-sized hall was painted white with carpeted floors, large windows and huge French windows which overlooked and opened onto a small garden area. The ambience of the hall was warm and welcoming; the researcher provided hot and cold drinks, food and cakes. Several professionals knew one another from work in current or previous roles, which facilitated a sort of reunion, a space to reminisce about experiences and to talk about themselves and their work. This conducive atmosphere of camaraderie helped the unguarded disclosures of personal lived experiences of physical chastisement when the first vignette was presented to the group for discussion.

The professionals were at first very defensive of their practice and profession; some denied that the vignette described a situation that occurred after the institution of the Children Act; some thought it was a case study from a third world country, and others thought it was a fictitious case study. The group then discussed the policies and their applications and agreed that sometimes they could be difficult to apply with certain groups of people, such as African parents. The discussion evolved, and the professionals talked about systemic difficulties,

inconsistent management case directions and clear practices of discrimination and racism.

The group then discussed personal experiences of physical chastisement from their own parents and children's services involvement with their families. I remember feeling quite panicked at this turn of events: I was not sure how to steer it away, but reflected quickly on what my supervisors would advise that I do. I felt that they would have said to stay curious and allow the discussion to run its course, rather than trying to control or stop it. There was frequent laughter from the group, as each described their experiences of physical abuse. I felt they were trying to keep the pain away as the stories were told in a light-hearted tone, with some jokes thrown in (even though the events were horrific); but then the stories would end sadly: "I do not have a relationship with my mother till this day" or "I only visit my mother because I do not wish to deny my son a relationship with his grandmother." The laughter unnerved me at first; I felt that what was being described was not funny at all, but I did join in the laughter sometime later, wanting to laugh away the painful stories being brought to life by professionals who have been tasked to protect children abused by their parents or significant adults. I later recognised this situation as transference and counter-transference. Giami (2001) posits that transference and counter-transference refer to two people in the here and now in a therapeutic setting and the repetition from both participants in present setting. The professionals' laughter, amidst the tales of profound pain and distress, caused me to laugh too even though I felt uncomfortable; this counter-transference refers to the unconscious process specifically affecting the analyst. A participant described their personal experiences of physical chastisement as follows:

In terms of if I have ever been chastised growing up, I have been, more seriously than being slapped with a slipper. I have never spoken to a teacher about being chastised. I did not see the need to at the time. Maybe it is the way I have been brought up, my culture and my upbringing yeah, as a young child, I was accepting of it. FG0917, p. 1

Another professional said:

When I was 8, my sister was 4 and my mother took us to live in a communal family home, we got beaten by the owner of the house, the other wives, the older children. FG0917, p. 2

The professionals' self-disclosure of childhood chastisement points to a level of vulnerability of which Dartington (2010) suggests that everyone is vulnerable, but will not always acknowledge it. These experiences of childhood physical chastisement also raised the question of how the vulnerability was viewed in West African culture. UNICEF's (2009) report on strengthening social protection for children in West and Central Africa described five major childhood vulnerabilities, which include natural/environmental, economic, lifecycle, social and health. Social vulnerability highlights some of the root causes of physical chastisement within the family in these circumstances: family composition, high dependency, intra-household inequality, family violence, family breakup, diminished quantity and quality of adult care. Physical chastisement also appeared to be prevalent, as another professional noted:

Like I said, I was not the only one; it was quite common in my circle of friends that went through this. I could say in my generation; it was like the norm. FG0917, p. 17

Rush and Lazarus (2018) described underclass theories of 'vulnerable', 'broken' and 'troubled' within a social context as casual factors of chastisement. They described studies which show illegitimacy, unemployment, poverty and social exclusion as pathologies that lead to childhood physical chastisement. The comments below show a professional who describes being raised in an estate known for high numbers of immigrant families with socio-economic challenges.

My background is African, and I yes was chastised. I never discussed it with the school eh; many of my friends were even from different backgrounds. We will talk about it and joke about it. 'Yeah yeah, I got the beat last week' [group laughter] You know, I grew up in Broadwater Farm estate, and you could hear your neighbours and kids getting chastised [more laughter] it was funny, but it was normal. It was normal, you could hear, and it's like, 'yeah the kids are getting the beats again' yes that was like usual, it did not matter what background, everybody experienced it. FG0917, p. 4

The professionals discussed their own experiences of physical chastisement in Africa and the UK and attributed it to culture and upbringing – and as a result were accepting of it. One participant talked about experiencing it in the family along with two younger siblings, adding that friends and neighbours experienced it; it was standard at the time. Other participants talked about being chastised by members of the family as well as parents in communal family

settings. Another participant talked of friends in school from different backgrounds who also experienced physical chastisement:

I think I was probably about 11 or 12, I was in my ... yeah, I probably was about 12 or 13, I ran out of the house, not the house, the flat, I just ran to the nearest phone box in the local area, and I called ChildLine [laughing] and ChildLine, I was kind of telling them what was happening and they said ok then, they managed to ask me where I was, and they told the police to pick me up and brought me home. What happened after that, I got into more trouble, when the police dropped me home, I got more and further beating for that. I have two younger brothers as well, and we all experienced it, even my group of friends and circle of friends experienced it so for me I saw it as something normal until I did my social work training I realise there are other ways to discipline. FG0917, p. 17

There was a sense from these discussions that physical chastisement was not restricted to a particular group of people. There is a normalisation of this form of discipline, as teachers in schools also chastised children. ChildLine and the police were described as ambivalent towards a young person's disclosure of being severely chastised. There was no questioning of the adults concerned or discussions of what had happened; the child was just picked up and dropped back to the family home – to the abuser. Subsequently, the young person got further beatings for reporting the abuse.

5.5.2 White British social care professional experience of physical chastisement

A social care professional of white British background discussed her experiences of discipline when growing up in England:

I am a white girl, and I was chastised when I was younger, it wasn't to this extent. My dad used to smack my bottom when I was naughty; it sometimes happened in public; it sometimes happened at home. I always saw it as what will happen when I was naughty, It was not always what will happen when I was naughty emm you can guarantee that whatever, I did, I will not be doing it again... I suppose I never spoke to a teacher or anyone about it because to me it was normal and my dad was a police officer, both of my parents were police officers, I would not tell the teacher to be honest because my dad was in the law anyway, he was everything that was good and looked after people, so if you were naughty, he would know what to do. If I was getting a smacked bum, I naturally believed everyone else was. Barbara FG0917, p. 2

Barbara agreed that she was not chastised to the extent described by black and mixed-race participants; however, she was chastised. She felt it was normal at the time and accepted that this would happen if you were naughty. This appears to explode the myth that African families alone maltreat or physically chastise

children as a form of discipline. The participant went on to speak of her professional experience:

Yes, we do have teething problems with children of West African black parents, children are being beaten by white British parents. There are families where their parents did it; their parents did it before them too.'
Barbara FG0917, p. 6

She also noted that she was not always physically chastised; she experienced “emotional chastisement” from her family. This is an exciting concept; other participants spoke of experiencing this form of abuse from parents as adults; however, none of the other participants spoke of recognising this type of abuse or talked of experiencing it while growing up:

I never got put in a corner, and my form of chastisement was not always physical, I had emotional chastisement.' Barbara FG0917, p. 2

In the next section, I write about Grace, a social worker who suffered severe physical chastisement at the hands of her mother, an immigrant from Ghana.

5.6 Grace's story

Grace is a child protection social worker, leaving care and mental health social worker, trained in the UK, born in Ghana and raised in the UK. Grace is the mother of a boy aged 2. She discussed poor parenting as a factor of mental health in young people in the first focus group. Grace has sympathy for children and young people and feels anger towards the parents:

I think I became more judgemental of the parents; I think when I am looking at the parents, it's like that anger I have is now transferring on to the parent. I did not do that physically but obviously at the back of my mind am thinking this is what you parents do, you just mess up your kids' lives because of your issues, and it's like you take it out on your kids.

Grace attended the first focus group; she was the only one who met with me out of the six social workers who agreed to meet to speak further about their personal experiences of physical chastisement. At our interview session, Grace described her experiences in detail. I will discuss these in the following sections.

5.6.1 Social care professionals' experiences of being parented

Participants at the first focus group described being physically chastised by their parents while growing up; the majority noted that this treatment was meted out to them by their mothers. Grace gave more context to her situation when she met with me. She described her mother as a struggling immigrant wife, mother

to three children working three jobs and experiencing the culture shock of living in a new country:

My mum was a first-generation immigrant, working three jobs and my dad were all struggling, and they were all going through much stress, and I used to have much anger towards her, and I thought I did not want to be like her that is one of the reason probably why it took me a while to have children because I did not want to end up being like her ... and her coming to the UK, having that culture shock, having to start from the start, the stresses of living in this country. It did have a big impact. I am the eldest, I have two younger brothers, and it was not easy. Grace FG0917, p. 20

Grace also talked about her mother's other difficulties, which she did not know about until recently:

It was only later in the years my mum kind of gradually slips certain things off. I remember we were talking about medication, and she was saying about how side effects; for years, my mum was taking medication that made her mouth go dry. My mum said when I was on an anti-depressant, and I said 'you were on anti-depressants?' Grace, Dec18, p. 4

I remember the sadness and surprise on Grace's face when she told me of her mothers' mental health illness when growing up. She felt that the stresses of living in a new country, working several jobs and raising children must have had an impact on her mental wellbeing, hence her mother's physical abuse of her and her brothers. I did not get the feeling that Grace exonerated her mother from her harsh treatment of her; I understood that Grace is now more aware of the issues of parenting dysfunction, having studied health studies and social work degrees:

Health studies was more to do with the social aspect of health, so we learn about people's socio-economic background and how it affects their health, and obviously, people with the lower economic background are more likely to suffer from mental illness and health difficulties. Grace, Dec18, p. 5

In contrast to Grace, Lynsey was born in the UK but relocated to Nigeria with her mother and sister. Lynsey experienced severe physical abuse from extended family members and her mother. Lynsey agreed to meet with me after the focus group but did not make the meeting despite several attempts to contact her. I reflected on the reason Lynsey's mother had to return to Nigeria with two young children. I wondered if her marriage had broken down and she had to leave the country because she could not cope, or perhaps she was no

longer allowed to reside in the UK due to her immigration status. I also wondered if suitable accommodation was a problem as the family had to live in a communal family home in Nigeria:

When I was 8, my sister was 4, my mother took us to live in a communal family home in Nigeria, and we got beaten by the owner of the house, the other wives and the older children. This is how it happened daily, and my mum took over till today, which is why we do not have a great relationship.’ Lynsey FG0917, p. 2

The story of the mother of Grace and the perceived possible meanings in the narrative of Lynsey at the focus group suggests that most immigration into or out of England can be fraught with difficulties; as with other parts of the world, as seen in the Curry-Stevens (2013) report.

5.6.2 Professional-hood vs childhood

In her work as a social worker, Grace spoke of being angry with her parents when she visits a family. She found that she identified with the young people, especially young black African girls. Lowe (2016) researched the impact of the professional’s attachment history, early childhood experience and current personal relationships on the child and caregiver systems.

I could see that their parents are first-generation immigrants as well, and they are going through the same thing. So for me, I have bonded with these clients, and they are females, African girls, and different African background, not necessarily from Ghanaian background. It’s like the similarities are similar. FG0917, p. 21

Grace’s comment brings to mind Ruch’s (2010) description of transference, as the idea that in our current relationships and interaction, we may unconsciously ‘transfer’ feelings into the here and now, which belong in our previous relationship. Lowe (2016) and Carr (1989) quite aptly described counter-transference as the reaction to examining the personal level at which professional workers respond to cases of child abuse, perhaps experiencing a strong urge to rescue the child at all cost, or making an unconscious identification with one or other of the adults. Adshead (1998, p. 67), states that “adults deprived of care in childhood may seek to provide it to others in their professional lives.” Grace had the urge to rescue young people she worked with, but recognised this because of her training and social work placement experiences:

It is only during my training that kind of made me understand more about my childhood and it probably ... with my placement with the looked after team because I worked with mainly young people, adolescents, from between 13 and 18 and emm, most of the client I worked with are females that had a kind of volatile relationships with their mothers, and it made me kind of reflect on my relationship with my mother and with the dads as well, but there is always issues with the mother and daughter relationship. FG0917, p. 19

5.6.3 Judgemental and transference ideations

Grace informed me that she was very uneasy talking about her feelings towards the parents of her clients; however, she understands the need for and usefulness of capturing this in my research work. Grace is the only social worker in a small mental health therapeutic team, and she had the opportunity to disclose her difficulties during the team's clinical debriefs of working with the parents of her clients concerning her childhood experiences:

I will talk about my current experience in mental health because it makes me connect to my childhood. I think I became more judgemental of the parents; I think when I am looking at the parents, it's like that anger I have is transferring on to the parents. I did not do that physically but obviously at the back of my mind am thinking, this is what you parents do, you just mess up your kids' lives because of your issues, and it's like you take it out on your kids. It's brought back that judgemental feeling I was feeling about my mum and how I had felt towards the parents of the children. So am kind of looking at clients who were children, and once again, I have much anger towards the parent. I think that the reason I have the anger is that the parents have not changed, they still have the controlling behaviours and influence towards their adult children so emm, it does trigger a lot ... I feel empathic towards the children, it hits home when you meet the children, and you feel anger towards the parents. Grace FG0917, p. 19

Grace's anger towards the parents of the children she works with provides space for understanding of possible causal factors of dysfunctional parenting that include physical chastisement as a tool for disciplining a child:

So there is a connection, a generational issue. The parents have issue as well. Usually, there is neglect, beatings, and if you look at the parents, they have mental health issues as well. So especially from an African background, it stands out a lot, even Asian, people from ethnic minority background but people from Africa in particular. It hits home even more, like you feel that anger towards the parents again, while the parents have got mental health issues like my mum did not have mental health issues, but she did go through depression. Grace, FG0917, p. 21

Grace and the professionals discussed how the pain of physical chastisement and the long-standing scars it left behind affected them; however, as social

workers they are sometimes harsh in their decisions, which are punitive rather than supportive towards the parents.

At a research seminar with my supervising professor we discussed material from professional focus group sessions; it was felt that there were three unifying themes in the narrative, these include: the maltreatment of children, maltreated social workers and a maltreating system. The group felt that hearing and engaging with the lived experiences of victims of a maltreating system is how we understand what the system is doing and think of how we can work to fix the problem. The professionals' experiences highlight a further three unifying themes, as described in the last paragraph. I will explore this issue in the next section of this chapter.

5.6.4 Parents denial of abuse

Grace discussed her mother's denial of the physical chastisement against her as a child; she said she still thinks about the chastisement and feels resentment towards her mother. This points to the long-term and far-reaching effect of childhood physical chastisement; I wrote in section 5.5 of the unresolved anger professionals hold towards their parents who had severely chastised them. Grace felt that her mother's denial that physical chastisement took place amounts to emotional abuse:

Most of the chastisement came from my mum, and even now I still think about it, I still have some kind of resentment [laughs] and I was thinking of what people say that if you have children, you would understand a lot more but I still don't. I think mum still kind of denies it. Maybe the reason am upset is that my mum denies it and gets defensive and not admit that what she did was not right. I think she knows she has issues, but when it came to her treatment towards me, there is that element of denial...that defensiveness and maybe she said I have said sorry, what do you want me to do but sometimes, she acts that way. It's not physical now but emotional, and she still acts that way towards me. Grace FG0917, p. 20

5.6.5 Developing depressive positioning

The professionals who experienced physical chastisement appear to defend and identify with the children they work with that may present with similar experiences to those from their own childhoods; they also spoke about the disposition to be harsh towards the parents. Lowe (2016, p. 65) described "counter-transference, and professional's attachment history about working with maltreated children requires a level of vulnerability by the professional" and that the consciousness of professional's attachment histories and prior experiences

can enhance the work or interfere with it. Grace noted that she is getting therapeutic support from her team and so is able to remain objective in her work with parents. This objectivity is the emotional state and disposition suggested by Bower (2017) in her article about psychoanalytic concepts advanced by Melanie Klein. Klein (1935) referred to 'depressive position' as the experience, at any stage of life, of guilt and grief over hateful attacks and the damaged state of external and internal objects, varying on a scale from healthy mourning for loss to severe depression. The professional's 'depressive position functioning' means that the individual can take personal responsibility and perceive him or herself and the other as separate:

But, because of the support I have from my team, I have learned. I work within the therapeutic setting within the mental health team, am the only social worker there; they are therapist, psychiatric nurses and psychiatrist. They specialise in reflective work; we do much work in group supervision and can express how I am feeling about my anger towards these parents. Furthermore, I was quite supported, and I was able to work cohesively and in harmony with the parents and I am putting that kind of issue aside because I realise that with the parents, it's kind of like a cycle. The parents have issues, some probably experienced abuse, neglect and I did find out my mum had some issues when she was a child. FG0917, p. 19–20

5.7 The maltreatment of children

5.7.1 Impact of practice on parents and children

The professionals spoke of the impact on parents and children when social workers and police arrive at the family home, as described in the vignettes. Many of the comments relate to how the child's feelings were not thought of, the children's thoughts and wishes were not sought and the long-term effects of separation and loss experienced by the children and their parents. The professionals used powerful terms to describe the effects on the children and the harm done, including: 'devastated', 'scary', 'extreme emotional abuse' and 'threatening'.

It would be threatening for those children, and no one has spoken to the parents, of course, the parents are going to be very angry at police turning up at their door and social worker. Faith FG0917, p. 7

The child, has suffered extreme emotional abuse because they are frightened, scared, they do not know what is going on, they do not know what is going to happen to their parents. Clara FG0917, p. 8

This little boy is devastated that he has told his teacher and then this outcome. You find that this happens a lot when they open up and they

have all this safe place to talk in school, a child goes, speaks to the teacher, the next minute, police, social worker going to the home and removing the child. Camille, FG0917, p. 8

The professionals agreed that the parents would be agitated and upset because the intervention was harsh and extreme:

Also, we need to think about the whole thing about the harm being done. When you are removing children from their biological parents or from a significant adult they know, already you are messing up their attachment over a long period. Sandra FG0118, p. 4

They must have experienced separation and loss as a result, and for them to heal, they would need the professional input of therapy and counselling to heal. Honestly, this intervention was very harsh, could have been prevented. Abena FG0118, p. 6

5.8 Maltreated social worker

5.8.1 How systems maltreat social workers

It is important to note that at both focus groups, professionals took several positions, as discussed in section 5.2. The discussions evolved, and professionals talked about systemic difficulties: inconsistent management case directions, acknowledged bias, poor awareness and understanding of African and other ethnic minority groups' child-rearing practices, discrimination and racism in the apparatus of the systems and practice:

African families, most of them, because of our nature, the way we act and respond to authority, we try to prove ourselves, we try to prove even the manner we approach things; these challenges will cloud our (parents) reasoning, our rational thinking and the local authority will not see it that way because the person dealing with you may be from a different culture, they will look at you as aggressive: 'we will not work with you', 'you are not engaging', even visiting you, they may be frightened because of the way you have responded, the approach. That can impact their decision and the way they approach things. I can read that court statement-'the parent, this and that. Mike FG0118, p. 6-7

I will say, first of all when you talk of agitated and raising voices, obviously by professionals will see it as aggressive, rude and uncooperative, they use all these big languages and terms that parents do not even understand, we know from looking at the 1A and 1B what led to this and the parents being upset. My thought around this to be honest with you is I think the parents are being bullied, that is the way I see this. Clara FG0917, p. 11

The comments above point to social workers who appear to act out some misunderstood materials from child protection systems; in its inability to educate itself on the culture and values of West African communities. In writing this

section, I am struck by the incongruence of the social worker's 'tripod' positions: internal forces, inter-external forces and external forces and discuss thus:

1. In the previous section, the professionals' personal and childhood experiences of physical chastisement and its possible impact on their work with West African parents were explored; I will refer to this position as 'internal forces'.
2. This section explores the challenges professionals experience working in a system that appears not to always treat West African parents fairly and the professionals' apparent inability to work differently from the 'system's script'; I will refer to this position as 'inter-external forces'.
3. Finally, I will refer to all other forces as 'external forces'. I give an example of this in the next section.

I note that medically, the tripod position is considered an indication that the patient may either be in respiratory distress or merely out of breath. Is this what social workers might be suffering?

5.8.2 The media and social work

The professionals discussed the problematic relationship that social workers have with the media and the press. During a short break, they spoke at length over nibbles and drinks about the Baby P case in Haringey Council. They discussed the press handling of the profound news of a baby's death and the blame levelled at the Director of Children's Services, Sharon Shoesmith, who was then very publicly sacked. It was interesting to listen to these discussions mainly as I attended a seminar presented by Sharon Shoesmith at the Tavistock and Portman Clinic during the summer term of 2014, on her PhD research based on the response to the death of Peter Connelly (Baby P). She said that the media coverage that followed the news of Peter's death reached "new levels of irrationality", in which politicians and the media "actively mobilised public anger towards social work." Children's services offices had to be closed and boarded up in Tottenham due to the danger posed to social workers working in the building. The professionals discussed this further after the break:

Media demonises social worker, and I think more good work happens within the social work community than outside. Fiifi, FG0917, p. 9

Sometimes we get things wrong, but when we get it wrong, that is when the press has a field day ... with bits taken out of us. Lynsey FG0917, p. 9

I hear what the press say about social work, I hear what people say but when you are right inside it and making that decision as a team manager it takes a long process. Clara FG0917, p. 9

The media's role in fanning angry public reactions when something goes wrong constitutes an 'external force'.

5.8.3 Generational abuse (parents of social care professionals)

The professionals raised an issue that was not previously thought about: the abuse of their parents. They felt that there is a clear correlation between how their parents were disciplined and how their parents disciplined them. It was also clear that this phenomenon was not restricted to any one group of people. A distinction was, however, drawn on the differences when the Children Act came into effect.

I mean when my dad was younger, he was chastised, but he was chastised a lot worse than he is doing now. I mean he was chained to a radiator. I suppose I felt that he would never go to that extreme. He did believe in some form of respect and how you would do that. I suppose something we also need to remember is that the Children Act did not come into effect until 1989. I come from white British background with older parents, and when my parents went to school, my dad got the slipper at school, my mum got the slipper at school, they got the cane at school, they had books thrown at them, I mean they went to school in the 50s, and 60s and that was normal for them. I think the thing to look out for is that England and the UK have come a long way as well. That used to be the norm here as well, that needs to be understood. Barbara, FG0917, p. 6

In their generation, her dad beat her; she suffered extreme abuse from her dad hence how she raised her children. Grace FG0917, p. 6

5.9 The maltreating system

5.9.1 Professionals' critique of case vignette (social care systems and practices)

The professionals spoke at length about the issues presented in the vignette; there was disbelief, a lecture on the steps and processes that should have been taken in this case, the acknowledgement that this situation could happen but perhaps had happened many years ago, and maybe in a different country where child protection laws are absent.

This scenario is a bit worrying for me as a social worker if I am honest, from turning up in someone's home with a police officer to get police protection for safety and wellbeing. I am just wondering under PLO what are they doing, has the social worker ... ehm has it been reported before? It raises many issues, many questions for me. Police protection is pretty serious, and I am wondering how the threshold was met before they decided to remove the children. Camille FG0917, p. 6

The group disagreed with the practice and decisions made about the family in the case vignette. They felt it was harsh, that racism was present in the way the situation was handled and that being previously known to children's services can work against a family and determines if they will receive fair and supportive treatment. Professionals also described their own experiences of working on cases with colleagues where they felt discrimination, racism and lack of understanding of a family's culture played a major role in keeping children away from their families. Professionals' comments include:

My personal view is it is a bit too much; I think it has gone out of control, to be honest with you; it is too extreme, I think that they have been failed in a way because nobody has spoken to them, so they are totally unaware of what is going on. So yeah, that is my view. Fifi FG0917, p. 7–8

This is where social service fails; they fail parents; we don't do enough early help work. This case scenario falls under that where we need to go out support the family, support the family to be together, why to take children away; that is what we are there to do. That is my feelings about this case. Jordan FG0917, p. 8

5.9.2 Racism

The professionals argued that racism exists; a participant said that "it would be stupid for any professional even to think it does not." It does exist to a certain extent, and we need to ensure that where we see it, we need to address it, where we see injustice, we need to say it is injustice and expose practices of discrimination and racism.

I have a case where a white social worker who thinks a father (who is emotionally charged) decided for the father not to see his son for a year, the father was not able to see his son, and I was reading the report, and it said 'he is aggressive, he made threats, this and that'. If you could make such a decision, he would make threats to you as well. It is emotional stuff; you can't make some decision just because someone talks in a certain way; he is charged when responding to these decisions about him. I am reading in between the lines, and I can see a taint of racism or put down of someone because of the colour of his skin or where he comes from. Mike FG0118, p. 7

Who decided it was the children's best interest to be in care when the father is around, the mother is around, potential family members ... the children could have gone there as well, I mean ... I also think that racism plays a factor in this. FG0118 p. 7

Abel and Metraux (1974, p. 83) stated that "one of the prime stresses for ethnic minorities is the experience of racism". Experience of the outer (social) world may be different for different cultures (e.g. experience of racism and prejudice); the individual may be "psychically free to achieve, but society may prevent this from occurring". Racism, according to Goldberg (1993), is the practice which, intentionally or not, excludes a racial or ethnic minority from enjoying the full rights, opportunities and responsibilities available to the majority population. Galabuzi (2006) said racism is a system in which a group of people exercises power over another or others based on socially constructed categories and on the distinctions of physical attributes, such as skin colour.

5.10 Themes arising from the Focus Group 2

The second focus group session was attended by 11 social care professionals on a rainy, cold January afternoon at a church community hall in North London. The small meeting room housed rows of shelves filled with Christian faith books and Bibles. I arranged chairs around the table and put out hot water urns, fruits and finger foods. The heating kept the meeting room cosy and warm from the wind and rain outside. I was grateful that people turned up with enough time for networking and refreshments.

5.10.1 The questions, practice and the blame

Vignette 2 detailed a case study of a family who had left their five children with a family friend to travel to West Africa for the funeral rites of the father's mother. The childcare arrangement failed, and the youngest child was exposed to significant risk. A neighbour called children's services and the police, and all five children were taken into care. There were many questions from the professionals; it was difficult at times to stay focused to ensure proper recording of everyone's perspectives. I experienced the questioning as attacking, because three professionals spoke at once despite an agreement to take turns at speaking to facilitate recording and listening to what each professional had to contribute. Some of the questions included:

I would like to know whether this family was known to children's services before this situation. Sandra FG0118, p. 1

They were? Ok, if they were, I would like to know if they are children in need of support or children subject to child protection. Sandra, FG0118, p. 1

Ok. I still would like to know more about their history, background. Because if they were known, they must have been known either as a family in need of support or family subject to child protection or were LAC one time or other. So, I would like to know so I can be able to make a decision. Sandra, FG0118, p. 1

The professionals also did not accept that the vignette was real (even though they were informed that it was a real case which had been anonymised):

I just need to add that in a real case, real life, if this happens, to be honest with you, they found the child on the street that is significant harm or likelihood ... I think in real life what could have happened in the way, basically is to do parenting capacity assessment with mum to determine her level and capacity to care for her children. Clara, FG0118, p. 3-4

The discussions were, at times, very intense and heated, and I had to remind the group to allow each speaker time to finish before making their contributions. There were precious contributions from every member of the group. As noted at the beginning of this chapter, only one participant from the first focus group attended the second focus group, and I wondered why. I had advertised the second focus group six weeks before, and sent weekly reminders to the members through the social work forum platform. However, new members and members who did not attend the first focus group attended. The research seminar group felt that the members of the first focus group had had time to reflect on the very profound disclosures they made about their childhood abuse and now felt uncomfortable, ashamed and worried, and did not want to be part of another focus group. I had tried to engage with six of the professionals outside the focus group. My aim was to get a further understanding of their experiences as children who were physically chastised, trained and practice social work with African immigrants. However, only one professional responded and engaged. It is also possible that the journey of dealing with these childhood difficulties disclosed at the focus group has begun for some and hopefully, repair and healing will come with that journey.

5.10.2 Awareness of own (social workers') bias and prejudice

The professionals discussed the need to be aware of their own biases. There was an acknowledgement that, sometimes, professionals use their values to form a hypothesis, and once that is done, there is a danger of judging a parent

by the standard of one's own parenting. Cooper in Bower (2017) described the use of the 'self' in effective therapeutic social work. Social workers are called to be self-aware so they can separate the effects of other people's projective identification and vice versa. A participant described the actions of a female white social worker who decided that a father was too aggressive in the way he responded to her. She ensured he did not see his child for more a year in what appeared to be a blanket decision due to personal bias, which I believe was as a result of a lack of self-awareness. Kirwin (2015) described this situation as implicit bias, which refers to attitudes and stereotypes that affect understanding, actions and decisions in an unconscious manner. It resides deep in the subconscious, and is activated involuntarily and without personal awareness or intentional control:

Once a social worker takes over a case, the first thing you see is the case summary, so the first thing in red is 'do not see this guy alone, and he is not to see the child', and then you go through the case, and you find that there is nowhere you have done a risk assessment to determine he should not see his child, yes, it has come from her bias towards the man to have made that decision, that could have informed the decision to keep these kids in foster care for that long. Sandra FG0118, p. 13–14

5.10.3 Challenges of working with African parents

The professionals spoke at length of their experiences working with African parents. The challenges experienced include:

- Fear of statutory agencies: professionals acknowledged the power that children's services and the police have, being statutory agencies. This has caused poor and difficult engagement. A professional noted that: *Black families are terrified. Once they hear social services or hear police involvement, they begin to panic; they do not know what to do, they do not know whether they are doing the right or wrong thing. FG0118, p. 9.*
- Families are unwilling to ask for support from the wider community due to stigmatisation of families (even from their own community) known to have had children's services involvement.
- Cultural differences, such as incorrect interpretations of what is being said and body language which has been misunderstood as aggressive. Culturally, mental health is seen as a taboo and parents with mental health difficulties will withhold this information from family and community

members. Children's services will see *Parent's refusal to identify family members as meaning refusal to work in partnership with them and it is going to cost [them]. FG0118, p. 11.*

- Language/accent barriers to understanding what is being said: limitation in the parents' understanding of the language and a lack of understanding between the professional and the parents can affect the outcomes of the case and how long it will go on for. A professional said: *Sometimes, it is clear they don't understand. When you ask a question and they(parents) give an answer that does not relate to the question or can't answer appropriately. FG0118, p. 10.*
- Poor understanding of the legislation and child protection laws. Professionals said that parents did not understand the laws, they did not know their rights or have access to an advocate. *They did not know their rights; they did not have an advocate. FG0118, p. 11.*

5.11 Summary

What emerges from this chapter includes the professionals' background information, professionals experiences of childhood physical chastisement and its overall impact on them personally and professionally and their experiences of working with African families and their knowledge of discrimination, stigmatisation, racism and unfairness in the system. Other significant themes from this chapter are generational abuse from the professionals' parents, the maltreatment of children and social workers and a maltreating system.

Chapter 6 will discuss in detail the themes from the research.

Chapter 6: A Cross-analysis of Themes

6.1 Introduction

Having examined the lived experiences of first-generation West African black parents and social care professionals in the previous chapters, Chapter 6 will focus on a cross-analysis of the themes arising from the research with parents and professionals.

6.2 Parents' cultures and values

A significant theme arising from the interviews and focus groups with the parents are values and culture. Parents spoke of their cultural beliefs and values and the acceptable norms of parenting in England. The parents agreed that physical chastisement was not the best form of parenting and was proven not to work; however, they spoke of being chastised as children and their having fared well for it. These contradictory and conflicting views did not come through at first. However, the research interviews, using Biographical Narrative Interpretative Method (BNIM), allowed participants to reveal significant personal meaning (Hollway & Jefferson, 2000). A parent said:

I was brought up in Nigeria, we got smacked when you do something naughty and I am here in England now but from my experience here in England, I know it is not the best thing to do. Ireti

Society and government agencies do not appear to consider the child and family situation, such as culture and values, and instead blame parents who are deemed to be abusive for not being good enough. This is done instead of the society examining how it denies parents a chance to be good enough (Tuohy 2019).

I am uncomfortable in my awareness that cultural practices are dismissed and belittled in child protection processes; they can also be explained away even though they are one of the most powerful motivators for behaviour. I read culturally induced behaviours in between the lines when Preston-Shoot and Agass (1990, p. 89) said:

seeing individuals as bad and beyond understanding represents a closed system since these very individuals are denied the opportunity of making an input, of conveying their experience, their feelings and the rationality they have retained.

The abusing parents are therefore seen as not good enough, rather than as being at one end of a spectrum of parenting distress which affects every parent and is mostly caused by structural and social inequalities and historical family experiences (Bywaters et al. 2019; Bernard & Gupta, 2006).

Ireti, a parent participant described her experiences with children's services and the school thus:

Our culture is rubbished, which is not right, our culture is different, fine, we are here in England, we have our own culture as well, and we will not forget our culture. Our culture will still be there, and we will still go-round with our culture and work with our children. Ireti

Pauline, a parent participant, described her involvement with children's services and the police; Pauline's daughter was said to have written 'S' for sex in a piece of classwork. The teacher made a referral to children's services, and a social worker attended the school with the police. Pauline described how the police and the social worker attended the family home and asked to see the child's bedroom and the parents' bedroom. Pauline was infuriated by this:

I said you know what, have you forgotten you sent us a letter that you will be doing sex education? I said, am a Ghanaian, in my tradition we do not stand up to kiss, we do not kiss in front of our children, we do not do certain things, so for you people to think that I am in the house doing prostitution, I am a banker for God's sake! Pauline

Pauline felt she had no choice but to agree for her daughter to attend the sex education class despite having a cultural background and values that did not allow talking about sex with children as young as 11. Pauline's views on sex education are a representation of her culture. Earlier in this thesis, I wrote about parenting and child-rearing practices in various cultures, and how some are distinctively different from the others.

Ireti stated that she experienced physical chastisement as a child and this did her no harm. She firmly believes in the biblical teaching of 'spare the rod and spoil the child', and said she understands that physical chastisement does not necessarily instil discipline in a child – especially children born in the Western world. This statement is contradictory to her initial position, though she is accepting of Western child-rearing practices. Most of the parents agreed with her, collectively saying 'we are here in England, we did not turn out bad' and that no African parent has bad intentions towards their children; they just want them to do well. This positioning of parents becomes congruent with

professionals' culturalisation³ of physical chastisement with minority ethnic families (Aadnanes, 2017).

The professionals discussed the presentation of black African parents and the meaning of certain behaviours and responses, especially when involved with children's services and the police. These behaviours, such as raised voices, shouting and hand gestures, were often misunderstood, and the parents are treated harshly because of them. I listened to the professionals' exchange on acceptable cultural practices in the vignette of the family who left five children in the care of an 'aunt' to travel to Cameroon to bury the father's mother. The discussions then brought up the issue of racism and cultural differences as a reason for maltreatment. They felt it was normal for parents to raise their voices due to being anxious and that, to a social worker from a different background and culture, this would appear aggressive. They also described experiences where a social worker's colleagues were racist and discriminatory:

I also think that racism plays a factor in this. I have a case where a social worker who thinks a father (who is emotionally charged) decided for the father not to see his son for a year, the father was not able to see his son, and I was reading the report, and it said 'he is aggressive, he made threats, this and that'. If you could make such a decision, he would make threats to you as well. It is emotional stuff; you cannot make some decision just because someone talks in a certain way, and he is charged when responding to these decisions about his. I am reading in between the lines, and I can see a taint of racism or putting down someone because of the colour of his skin or where he comes from. It took two weeks before that decision can be reversed. You must think about the child. You are talking about the father not able to see the child, what about the child not able to see his father? They have not looked at it from that angle because of who you are, you know?

It is pertinent to note that the professionals' discussions also showed an understanding of the background and cultural differences of the families they work with, and how they understand these differences as professionals. There appeared to be a willingness to consider the drivers of individual parents' behaviour where it differs to that expected of parents of British origin:

I just think in terms of the background, where the parents are from as well, culture has an important part to play in it, interpretations can be different'. Clara: FG0917, p. 1

³ Culturalisation is the process of adapting to one's cultural environment; the acquisition of values and behaviours compatible with the society of which one is a member.

Professionals of European background showed curiosity and a willingness to try and understand these behaviours:

I come from a different society. In a West African family, does mum do the chastising and dad go out to work, is that what it is about? Barbara FG0917 p. 1

The evidence described above appears to conceptualise some of the experiences of parents who have had children's services involvement due to cultural beliefs, practices and values. They acknowledge that some child-rearing practices in West Africa, specifically physical chastisement, do not work; however the parents insist that these practices which they had been raised with did no harm. There seems to be a shift in the beliefs and values held by parents in the new knowledge of acceptable child-rearing practices in England. The pre-existing cultural beliefs and values held by parents are shaped by new information on acceptable parenting practices and given a new meaning which produces new understanding and acceptance of the community they live in. Similarly, professionals acknowledge that the culture, values and backgrounds of families play a role in the way statutory services are experienced; hence parents and professionals have a shared understanding in the role of cultural beliefs and values in parenting practices. Nevertheless, the professionals' system does not appear to have enough understanding or structure in place to work with the varying cultures, beliefs and values of parents.

Keddell (2019; 2014) undertook research which reviewed the existing literature on child protection decision-making processes. She found that decisions are different all over the world, and therefore largely informed by values and beliefs, which are relative. She studied the subjective cultures and values of the decision-making ecology consisting of organisational factors, decision makers' characteristics and case variables. Child protection decision-making continuum-notification, investigation and possible intervention is then completed within the parameters defined by the culture and values of the decision-making ecology, which could have little or no cognizance of parents' child-rearing cultures and values (Fluke et al., 2014). Having explored the theme of parents' culture and values, the professionals' understanding of parents' culture and values and the child protection system in this section, the next section will discuss parents' poor knowledge of the child protection system and the apparent low level of trust between parents and professionals.

6.3 Poor knowledge and low trust

It is evident from the parents' arrival stories that nothing prepares them for children's services and the shock of police involvement. Encounters are characterised by feelings of being intimidated, disrespected, criminalised and punished. One parent described feeling "powerless and cornered" while another referred to social services and police involvement with families around child physical chastisement as "flimsy":

It is unfortunate and painful to see unnecessary things being looked into by police and social services. Meanwhile, young people are being stabbed out there and instead of them to concentrate on important things, these are flimsy. Mariatu

The severe treatment from children's services and the police about the often-alleged physical chastisement was mirrored by one parent who said:

You cannot look after a child from day 1 to 11 years, and somebody is telling you that you want to kill them. Kill what? African parents love their children more. I believe we love our children more than any other parent. I am not racist, but we love our children. We can't kill them; if we can't kill them from day one, we cannot kill them as they grow up. All we are doing is securing their future. We want our children to be up there, top men and women. Sneider

The professionals acknowledged the existence of low trust in parents' relationships with social workers. In experiences described above, Ireti and her family were known to the school for many years when Ireti and her children suffered domestic abuse at the hands of her husband (this is no longer a problem). Ireti described the school alerting the police and making a referral to children's services when there was a concern without speaking to her. The professionals felt that the action of the social workers in removing all children was as a result of low trust. Similarly, Featherstone et al. (2018) found that communities have experienced child protection policies and practices as uncaring and invasive, which has resulted in loss of trust.

I think there is also the issue of trust, probably if social services came to this conclusion; she probably had the issue of trust in the past where she was not truthful with what she is saying. Even though she is saying that an aunt was looking after the children, people do arrange for people to care for their children in their absence. Esther FG018, p. 12

Gunaratnam (2003) discussed the parents' need to analyse the stigma in which social workers make ethnicity applicable in child protection situations. A social worker's decision to intervene in a child protection situation is thought to be

largely influenced by the ethnicity of the family. A social worker involved in the court case of a West African child in the early 1980s wrote an affidavit to the court about the child's mother thus:

This is not an easy matter since the cultural background is an important feature here and the mother's attitude towards the children is common enough amongst the tribal customs of which she is influenced. However, it would have been hoped that the completely different culture of the host country would have influenced the mother to accept a new approach to child care. William (2010, p. 154).

This school of thought places ethnic minority families in a different class, and below that of a majority families and by extension affords them different levels of capital. Bourdieu (1995) described three main types of capital: economic capital provides the financial means to buy goods and services; cultural capital alludes to the ability to become proficient in the culture acquired by birth or higher education, and social capital is belonging to appropriate groups that can be of help when needed. A significant number of parents in this research have little capital when compared to families who might present similar difficulties. Some researchers have highlighted the paradox that social problems are sometimes viewed as cultural issues in child protection situations (Chand & Thoburn, 2005; 2006; Gupta & Featherstone, 2015). Similarly, Aadnanes (2017) noted that economic, cultural or social capital is unrelated to parental ability in her study of the intersectionality of class and ethnicity in child protection cases.

There is a suggestion from the initial research findings that the professionals have adjudged the parents to be guilty of the allegation and so forgo the valuable exercise of speaking to them about the concerns. This apparent poor engagement with parents could stem from a lack of trust, bias or discriminatory practices due to differences in cultures, values and belief systems. This apparent lack of trust is then reciprocated by the parents, as seen in low-trust societies (Okitipi and Aymer, 2010). A change to cultivating a better relationship and engagement with parents requires understanding, as Dominelli (2002) stated: change occurs at the micro level where interpersonal relationships are the target of interventions. Dominelli stressed that change needs to occur at the meso level (institutional) and macro level (societal) for changes to be enduring. This research has shown that social issues and structural inequalities such as immigration and the stressors it creates are not fully understood, while "society and social services organisations are asking social workers to change

individuals and families without changing society and organisations” (Pilalis & Anderton, 1986).

In summary, a combination of parents’ poor knowledge of child protection systems and social workers’ poor understanding of this group of parents has led to low trust on both sides. It is interesting to see professionals’ self-protective positioning and later, their agreement that the child protection system deserves some blame, in the next section.

6.4 Professional defensiveness as a symptom of organisational defensiveness

The focus group articulated that parents are failed by children’s services. These failures of social services stem from the low trust of parents; a poor understanding of their cultures and values and the defensive systems presented by the professionals themselves, through their practice.

This is where social service fails; they fail parents; we don’t do enough early help work. This case scenario falls under that where we need to go out support the family, support the family to be together, why to take children away that is not what we are there to do. Jordan FG0917, p. 8

Initially, the professionals’ reactions to the vignettes were of disbelief and defensiveness. I will use critical discourse analysis to analyse the professionals’ responses at the focus groups. The highlighted extracts below, from the first focus group in September 2017 (FG0917), where I found the participants to be defensive, justifying and in denial at the same time. The extracts highlight the words *if* and *in reality*, which are words repeated by professionals while discussing the vignette on physical chastisement. These words imposed doubt and supposition on the case vignette’s authenticity, when the professionals were asked to reflect on the actions of children’s services professionals.

1. However, *if* this referral is received by social services, the child protection team, the first thing is to ask the school to put this in writing and speak to the child and find out exactly what happened. And *if* this is the case, then I think the teacher must speak to parents if there was not any injury because sometimes, coming from different culture, the interpretation can be different.

2. ...*if* we were to have this referral, we would again ask the school to speak to the parents to get further clarifications, speak to the child, see if there is a mark ahh.
3. ...*if* a child is coming into school with a tear mark, you will ask questions about the reason behind it.
4. *In reality*, most social workers are demonised; most social workers will not act this way. *In reality*, we will do all the steps...

The highlighted extracts from the second focus group in January 2018 (FG0118) show that participants were defensive, justifying and denying at the same time:

1. Looking at this case, I have *a lot of questions in mind*. ...*if* there has been an element of neglect in the past, and then I would say that the mother has some issues in her parenting.
2. I just need to add that *in a real case, real life*, if this happens, to be honest with you, they found the child on the street; that is significant harm or likelihood.
3. It depends on *what happened in the past*; I think it is a very harsh intervention, in my view.
4. I think the local authority should have considered that and support the family in that respect instead of going into care proceedings, *so it depends on whatever happened in the past*.
5. *I think in real life* what could have happened in a way, basically is to do parenting capacity assessment with mum to determine her level and capacity to care for her children.
6. *When* you are removing children from their biological parents or from a significant adult they know, already you are messing up their attachment over a long period.

I am struck by the oscillating views and emotions that make up the professionals' perspectives of the case vignette. These include disbelief that the case vignette could be true; moves to defend and justify the actions of the social workers; and criticism of the harsh treatment of parents. An organisation's procedures, policies, ideology and overall functioning have an impact on professionals and the way they work with vulnerable clients. In the same vein, individual professionals are in denial, and seem to be defensive about the pain

they cause parents. Trevithick (2011) described denial as a defence in which information or events are rejected or blocked from awareness if they are considered threatening, frightening or anxiety provoking, irrespective of evidence to the contrary.

There seems to be an unusual speed in the escalation from the school to children's services and police involvement described in the interviews with parents. The research process (focus groups and interviews) showed that child protection systems, processes and professionals are likely affected by various factors, including defensive practice, emotional responses to casework and the decision-making environment and structures. Whittaker and Havard (2016) examined defensive practice in social work and raised two possible causes: the introduction of sophisticated levels of monitoring and accountability following high-profile child death enquires (Ayre, 2001; Cooper, et al., 2003) and social workers' need to protect themselves and their practice from public vilification (Jones, 2014). Ayre (2001) then points to the emotional response of the child protection system's accountability and intense scrutiny: "The fear of missing something vital encouraged practice so defensive that it seemed, at times, primarily calculated to protect the system rather than the child." (Ayre, 2001, p. 897).

The anxious positioning of the professionals (as seen in Figure 7) mirrors what Menzies (1970) described when she examined high turn-over and chronic anxiety among nurses at a large London teaching hospital. She found that nurses' unconscious primitive anxieties stemmed from the difficult nature of nursing tasks, which led to splitting and projective defence mechanisms which sought to avoid anxiety rather than to work with it.

Like Menzies' findings that these primitive defences were a normal part of the nursing organisation, the apparent culture of quick escalation and intervention (as described by parents and professionals) seems to be woven into the fabric of the child protection system. This defensive system – a collection of powerful and profound personal anxieties – appears to be established in child protection organisations that engaged with parents in this research. The parents' descriptions of unusually high numbers of referrals from the primary school to children's services (Pauline described the school as a "referral feeder school" to children's services in the local authority), little or no time spent engaging with

parents and the organisation's apparent interest in families of African origin all contribute to how parents may be viewed: resistant, hard to engage with and requiring of a more interventionist and hostile stance (Leigh & Lang, 2018).

Trevithick (2011) described defensiveness as an inappropriate reaction to the situation encountered, but cautioned that what can be termed 'inappropriate' could be a situation, a person's response or the behaviour of others. Preston-Shoot and Agass (1990; 1989) wrote of defences that are used by practitioners to alleviate feelings of impotence and insecurity which impede effectiveness and openness in work with service users. They also discussed how "child protection legislation is enacted swiftly and implemented immediately" (1989, p. 106). This appear to mirror Ireti's account of how quickly her children were taken into foster care from school on a Friday evening, with an allegation that she had smacked one of her children with a wooden spoon. She was informed this would be for 72 hours, however before the end of this period she was asked to attend court. The escalation and the lack of information given to Ireti appears to suggest a defensive reaction of arrogance and omnipotence. These are detailed in the themes above, of defences acted out by social work professionals to "alleviate feelings of impotence and insecurity"(Preston-shoot and Agass 1990, p. 42). Although they were defensive after reading of the vignettes, the professionals gradually came to a place of acceptance that parts of the system appear to be set up in a way which fails parents through practice. The next section discusses the professionals' difficulties in engaging with this group of parents, and the poor communication that often exists between them.

6.5 Difficult engagement and poor communication between parents and professionals

The parent participants' responses describe apparently poor communication with the first responders (social care agencies) – schools, social work professionals and the police. Ireti described being told to attend court the Monday following the Friday her children were taken into care. She said she was grateful for the solicitor provided when she got to court. This showed an example of the parent's lack of awareness of the child protection process and the seeming failure of social care professionals to educate and provide adequate information. Ireti's description showed she was ignorant of the

process and procedures and what to expect, hence the gratitude at being assigned a solicitor:

I made my way down there; fortunately for me, they gave me a solicitor as we did not plan this or foresee this happening. Ireti

The professionals unanimously agreed that speaking with the parents was the key to understanding and dealing with the incident of the smacked child without complicating or escalating the matter.

I expect the school to have a better relationship with these parents; I expect the school to contact the parents and find out the reason why he was smacked, what had happened. Jordan FG0917, p. 1

The Social Care Institute for Excellence (SCIE) (2004a) said “good communication is at the heart of best practice in social work”. Forrester et al. (2007) described empathy as central to good social work communication in child protection situations. Inadequate and inconsistent communication makes for a difficult relationship between social workers and parents, for example, the Beckford Report of 1985 explored four thematic areas, including the:

- relationship between social work practice, statutory responsibilities and the law;
- attitudes of social workers towards children and families;
- social worker’s skills; and
- the assumptions that are made about child abuse and the role of social workers.

The report did not detail how social workers are to judge cases of children deemed to be at risk; which required immediate action to remove children and which do not, or if social workers should remove all such children just in case. The shades of grey present in many child protection cases are denied and not explored. Laming reports of 2003 and 2009 provided recommendations around practice, training and management, while the Munro report of 2012 provided a 15-point recommendation which sets out a proposal to enable professionals to make the best judgements about the help to give children, young people and families. The review also recommends professionals move from a compliance culture to a learning culture, where they will have more freedom to use their expertise in assessing need and providing the right help. The report noted that it is essential to form relationships with children and families; to understand and

help opens a social worker's expertise. The stories and experiences of parents and professional participants show that, in practice, the recommendations appear not to be followed – or at least they are not followed where some African parents are involved:

My view is that to start with; there need to be investigations, more questions asked, the social worker needs to do more groundwork before thinking about removing the children and police protection is the abuse of power and I think they can have some kind of strategy meeting some kind of conference and try to put a plan in place to support this family bearing in mind that the parents are in shock as nobody spoke to them about it. Clara FG0917, p. 7

... we need to remember that social work is what Lord Laming and Munro reports provide, they are in place for us to read about importance of communicating with families and children is quite crucial. Aby FG0917, p. 7

The parents described their lived experiences of statutory involvement while the professionals filled out the gaps in the areas of difficulties engaging with parents. The areas include child-rearing and the culture and values of parents:

Cultural values play a huge part in human beings. When you look at the triangle framework – it looks at child development, parent capacity, and environmental factors. The ecological system, what are the lines of factors that are stressing in that child's development and upbringing culture has a significant impact there. You cannot differentiate culture; no culture can tolerate abuse and neglect. Abuse is abuse and neglect is neglect. Clara FG0118, p. 6

The parents lack understanding of child protection laws:

Educate parents on legislation and social services, and that way they are more informed, and they might think twice about getting the slipper out to hit him. They know the consequences, children are now more confident in going to speak to school, teachers, children threaten their parents.' Barbara FG0917, p. 8

Professional bias and discriminatory practices presented huge barriers to engagement:

I will say first of all when you talk of agitated and raising voices, obviously by professionals will see it as aggressive, rude and uncooperative, they use all these big languages and terms that parents do not even understand, we know from looking at the vignettes 1A and 1B what led to this and the parents being upset. My thoughts around this to be honest with you is I think the parents are being bullied, that is the way I see this.' Lynsey FG0917, p. 11

Once there is an understanding between a professional and a parent, it goes a long way to make things very easy. I think that here parents who

are willing to work with social services that should be considered really.
Fiji FG0917, p. 13

The next section discusses the apparent racism and discrimination experienced by the parents and the professionals alike, though in different contexts.

6.6 Racism and systemic discrimination experienced by parents and professionals

The stories from parents and professionals in this research suggest that most school and social work professionals are not confident in the way they work with BAME individuals, families and communities. The white social workers who struggle with the differences in the cultures and values of these groups rely on labels which raise the barriers for honest engagement. When these differences are denied, the professionals are at ease to remain rigid in their practice, which is perceived discriminatory by the parents – as evident from the stories of the parent participants in this research. However, to acknowledge these differences without the willingness to engage and learn is to threaten one's own position and security. This position and security are what can be referred to as implicit bias, also known as implicit social cognition. The term refers to the "attitudes or stereotypes that affect understanding, actions and decisions in an unconscious manner. They are the result of mental and physical associations that have been formed by direct and indirect messages, often about people who are not assigned to one's own cultural group" (Bruster, Lane & Smith, 2019, p. 655). Aadhanes (2017) described structural bias as something that stems from professionals' assumptions and interpretations based on a family's ethnicity that may reinforce inequality and discrimination. Lawrence, Sutton, Kuisch, Susi & Fulbright-Anderson (2004, p. 11) defined structural racism as "a system in which public policies, institutional practices, cultural representations and other norms work in various often re-enforcing ways to perpetuate racial group inequity for decades."

My experiences with social workers (focus group 1) who described severe childhood physical chastisement were profound. Six agreed to speak to me after the focus groups, but did not follow through. It is important to note that social workers' painful childhood experiences are internalised and then transferred into the here and now, and that this is a significant factor not considered for its essential role in the seemingly discriminatory or oppressive

practice experienced by parents. In the end, only Grace met with me and told me more of the impact her childhood physical abuse had on her practice as a social worker. Grace's story shows that there are many others like her. Though Grace received support for her anger and judgemental thoughts towards the parents of her clients, I am not sure that the other five social workers did.

I will talk about my current experience in mental health because it makes me connect to my childhood. I think I became more judgemental of the parents; I think when I am looking at the parents, it's like that anger I have is transferring on to the parents. I didn't do that physically but obviously at the back of my mind am thinking ... this is what you parents do, you just mess up your kids' lives because of your issues, and it is like you take it out on your kids. So for me, it's brought back that judgemental feeling I was feeling about my mum and how I had towards the parents of the children. Grace FG0917, p. 19

I reflected on the parent participants' painful stories of children's services involvement with their families. These stories describe an apparent oppressive, discriminatory, racist and dismissive practice. This is because a significant number of parents had immediate police involvement. In Ireti's story, the social worker did not speak to her nor tell her what the concerns were, the headteacher and the social worker refused Ireti access to her kids, told her to go home, and when she insisted on being told what had happened, they offered to ask the police to speak to her.

I ran to the headteacher's office, and they came and said sorry, for now, you can't see the girls, social services are here, the police are here, and I said what is going on? And she said to me: 'I can't say anything now'. I asked, can I see my children. Can I just see them? She said sorry no. [Pained sigh] so what am gonna do now? Am I not going home with my kids? What are you trying to tell me? She said 'you can't see them, you can go home'. I told her that I could never go home; I must see my kids, and she said ok that she would ask the police to speak to me. Ireti

Domenilli (2002) wrote extensively about anti-oppressive ways of working with individuals and families. Domenilli noted that in order to engage, build trust, and pull down barriers, the personal, cultural and societal aspects of an individual and families life should be known and understood (Domenilli & Mcleod, 1989). Mrs Carew, the family support manager (of Afro-Caribbean descent) who had earlier escalated the concerns to the headteacher, informed me that she was very uncomfortable with how the process was managed. She was also very well known to the family for many years, having supported Ireti and her children through a domestic abuse episode with her husband. Mrs Carew tried to

support the family while the children were in foster care; however, it was too late; Ireti had lost trust in her and the system. The actions described above appear not to align with the ethics that govern or guide behaviours or interactions between professionals and families within the child protection process (Dominelli, 2002).

Younes and Louana's story was equally desperate and challenging; they had a history of domestic abuse and children's services involved in the past, because Louana was supported to move to a refuge with the children. However, when Louana suffered a mental health breakdown and did not turn up to collect the children from school, the children were taken into care and Younes (who was abroad at the time) was blamed on his return:

I was blamed for my wife's mental health breakdown even though there was no evidence of this before the incident. Several false allegations were levelled against me; I considered these to be dangerous assumption and bias. I am educated, confident and eloquent and have engaged with children's services and the solicitors but I was given a narcissistic personality in psychological assessments done by a psychologist who spent only two hours with me in a small room. Younes

We are all humans, we should be treated like humans, and blood is red for everyone. I felt discriminated against by what happened and the way it happened. Pauline

It seemed that the parents did not allow themselves to use the word 'racism', but this was implied throughout my meeting with them in the group and one-to-one sessions. This same situation occurred in the first and second focus group with the professionals. Mike, a male black African social worker, used the word 'racism', and it felt to me that this permitted the other professionals to use the word as they made their contributions on the vignette being discussed:

I am reading in between the lines and I can see a taint of racism or putting down someone because of the colour of his skin or where he comes from'. Mike FG0118, p. 6-7

At the end of the day, out of ten people involved with social services around these petty issues, nine of them are black. This seems like racism to me; it is not right. Sneider

Though the parents and professionals felt and vocalised experiences that appear to constitute racial discrimination, I believe their refusal to name these discriminatory experiences was due to the fear of being labelled racist themselves. This reminded me of the internal racist functioning described by

Fakhry-Davids (2011). He referred to this situation as projection and rapid reversal; this situation is where “the recipient of a racist projection ends up accused of making a racist projection, thus reversing the situation”(p. 45). This phenomenon seems evident in the responses of the professionals at the focus group concerning families who were previously known to children’s services, and how they were treated differently:

First of all, social services; once you are known to them, one phone call or two phone calls, you have a history, and your case will be looked at differently, and second of all, when you do not understand, or you are not speaking their language, you don’t know anybody that can understand the language, that jargons they speak, again that will affect your case. Third, again, the law as well, people are ignorant of the law. Esther FG0118 p. 11–12

The experiences and stories of Ireti, Younes and Louana and Pauline – and all the other parents who told their stories and lived experiences in this research – showed an apparent absence in the professionals practice concerning BASW’s code of ethics principles:

Basic to the profession of social work is the recognition of the value and dignity of every human being, irrespective of origin, race, status, sex, sexual orientation, age, disability, belief or contribution to society. The profession accepts responsibility to encourage and facilitate the self -realisation of each person with due regard to the interest of others. (BASW, 1996)

In this section, parents’ and professionals’ experiences of discrimination and racism were explored. The next section will discuss the impact of adverse experiences on children who had statutory involvement, as described by their parents and the professionals.

6.7 Impact of adverse experiences on children: Parents’ and professionals’ views

This research did not seek to speak to the children of first-generation West African black parents, nor did it seek their views about statutory services’ involvement with their families. When children are subject to child protection procedures, they are at the same time dealing with the consequences of the abuse or neglect which led to the intervention and the difficulties experienced as a result of the intervention itself (Cossar et al., 2011). The parents and the professionals in this research spoke on behalf of the children in the capacity of caregivers and advocates.

The professionals spoke of the “emotional turmoil” a child or children of West African parents will suffer due to police and social worker attendance at the family home and quite crucially, the attachment difficulties they will experience as a result:

I think this scenario is quite scary for a child, a police officer has come round to their house, two social worker s has attended their home as well, and they are taking the children on police protection and wellbeing, that child has only ever known their parents, and then all of a sudden somebody is coming round and saying sorry, eh hh you cannot be with your parents now, we are going to say something, and you are not allowed ... they are all that child has ever known, the emotional turmoil that child must be going through’ Lynsey FG0917, .p. 6

The professionals’ focus group observe that the social workers and the police did not seek the children’s views and wishes before attending the family home to remove them. Section 17 of the Children Act 1989 stipulates that:

Before determining what (if any) services to provide for a particular child in need in the exercise of functions conferred on them by this section, a local authority shall, so far as is reasonably practicable and consistent with the child’s welfare- Ascertain the child’s wishes and feelings regarding the provision of those services, and give due consideration (having regard to his age and understanding to such wishes and feelings of the child as they have been able to ascertain).

The professionals reiterated the impact of the intervention on the children through the description of advanced practice knowledge of the Children Act 1989 with regards to seeking the wishes and feelings of the child:

The children would have suffered harm because police were turning up to their door, nobody speaking to them, finding out their views, wishes, nobody finding out exactly what took place’. Camille FG0917, p. 7

...ehhh even ask the child what the child wants to do, how the child wants it to be dealt with, just to get the views of the child, how the child is feeling, does the child feel safe going back home’ Barbra FG0917, p. 3

In Vignette 1, the attendance of the police and social worker to the family home to remove the children from their parents was described as “extreme”, and professionals also described the negative impact of the experience on the child as “extreme”:

The child has suffered extreme emotional abuse because they are frightened, scared, they don’t know what is going on, they don’t know

what is going to happen to their parents, this little boy is devastated that he has told his teacher and then this outcome. You find that this happens a lot when they open up and they have all this safe place to talk in school, a child goes, speaks to the teacher, the next minute, police, social worker going to the home and removing the child. Lynsey FG0917, p. 8

The parents spoke of the impact of children's services involvement with their families; they described their feelings and those of their children:

This thing am telling you, if you see me on that day, you will cry for me because I don't know if I was still alive or dead already. Do you understand what I mean? They took three of them, so I gave them the clothes, and they took it away. Ireti

Ireti informed me that her children were distraught to be taken to live with a stranger with no preparation or warning. The children were picked up from school by the police and a social worker on a Friday after school and placed in care. She expressed anger and sadness when she described that her children still cry when they remember what happened to them, even with the intervening months since the incident:

Even now, my children are still saying it was a bad experience for them to take them away from me; they cry whenever they remember that experience; they cry every day. I am telling you, they cry every day. So, they need to do something about these issues. Ireti

The guardian went to see the kids where they were staying, the children were distraught that they want to go back home and whenever I go for contact to see them, they cry a lot, after that 1 hour plus contact, they cry screaming that they don't want to stay that they want to come home with me. Cara

The professionals discussed the steps and processes that should lead to the removal of a child from their home. This is seemingly absent in the experiences described by Ireti, Pauline and the other parents who had immediate police involvement and emergency removal with no evidence of an emergency:

Within the Children Act, we have para London, we have a document we have to adhere to, we have ethics and values that guide our morals, our values, the way we behave. Managers make most of our decisions made; social workers are in between that; unfortunately, the public see the social workers and demonise them, but before a social worker will get to the extent where she is thinking or planning of removing a child, first of all, they would have gone through discussion with their managers, discussions with the legal, they would have gone to the panel where you have the senior managers. These directors sit in that panel; you would have gone to a legal planning meeting, a legal forum and you know it is

essential to realise that now we have public law outline, which means we cannot just go unless it is in an emergency' Clara FG0917, p. 9

Cossar et al.'s (2011) study of children and young people's views of the child protection system found that children experienced formal child protection processes as stressful; they did not like social workers visiting at school as they missed lessons, other kids asked why they had to leave the class suddenly (especially the older children preparing for GCSE exams), and some asked if they were in trouble. The young people and children reported a general sense of intrusion and of being controlled and monitored. They did not feel that they were living a healthy life, but felt increased tension in the family home. They also recognised that their parents struggled under the pressure of social work intervention and were often unhappy; this, in turn affected them. The study emphasised the importance of making sense of the child's world.

There was general understanding and empathy from the professionals towards the parents about their experiences of children's services and police involvement in removing children into care. There were concerns about parents' distressed presentation on receiving the news that their children will be removed into care, with claims they came across as "aggressive, rude and uncooperative". A mental health social worker acknowledged the impact of removing children from parents who are suicidal and suffer from mental ill-health.

It would be threatening for those children and no one has spoken to the parents, of course, the parents are going to be very angry at police turning up at their door and social worker. Grace FG0917, p. 7

I suppose it is the impact that this has on the parents as well. If you remove a child, what is the impact on the parents, the child is still growing up. I work with people who are suicidal, what is the impact of that. Lynsey FG0917, p. 12

The professionals spoke of the harm and attachment dysfunction the child or children could suffer when removed from their parents into foster care. The professionals in their discussions did not reflect on the effects of identity crisis on the children, who might have been fostered by families of a different race, culture, religion and values. I imagined it must be painful and disorientating for Ireti (and for any parent) when not made aware of the background of the foster carers, and when denied the opportunity to meet them. I wondered about the ramifications of this type of practice. Ireti spoke of the costs of taking care of her

children's skin when they were returned home to her. Ireti's experiences were like some of the stories and experiences of black and ethnic minority (BAME) groups in the North London borough I once worked in. The parents described spending money on food to bring to supervised contact time, and high travel costs to contact centres:

Even the way they looked after [emotional], I had spent much money, when I say much money hmm when they came back. You know? Their skin was a mess; they had rashes [she calls for one of the daughters] she showed her arm-you can see the skin, the time they came back it was horrific. Ireti

Bernard and Gupta (2008) discussed the social circumstances, environmental influences, specific parenting practices and caregiving environment as factors that bring African families into child protection systems requiring social work interventions. Okitikpi and Aymer's (2003) study of interventions with African refugee families found that social workers were inundated and lacking in knowledge to deal with families' traumatic and complicated needs. Brophy et al. (2003) stressed that most families involved in care proceedings had experienced poverty, a situation found in other studies (Department of Health, 2001).

Laming (2003) alluded to Victoria Climbié's journey to the UK to escape poverty. Several studies show that African families are more likely to live in poverty than other ethnic communities in the UK, and many Africans retain connections to families in Africa and will endure financial constraints due to the need to support a family member in dire need in their country of origin (Anane-Agyei, 2002). This financial support is referred to as 'black tax' by Rochester (2018), highlighting the extraordinary cost of the discrimination that African Americans suffer and the massive cost of past discrimination which explains why, after 400 years, black Americans only own 2 per cent of American wealth – the corresponding figure is much smaller in the UK. It is pertinent to note that African families' apparent experiences of discrimination, poverty and over-representation in child protection systems are closely linked.

This section discussed the experiences and stories of how children were impacted (physically, psychologically and emotionally) by parents and professionals. It is important to get the views and wishes of the children and keep them in mind when working through these processes. The section also

explored some factors that bring African families into contact with statutory services in the first instance. The final section of this chapter will discuss a way forward for parents and social care professionals.

6.8 A way forward for parents and social care professionals

Preston-Shoot and Agass (1990) describe how the reality of social work practice is denied; this denial operates at many levels, intra- and interpersonally. Individuals and families are seen as caseloads, not humans with real experiences and feelings that should be acknowledged rather than dismissed. The focus group sessions acknowledged that social workers need to be aware of their own biases and the standards through which they judge parents. As a parenting practitioner, I am aware that values, culture and practices of parents of African origin may place them in the category of 'not good enough' parents when this is in fact not the case. This suggests that social work practice is often value-laden rather than value-free, which is where an impartial and balanced assessment of a situation or given set of facts should be without favour or bias. A professional recounted his experience of encountering bias in the workplace, how an awareness of his own set of values should help in keeping separate another's value system and its presentations. This awareness will keep professionals curious and asking questions:

I think social workers need to be aware of their own bias. Sometimes, you use your own values to form your own hypothesis and once you do that, you judge another parent by the standard of your own parenting, once you jump in and roll with that you are in danger of making this kind of error, on what grounds should have led the case this way or that, you have to look at the whole picture, be aware of own bias, also going back to the reference I made about a female white social worker decided that a father was too aggressive in the way he responded to her and then ensured he does not see his child for more than a year and just made a blanket decision to do that. Mike FG0118, p. 13

A professional at the focus group detailed how the difficulties experienced with African parents can be alleviated; others provided tips based on experience. The starting point of staying curious and non-judgemental helps build a trusting relationship through which to address concerns:

You are not there intimidating families, you are not there trying to stifle using your own morals and values. We are taught in universities, that is why we go through our values etc., so we do not use it on families, we follow the law appropriately and professionally, and I think it is very crucial and so important to engage families as if they speak a different

language you think about an interpreter. As much as they do not understand your jargon, you break it down for them or better still you get an advocate who is the mediator who will be able to explain to them the level they will be able to understand. Clara FG0118, p. 14–15

The social workers' lived experience is at the heart of the analysis of actual social work practice. Laird (2013) and Tuck (2013) show the high levels of conflict and resistance in child protection work that result in social workers either avoiding or over-identifying with parents and losing focus on the child. Ferguson (2017) completed research that sought to understand the day-to-day internal workings of social workers' practice as they moved through space and time into the homes and lives of families. Every Parent Matters (March, 2007) details ways social care professionals can assist parents in helping their children learn, enjoy and achieve. It also sets out the plans put in place to develop services for parents as well as encouraging parental involvement in the creation of services for them and their children. The National Occupational Standards: Work with Parents (2011) detailed 15 principles and values that underpin work with parents. At the heart of these principles and values are effective communication, appropriate information giving, respect for diversity and different needs, partnership work and appropriate training for professionals. The parents offered ways that could help establish a better and more trusting relationship with social care professionals; in order to avoid the painful and challenging intervention experienced by many families:

The school should think more about how to help the parents, how to work with the parents, than taking them through this journey. Younes

The general message from the parents' interviews was that professionals should seek to speak with them, get to know them and encourage partnership working. This is evident in the 'Camden Conversations', a family-led child protection enquiry which worked with the Family Advisory Board (FAB) formed by the Camden Safeguarding Children's Board (CSCB) in 2014 to engage parents and families. The FAB is made of a group of mums and dads and grandparents who have been involved with the child protection system in Camden. It was formed to learn from families' experiences and to inform better and improved practice; the outcome of involving families in the child protection process was reported by a family member as positive when "worked with rather than done to" (Camden Conversations p. 22).

There is a need to balance the awareness and appreciation of the culture and values of parents with the real risks of harm that might be posed to their children. It is imperative that processes are followed to escalate a child protection concern and safeguard a child when the thresholds are met – regardless of the parents’ cultures and values. However, the process of intervening in families where child protection concerns are present should be balanced between parents’ culture and values and the risks posed to the child or children. This means that the child protection system, the decision-making ecology and frontline professionals have attained balanced levels of objectivity that ensure equal and fair treatment to all. Equality and diversity cannot be said to be practised when there exists little awareness and/or understanding of parents’ culture and values and how significantly these drive parenting practices – including undesirable or unacceptable child-rearing practices. This embedding of the understanding and awareness of parents’ culture and values in child protection organisations, systems, intervention policies, procedures and processes will ensure the provision of support services to parents that incorporate elements of diversity and fairness and can then be said to be equal. The outcome will be successful intervention with parents and families.

6.9 Summary

In this chapter I have examined the thematic areas from the interviews and focus groups together in a cross-analysis. The theme ‘parents’ cultures and values’ explored how the parents’ culture and values informed their parenting styles and how professionals and the system work with parents as well as the culture and values of the organisations.

The second theme, ‘poor knowledge and low trust on both sides’, discussed parents’ poor knowledge of the child protection system and accounts of difficult experiences with it. The theme also discussed the low level of trust between parents and the system/professionals.

The third theme, ‘professional defensiveness as a symptom of organisational defensiveness’, explored the apparent denial from professionals when presented with the vignette, and how their defensiveness appear to mirror the child protection system’s processes and procedures.

The fourth theme, 'difficult engagement and poor communication between parents and professionals', explored the seemingly inadequate information about the child protection process provided by professionals.

The fifth theme, 'racism and systemic discrimination experienced by both parents and professionals' explored parents' experiences of discrimination and harsh treatment in the child protection process, the impact of professionals' childhood experiences of physical chastisement and the resultant effect on their practice.

The sixth theme, 'impact of negative experiences on children; parents' and professionals' views' explored the emotional difficulties experienced by the children as a result of the process.

The seventh theme, 'a way forward for parents and social care professionals', discussed the need for professionals to be aware of bias, speaking to and engaging with parents in order to build a trusting working relationship. The next chapter will explore the researcher's reflexivity.

Chapter 7: Researcher Reflexivity

7.1 Introduction

This chapter sets out my background as a researcher-practitioner and my reflections and reflexivity on the various aspects of the research journey in a chronological way. The chapter also examines the catalyst for research interest in the area of parents' lived experiences of statutory intervention. A section of the chapter also describes my reflexivity on engaging with gatekeepers and the reflections on the challenges, meanings and learnings from meeting with parents and professionals in a focus group and in interview meetings. I also describe my professional experiences and my reflexivity on the phenomenon of mistrust. I write this chapter on reflexivity because I am open to the unconscious dynamics, communications and defences of participants in this research. With the help of supervision and peer support, I can explore these materials and understand some of the feelings stirred up in the counter-transference. Reflexivity is integral to the epistemology and methodology used in this research study.

7.2 Researcher background

I have worked in various field and client groups in adult social care and children services, including: dual diagnostics projects, child protection, family intervention projects, youth crime projects, parenting, domestic abuse refuges, young parent and teenage pregnancy units and adult mental health services in the community. Having studied Psychology in Nigeria and the UK, and being of first-generation West African origin, I can identify with some of the experiences described by parents and professionals in this research. Some are experiences of migrating from Africa, challenges in finding adequate employment, adequate housing and childcare. While working in a North London children's service, my experience was that a significant number of black parents from West African origin had more children in local authority care system compared to other ethnic minority groups. The next section will discuss my professional motivation for this research.

7.3 The catalyst for my research area

I reflected on some of the professionals' practice with families I worked with while working in children's services; these include: the professionals' complete

disconnect from the parents, presented in the non-attendance of the professionals to the distress of the parents going through child protection process; involving solicitors and the courts and removal of children to foster care. Some of the parents, I found, were vulnerable and had legitimate needs. Several parents had physical ill-health, mental health, had experienced domestic abuse in their marriages, had ongoing immigration controls around their residency in the UK and undisclosed childhood/life traumas. According to studies completed by Curry-Stevens et al. (2013), these parents also experience stressors such as isolation, lack of papers, no recourse to public funds, domestic abuse, mental ill-health, decreased earnings and lower career achievements.

I was curious at the seeming lack of proportion in the measures used by some professionals, such as the immediate escalation of a child protection concern to the removal of children from their families. It seemed to me that real harm is caused to the child that is not thought about by the professionals; the pain that both child or children and parents experience from the sudden separation is often met with professional ambivalence. These experiences are rarely thought of or talked about at professional meetings. As seen from this research, the professionals' first focus group suggests that some social workers might unconsciously be living out revenge against their parents in the way they work with parents of ethnic minority groups, primarily 'vulnerable' parents such as African immigrants. I will discuss my reflections and observations when working with gatekeepers in the next section.

7.4 Reflexivity on engaging the gatekeepers

This section explores the difficulties I experienced in trying to engage with gatekeepers⁴. I could not help but wonder at the paradox of parents who described the difficulties they experienced in engaging with professionals; in the same vein, professionals who talked about their struggles in engaging with parents. Likewise, it was difficult finding agencies to agree to be 'gatekeepers' in order to recruit potential participants. However, through this process (see research design and methods in Chapter 2), I became mindful of the question of

⁴ Gatekeepers in this researcher are persons who allow, refuse, limit, redirect, support, control and or grants access to clients, service users or parents involved and engaged in their agency.

trust from the agencies, and the participants as (Crozier, 2003 p. 80) stated that “negotiating access to black parents forced me as a researcher to confront issues of trust and usefulness of the research for those researched”. Which is, negotiating access in any qualitative research, the researcher is asking for the participants to trust her/him, especially if the research involves the disclosure of personal experiences?

At my initial meetings with the gatekeepers (Head and family support manager Mrs Carew) at the outer London primary school, they had recommended that I complete a meeting with the parents, a ‘focus group-type’ meeting to talk through my research and answer questions in order to gain the trust required to meet with the parents in a one on one interview. (see Chapter 3-Ethnographic Study).

It is pertinent to note that Mrs Carew has made referrals to children’s services where teachers have raised concerns about children’s wellbeing in the school; many of these referrals have led to the children removed from the families. This dynamics of fear and lack of trust between parents at the school and Mrs Carew reflects Fukuyama’s book *Trust: The Social Virtues and the Creation of Prosperity* (1996, p. 305) study of high- and low-trust societies:

The obvious effect of low trust society is that relationships between black people and white people are entered into with a legacy of suspicion, anger and mistrust. At the same time, there are no mechanisms by which black people can encounter each other in a truly authentic manner, free from the damaging effects of racism, so black-black encounters often have some of the same characteristics as black-white encounters.

I felt that Mrs Carew placed me in a position of ‘go-between’, looking into both worlds, making more sense of what is going on than those who find themselves inside of them. I will discuss my introductory meeting with parents of West African origin in the next section.

7.5 Introductory meeting with parents

West Africans who have been most intensely subjected to Western acculturation are still a peasant at heart, with a thin layer of modern sophistication concealing the deep centre of traditional beliefs and feelings. (Obiechina, 1975 p. 47).

This quote encapsulates what I heard and observed during my introductory research meeting with parents. The meeting was facilitated by the outer London school, a primary school with a significant number of ethnic minority groups.

The family support manager, Mrs Carew, and the headteacher at the school described the problematic relationship the school had with the ethnic minority parents and significantly with parents of West African background. The family support manager felt that an introduction meeting to my research would help create better understanding and prepare for one-to-one interviews with parents to elicit their lived experiences. The session would also helpfully provide the space for the parents to discuss their difficulties in engaging with the school appropriately and what could help improve the relationship with the school (see Chapter 3).

The parents discussed their journeys through children's services and spoke of their upbringing in West Africa. All the parents present denied any wrongdoing in the concerns that led to children's services and police involvement, but did say they were not aware that some of their actions could be unlawful. I recalled Ireti's dismissive tone about the allegations the police and social worker brought against her as the reason for taking the children away:

They said oh one of the girls said that you smacked her with what we call 'omorogun' [wooden stick] and because you smacked her with a wooden stick, the social services will be involved now and the police too.

I reflected that her dismissive tone was used either because she did not smack the children or because she smacked the children but feels it should not amount to the actions taken by the children's services and the police given her values and culture on child-rearing practices.

The discussions moved back and forward on whether physically chastising a child is a legal or acceptable practice in England and the efficacy of the method; they described being physically chastised growing up, but felt they were all the better for it. Listening to these contradictions made me feel that, though they agree that physical chastisement is not an acceptable child-rearing practice in England, they are holding fast to their own experiences of discipline, and feel they have done well for it. This tells me that (some) parents still hold the deep-seated beliefs that physical chastisement is not bad for children because they give testament to the outcome. I am aware that I do not have the full picture of the situation as I have not interviewed the children and the social workers involved with the parents as part of this research to be able to triangulate their stories.

I was asked if I believed the parents innocent of the allegations at the research seminar with my professor and fellow candidates in early 2019. I responded that I did not know if they were innocent or not, even though all parent participants denied ever smacking their children. However, I hold a personal and professional view that physical chastisement as a tool of discipline is inappropriate and, as a mother, would not use physical chastisement on my children. A review of section 58 of the Children Act 2004 notes that smacking is illegal in England, but has a legal defence of “reasonable punishment”, so that it could no longer be used when people are charged with offences against a child such as causing actual bodily harm or cruelty to a child. However, this only applies to parents and legal guardians, and every case is treated individually. The government records in section 58, 5b that

the government will do more to help with positive parenting. Parents know their children best and are best placed on teaching them how to behave, but the government accepts that parenting is complex and parents should be made aware of the variety of techniques they can use to manage their children’s behaviour.

Be Reasonable Scotland; a campaign group started in 2017 in Scotland, pushed for the courts not to make physical chastisement as a criminal offence. They said that they oppose plans to criminalise parents who smack their children.

My introductory meeting with the parents revealed to me their contradictory positioning on physical chastisement and their understanding of acceptable child-rearing practices in England. The next section will detail my experiences and observations of interviewing parents.

7.6 Parents’ interviews: Reflexivity

I interviewed nine parents residing in Greater London; they were all agreeable to me attending their family homes to speak with them. This gratified me as I felt that the privacy and comfort of their homes would provide some solace as they relived very difficult and painful experiences. Three of the parents I interviewed spoke to me using a combination of two Nigerian languages (Igbo and Yoruba) which I speak fluently. I experienced the happy memories relived in their biographical stories, the exhilaration, and anxieties of relocating to a new country and the urgency, pain and shock of their experiences while involved with children’s services. I remember walking away from each interview with

heavy limbs; I had to breathe in deeply and exhale long and hard in order to shift the pain that was transferred to me by the parents through their arrival stories; accounts of children's services involvement, the emotional, mental and physical impact of the involvement on the children and the parents and the family relationships as a whole. As a parent, a social care professional and a researcher, I felt gratitude and quite lucky for my life and journey as an immigrant in the UK; this is because I can identify with the difficulties described in the arrival stories but not the overwhelming stories of children's services involvement. I found that the arrival stories of parents interviewed were very similar, and the difficulties experienced in settling into the country were equally similar, as described in the parent proforma in Chapter 4. I came away with an urgent need to tell their stories – especially as the pain expressed were unacknowledged by professionals. The researcher's professional experiences are discussed in the next section.

7.7 Researcher's professional experiences

Several of my experiences at a North London children's services centre mirrored the experiences of the parents in this research. Though these cut across various ethnic minority groups – such as the Vietnamese, Turkish, Greek-Cypriots, and Somalians, families from Central African countries and West Africa – I observed the many changing emotions of the parents at the way children's services became involved with their families. These ranged from fear, shock and disbelief to anger, dread and a sense of helplessness and failure when the children are then removed from their care. There is then the more expressive anger when the parents disagree with court reports and assessment of their abilities to function optimally as parents. These presentations had led to parents being excluded from child-in-need (CIN) meetings or child protection meetings and labelled aggressive and unreasonable.

I received several referrals from social work managers to the Race Equality Foundation-patented parenting programme: Strengthening Families, Strengthening Communities (SFSC), a 13-week inclusive, evidence-based parenting programme designed to promote protective factors associated with good parenting and better outcomes for children. The SFSC has been successful with parents from several backgrounds, including black and minority ethnic parents, teenage parents, parents with learning disabilities and parents

from marginalised communities – including those with experience of drugs, alcohol and violence. In working with these parents in the SFSC programme, it became evident that they were sent to the programme with the understanding that their children will be returned to them following their satisfactory attendance, engagement in the programme curriculum and facilitators as well as their completion of the observed practical post-programme support. I came to understand that this was misleading both to parents, my co-facilitators and I, as permanency plans were often in place for the children: mostly long-term foster care. Parents found this practice very dishonest and it only served to keep them ‘on the leash’, behaving as desired until children’s services aims were achieved. Parents had challenged this practice vigorously through my contributions to permanency court hearings and my team’s parents’ assessment of the SFSC programme; I wrote of parents’ new insight to disciplining children, understanding of what works, new learnings and motivation to be the ‘best parents’ they can be – and not just ‘good enough parents’. I was asked to submit my reports to the council’s children’s services lawyer for vetting before it could be filed to the courts. I encountered ‘push backs’ through this process and was informed that the council must present a united front. I remember asking why the permanency orders do not fit nor recognise parents’ current achievements, capabilities and insights to care for their children, but I did not receive any credible answers.

Following permanency orders, I was often left with grief-stricken parents, irate and full of hate, often threatening harm and lawsuits against social workers and their managers. Some parents were given restraining orders when they attended children’s services offices. They went there to act out their hurt, distress and shock at the “duplicitous social worker” they said “told them one thing and did something else”. I engaged with some West African fathers, and fathers of other ethnic minority groups in one-to-one sessions to refocus on the children by being objective, reticent and less emotive in order to work with the professionals and foster carers, for the good of the children.

As a West African parent, social care professional and a doctorate student, it was tough to stay focused on asking the right questions and supporting parents to make sense of the profound challenges they were facing. Experiences of the phenomenon of mistrust as an ethnic minority myself are no less disturbing to

listen to from parents who have seemingly lived through experiences that are fraught with distrust and discrimination. However, through clinical supervisions and seminars, I became more objective, questioning practices as well as maintaining optimal psychological and emotional wellbeing while working with parents. The responses from the parents and professionals in this research reveal that the practice of individual social care professionals are characterised by a lack of regard for parents and a lack of regard for what the children want (even when old enough to say so), through ineffective communication and misleading information, etc.

Research seminar meetings reviewed the interview materials and focus group material. The comments that were made as we discussed the materials were as follows:

Police and children service-oriented, in other words, punitive.

No common-sense assessments of what is going on, no real sense of the pain felt by the children and the parents due to the actions of the professionals.

The pain [emotional, physical and mental] that parents and children suffer does not ever get mentioned, never gets talked about or thought about.

The comments below are from the first focus group session, which featured a vignette with a short case study on physical chastisement:

Professionals talked about the pain of physical chastisement on them and the long-standing scares it had left on them since childhood.'

The same professionals are now social workers who sometimes are taking draconian punitive actions against the parents-any correlations? The complete disconnect and lack of proportion from professionals is disturbing.

Are social workers living out revenge against parents in the way they work with parents, especially 'vulnerable parents' such as African immigrants who are already exposed and going through known stressors such as immigration issues, isolation-little or no family and social network, lack of papers, no recourse to public funds, domestic abuse, decreased earnings, lower career achievement [sometimes a huge drop from where they are coming from, e.g. banker or pharmacist in Nigeria immigrates to the UK and find a job as a carer or support worker] decrease in class and status etc.

Professionals and parents alike are more worried about being thought racist than being a racist.

On another tutorial meeting with my supervisor on 26 April 2018, I was quite surprised at the meaning of the material that emerged from discussing the second focus group session, with a vignette on a case study which explores possible parental neglect. My supervisor and I saw the identification of the professionals with the child(ren) discussed in the vignette. These comments were insightful for what might be happening for the professionals:

Split between public, professional and personal life [what I call the P3 locations].

Jealous of the child, removing children from families – pathologising the families.

The hypothesis that professionals went into social work to be able to protect children [reflecting on professional's disclosure of physical chastisement in the first focus group].

The harshness could be from the experience of being abused as children; however, now as social workers seeking revenge.

Laughter, a lot of laughing within the group when a member of the group is describing a profound childhood physical abuse and neglect.

Vulnerability and pain is laughed at – cruel, pervasiveness, dissonance. I find that I struggled to make sense of this laughter and at some point, joined in the laughter.

I reflected a lot following this tutorial meeting; the reality between the mother in the focus group vignette discussions and the real-life mother. How similarly the focus group professionals judged her and how professionals working with her in real life judged her as well. So, following a period in local authority care, the children were returned to the family and the father was put in charge of ensuring that the tasks on the rehabilitation plan were completed. The mother was only allowed to assist in some areas.

7.8 Professionals' position at focus groups

As a person, experienced social worker, team manager, a mother and coming from African background as well I look at it differently. To be honest with you, there is no justification for these children to have been taken away for a long time. Sandra FG0118, p. 15

Sandra's comment reminded me starkly of my experiences while working at a North London children's services. Three children were placed in foster care for four years with the same foster carer. The parents completed the parenting programme and did all that was asked, but the children were not returned to the parents. The social workers, contact centre workers and foster carers had

something to say about every contact the parents had with the children – despite their being supervised. When I met the children, I experienced them as being ‘brainwashed’ by the foster carers and other professionals – they regarded their parents as inadequate and often stated that they preferred the foster carer, yet there was no risk posed by the parents in looking after their children at that time. I felt at the time that there must be financial interest for the foster carer to keep the children for so long with no evidence of risk posed by the parents. My experiences seemed to be mirrored by the comments below from a professional:

Foster carers keen on keeping the children and social workers who prefer not to engage with seemingly difficult African parents, allow children to stay in care longer than is required or necessary. If the children are placed with a foster carer who is interested in keeping these children that don't give her trouble, she does not want to lose them she will say they have made great improvement within a month, their presentation is so good, they start disclosing to them (social worker) every little thing the child says is taken as a big thing. From there, the local authority is aided with things to take to court to keep the children longer and more and more.

“Social workers, like other members of society, negotiate identity in both their personal lives and their working relations and need to consider the impact of both these dimensions in their work with clients” (Dominelli, 2002, p. 22). This quote encompasses the discussions of the professionals in both focus groups. They shared experiences from their personal lives which impacted their professional work with clients. Some of the stories were so profound that I believe a deeper exploration of the personal/professional dimension is needed.

The two professionals’ focus groups discussed two different vignettes: physical chastisement and child neglect. The cases in the vignettes were recent, real but anonymised; both sessions had different professionals (bar one who was present at both sessions); this was advantageous as the probability of learned responses by a professional who attended the first focus group and the second focus group are infinitesimal. The lived experiences of parents and social work professionals in chapters 4 and 5 appears to be discriminatory, biased and racist. This are evident in the ways parents are treated, decisions made and how child protection policies and procedures are applied. In my introduction, I described my experiences as a practitioner in North London children’s services and how I observed that an inordinate amount of black and ethnic minority

families were in the child protection system and in local authority care. I also observed the speed with which the cases were escalated, which almost always involved the police. This evidence corroborates the stories told by the parents, professionals and my experiences of working within children's services. I explored these intersections in the parents' stories and the professionals' experiences in Chapter 6.

7.9 Black racism-researcher reflexivity on the phenomenon of mistrust

I have worked in teams where I got on well with colleagues of white and Asian backgrounds but find that there were barriers and tensions in working with colleagues from some Afro-Caribbean countries. Half a dozen years ago, I once approached a female colleague who consistently and quite aggressively 'shot down' my suggestions and recommendations at case supervision meetings about their behaviour towards me. She dismissed it as my opinion, but I continued and gave her instances of what I said and her responses to my contributions. I was shocked when she told me that she is "from a different culture to me" and quite baldly continued to say my ancestors "were not sold into slavery and that I do not have to deal with the mental and emotional anguish of being part of the displaced black race; named after slavemasters and forced into a way of life that is alien and adulterated." I was nonplussed by this answer; I felt at the time that she had articulated quite coherently an inherent conflict and feelings of jealousy. I am better equipped to deal with this type of aggression having discussed it in clinical supervision, and understand the psychoanalytic material as unconscious envy. Dave Hiles (2007 p. 7) in *Envy, Jealousy and Greed: A Kleinian Approach* described envy as the:

Angry feeling that another (person) possesses, and is withholding, or keeping to itself, something one desires for oneself. The other person is at the same time seen as the reliable source for what one desires, and would normally be forthcoming, is being withheld. The envious impulse is to attach, or to spoil the very source that one originally relied upon. This impulse can become diabolically destructive and undermining since it mobilises such powerful defences-devaluation of the good object or rigid idealisation.

Hiles' (2007) description of unconscious envy best explains my experiences with my colleague. I also wondered if her envy was because of my direct connection to the 'motherland' Africa, and having ancestors that were never

taken into slavery and so were not displaced. Perhaps she thinks Africans who were left behind were complicit in the slavery in some way. I am also reminded of the juxtaposition of Mrs Carew's ethnicity (she was Afro-Caribbean too) and the parents' feelings of betrayal by her actions. I have since read up and visited the International Slavery Museum in Liverpool to further understand the effects of slavery on the Afro-Caribbeans. Through this experience, I find that racism and prejudice is a complex phenomenon and not just a white and black skin issue.

7.10 Summary

This chapter examined the researcher's background as an immigrant black West African, social care practitioner and researcher. It explored the catalyst for the research focus which arose from the researcher's professional and personal experience of working in a local authority children's service. The chapter also discussed the researcher's experiences of engaging and working with gatekeepers, through to working out an introductory meeting with parents for face-to-face interviews. The researchers' reflections on the parents' interview session were discussed, and the professionals' positions at focus groups with the phenomenon of mistrust. The next chapter will discuss the various findings and their implications for policy and research.

Chapter 8: Research Findings

8.1 Introduction

In this chapter I will discuss the research findings by constructing the models of the problems: the systems dynamics, biographical and cultural tensions in the practice of professionals and the experiences of parents. I will also discuss the new learnings from this research. These include racist constructs, defence mechanisms and the power in creating reflective spaces and implications for practice. The last section of this chapter will address the research questions.

8.2 Models from the research

There are apparent inconsistent and problematic behaviours in the social work system (see tables A and B); these experiences were presented through the interviews and focus groups with parents and professionals. These behaviours were acted out by school personnel, social workers, police and other social care professionals. The interviews with the parents revealed six out of nine had experienced police involvement before the family became aware that there was a concern or allegation (see Table 2). Many of the concerns were allegations of physical chastisement and neglect (see tables 3 and 4). Parents described shock and distress when their children were removed from the family home with little or no information about what had happened or an invitation to discuss the concerns. Shock and distress were magnified because the professionals who made the referral to children's services were thought to be trusted professionals through their prior supportive involvement (i.e. domestic abuse in parents' relationships and long-term connections with schools) and had developed a relationship with the families; hence the parents wondered why they were not spoken to before escalation to children's services and the police (as in the cases of Ireti; Joyce; Sneider and Cara; and Younes and Louana).

Table 2 Parents' experiences of disproportionate escalation

Parents	Experience
Joyce	Referral to children's services, immediate police involvement, no reported communication and investigation
Pauline	Referral to children's services, immediate police involvement, no reported communication and investigation
Sneider and Cara	Referral to children's services, immediate police involvement, no reported communication and investigation
Younes and Louana	Referral to children's services, immediate police involvement, no reported communication and investigation, local authority foster placement
Ireti	Referral to children's services, immediate police involvement, no reported communication and investigation, local authority foster placement
Mariatu	Referral to children's services and police involvement

Note: All professionals in Focus Group 1 also corroborated the phenomenon

Table 3 Parents' experiences of unfair treatment

Parents	Experience
Joyce	Discrimination, racism, unfair decisions, lack of awareness of parents' culture and values.
Pauline	Discrimination, racism, unfair decisions, lack of awareness of parents' culture and values.
Sneider and Cara	Discrimination, racism, unfair decisions, lack of awareness of parents' culture and values.
Younes and Louana	Discrimination, racism, unfair decisions, lack of awareness of parents' culture and values.
Ireti	Discrimination, racism, unfair decisions, lack of awareness of parents' culture and values.
Mariatu	Discrimination, racism, unfair decisions, lack of awareness of parents' culture and values.
Lilian	Discrimination, racism, unfair decisions, lack of awareness of parents' culture and values.
Amaka	Discrimination, racism, unfair decisions, lack of awareness of parents' culture and values.

Note: All professionals in Focus Group 2 also corroborated the phenomenon

The professionals' apparent overreactions to the immediate escalation of child protection concerns, through police involvement and removal of children from families, took place (according to the parent's accounts) without the requisite threshold being met, as detailed in the London Threshold Document used in conjunction with The London Child Protection Procedures (2020). The reported practice of approaching parents for the first time about concerns and allegations with the backing of statutory powers (social worker, police and court) is unsettling. The London Safeguarding Children's Board (2019) detailed in its child protection procedures section 2.4.11 that it is

good practice to inform parents/carers that you are sharing information to assess need and seek to work co-operatively with them. Agencies should also ensure that parents/carers are aware that information is shared, processed and stored for these purposes.

The Working Together to Safeguard Children (July 2018 p. 18) emphasised the use of consent and working co-operatively with the parents unless it is inconsistent with ensuring the child's safety:

All practitioners should aim to gain consent to share information, but should be mindful of situation where to do so would place a child at increased risk of harm.

This apparent problematic and unsettling practice, experienced by a significant number of parents in the research, represents something in the system seemingly agreed and operated by some professionals, but not written into the various child protection procedures and guidelines (Healy et al., 2011; Kapp & Prop, 2002). The parents have experienced these behaviours in their involvement with children's services as specific and targeted at them. The seemingly overzealous application of the child protection system is replicated in the schools where parents now experience their treatment from professionals as racist and discriminatory. Parents' reported experiences with children's services and other statutory agencies (school and the police) in this research appear negative at best and horrific at worst. There is an apparent mistrust of child protection social workers by parents of West African origin. Parents reported this mistrust stems from the lack of information, communication and regard for parents when there are concerns which have led to the removal of children from their parents. The parents' focus group at the outer London primary school raised issues such as high rates of referrals of West African children to children's services and the police via the school's family support manager, who is of Afro-Caribbean origin. The parents felt betrayed by the family support manager; especially as she is well known to some of the families. Parents also spoke of social workers from West Africa who treated them poorly and were seen and labelled as 'betrayers', working in league with white social workers to advance and perpetuate the agenda of terror and oppression upon parents from West Africa.

8.3 Biographical-cultural tensions in the experiences of parents and professionals

The parents described their arrival stories from West Africa to England and from West Africa to a European country (Germany), and then to England. These arrival stories are filled with profound challenges: getting a job, low-paid jobs, inadequate accommodation and marital relationships fraught with problems as a

result. Two families (Lilian and Amaka) had non-settled immigration status and no recourse to public funds, which made it difficult to access adequate childcare. The parent participants came from a mixture of backgrounds: working class to middle class, well-educated families. They described their upbringing in Africa with an emphasis on discipline. Some parents talked about being physically chastised when poorly behaved, while others talked about other forms of chastisement. The parents compared their experiences of growing up in West Africa and raising children in England and agreed that child-rearing culture in West Africa is different to what is expected in England; however, they felt that their upbringing served them well as they turned out to be responsible adults living in England. All the parents agreed that they were aware of the child protection laws on physically chastising children and that they do not use this form of discipline. This is following concerns and allegations of physical chastisement raised by children's services through the school as the main reason for statutory involvement.

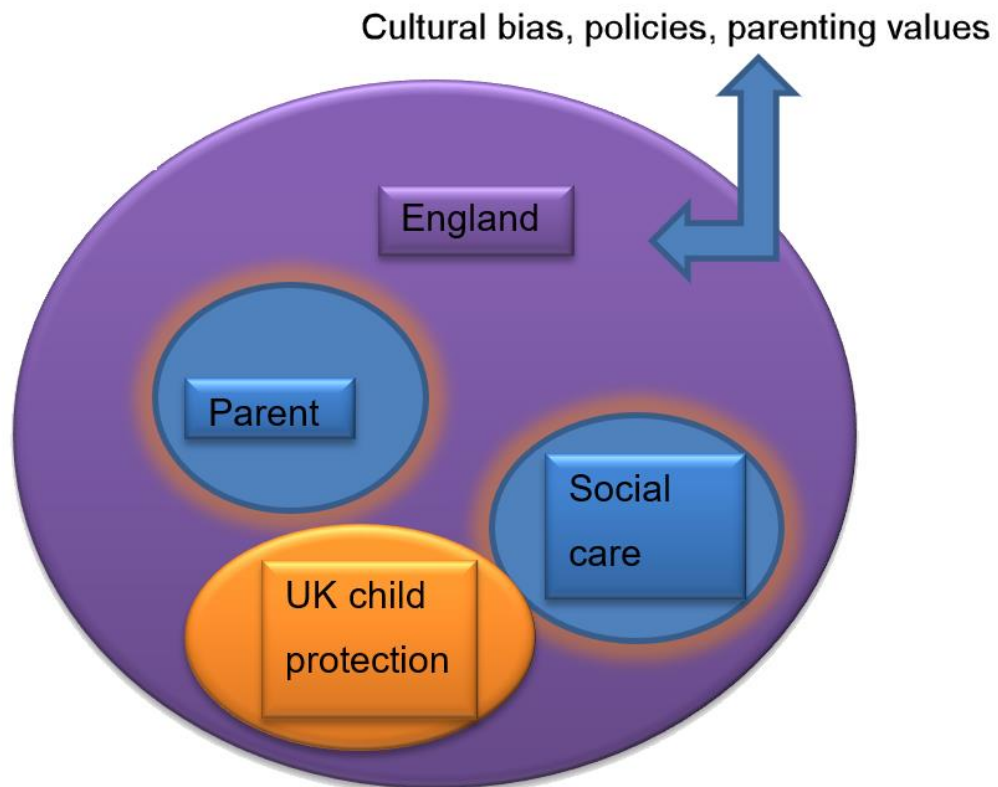
To understand the gaps and undulating relationships (Figure 4) between parents, the social care professionals (whom I will refer to as 'actors') and the child protection policies/ procedures in the UK (which I will refer to as the 'system'). The gaps that exists between the actors and the system impacts significantly on the emotional lives of parents and social care professionals causing 'pressures' that co-exist with them in the system. The methodology selected for this study, as described in Chapter 2, spans the psychoanalytic and social worlds that we inhabit. Succinctly put by Hollway and Jefferson (2013, p. 143):

people struggle with the constraint and possibilities of their social circumstances; their unique biographies; their creative capacities; their ethical impulses and the conditions that compromise these impulses; the vulnerability but also the robustness of human psyches in the face of painful, sometimes unbearable assaults on psychological survival.

The oval diagram below depicts England: the system contains the 'actors' – child protection policies, social care professionals and parents. External pressures such as cultural bias, parenting practices, values and cultures of parents, lack of understanding of UK child protection policies and decision-

making processes of social care professionals (Adjei & Minka, 2018). These pressures impact upon the 'actors' within the system.

Figure 4 The system, the actors and the pressures



The professional participants were from a range of backgrounds, though the majority were black Africans: black Africans, Europeans, Afro-Caribbean and mixed-race of black African and European origins. The first focus group reviewed a vignette on physical chastisement and the actions of social care professionals in intervening in these concerns (see Appendix A); surprisingly, professionals disclosed their childhood experiences of being physically chastised by their parents and carers. This was unprecedented and caused me serious anxious moments. These disclosures were allowed and further explored, as seen in the story of Grace. The biographical stories of the professionals were set in Africa, Europe, the Caribbean, and in England; white and mixed-race (black African/White British) professionals disclosed being physically chastised by parents in England too, confirming that physical chastisement was not a parenting disciplinary tool synonymous with West Africa. The professionals went on to say that this was their culture and way of life. As children and young people, they were not happy about this method of discipline; however, they did not complain.

One of the white British participants (Barbara, see section 5.2) informed the group that her father suffered severe physical chastisement at the hands of his parents and pointed out that the Children Act 1989 was not always in place, and while it is recognised that countries (primarily West African countries) might have laws and policies governing child protection, they are not always monitored, reviewed and subject to criminal prosecution the way they are in England and other Western countries. Profoundly, a number of the professionals stated how this had affected their lives as adults; they have strained or no relationships with their mothers (mothers seem to be majorly tasked with the discipline of children; 9 out of the 11 professionals disclosed being physically chastised by their mothers). This gender assignment to mothers as disciplinarians was recognised in clinical supervision: African mothers chastise their children while white female teachers and social workers are tasked with intervening and 'saving' the children. The discussions at clinical supervision about chastising mothers, chastised children, saving teachers and social work professionals were likened to Karpman's 'drama triangle', which describes the three roles: persecutor, rescuer and victim.

Figure 5 Triangle A



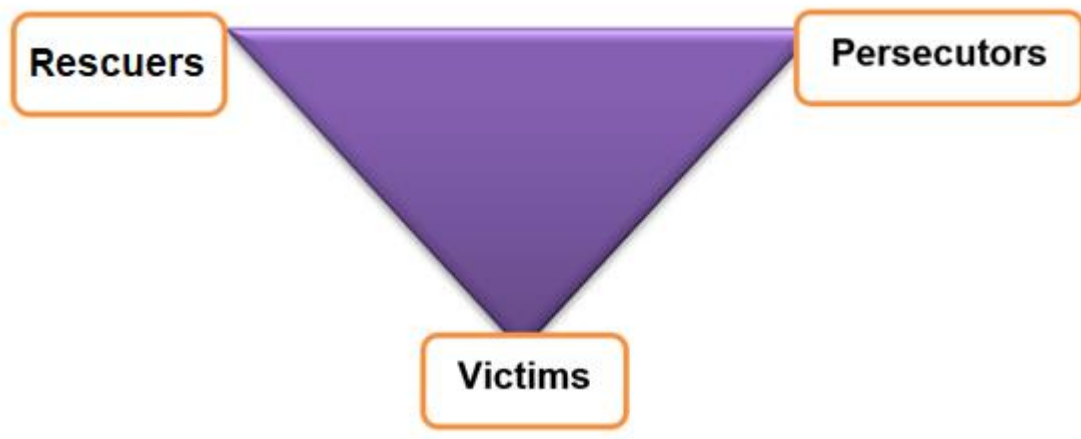
Rescuers are professionals (white female teachers and social workers like Grace), black African social workers that save vulnerable children; rescuing takes attention away from confronting own traumas (childhood history of physical chastisement).

Persecutors are mothers who use physical chastisement as a parental disciplining tool.

Victims are vulnerable children who are physically chastised.

Psychoanalytically, the rescuer in Triangle A is thought to be acting out what Ruch (2010) refers to as projection: the placing of the unwanted 'split-off' feelings of vulnerability and need to be rescued as a child. Klein (1997) describes this presentation as putting into others some of your own emotions and thoughts, and at the same time acting out the need to rescue the child to avoid a repeat of the trauma the rescuer experienced as a child.

Figure 6 Triangle B



Persecutors are professionals, social care workers and Grace; black African social workers whose practices were seemingly punitive and oppressive towards the parents (it is as if the professionals are punishing their parents for the sins committed in their childhoods).

Victims are parents overwhelmed by their vulnerabilities (migration, cultural values, low trust etc.)

Rescuers: Researchers, child protection policy reviews that take account of parent communities, their parenting cultures/values and culturally educated social care professionals.

Triangle B in 8.2 above depicts another type of drama triangle. The persecutors in this situation are the social care professionals described by parents. The parents tell stories and experiences of being victims in this research. The rescuers are thought to be the researchers seeking to hear the voices of both parents and social care professionals. It is hoped that the research findings will impact child policy reviews and decision-making processes (when the subjects are West African black Africans) which appear to be practiced in an unfair, biased and non-compassionate way.

8.4 Professionals' inability to think about culture and convergence with participants' experiences

I heard of the professionals' inability to think about the cultural differences of families they are involved with throughout the research interviews and focus groups. The parents spoke of feeling helpless, cornered and misunderstood by the social care professionals while the professionals spoke of social care workers' bias and lack of understanding of the parents' culture, belief and child-rearing practices. What was also striking was the professionals' inability to ask questions and learn from the parents why they practice such parenting styles. An example was Sagal: a mother of eight from Somalia whom I had visited with a social worker of European origin. The social worker did not ask Sagal why she washed the baby's bottom in the kitchen sink or point out the unhygienic nature of such a practice; she wrote up formal notes condemning what she had witnessed and concluded that Sagal was not a "good enough mother". It struck me that the lack of curiosity exhibited by social workers was mirrored in the parents' descriptions of their experiences with children's services. These experiences are corroborated by the professionals who spoke of the systemic failures in dealing with parents of certain groups and their direct observations of cultural bias by colleagues; some of which they challenged (see Table 4). I am aware through this reflexivity that there are concrete triangulations of negative accounts from parents of their experiences with children's services, professionals' biographical stories, experiences and discussions of themes from research interactions, professionals' observations in the workplace and my own experiences of working within North London children's services. These experiences are not just about cultural bias but cut across the various themes that came up in this research.

Having several years of child protection experience, and having worked within the Children's Act framework for years, I understood the area of significant harm to children well. It would be naive to believe that none of the parents in the study harmed their children. However, the research did not aim to investigate whether the children had been harmed or not; the research found that interventions were extreme and punitive with no evidence of partnership working. Immediate police involvement, court orders and the placement of children in care for long periods of time precipitated high levels of distrust. The

research found problematic relationships at a systemic level, communicated by parents' distress and anger at schools. If social workers appear fair, purposeful and just, parents were more likely to work in partnership with them. If parents believe they are being disproportionately targeted, punished and unfairly treated, they will not. Intervention, therefore, must be done in the context of partnerships – as Okpokiri (2020, p. 441) stated in her article: “Active participation would improve the increasingly adversarial style of social work in the UK, which is often framed within risk; risk management is an important part of children and families social work, but over-emphasis on it intensifies resistance and undermines necessary collaborative working with parents.” It is a false dichotomy to pit culture against risk, as risk is informed by a proper understanding and appreciation of culture. A cultural understanding can lower the risk, leading to more purposeful and meaningful interventions with the parents of children at risk.

8.5 Professionals' unconscious bias formed from childhood experiences of discipline

The apparent projective identification system operating in the practice of some social workers towards children can be likened to the phenomenon that ‘saving’ children is to save oneself from physical abuse, see Figure 5. Also, a seemingly punitive and oppressive practice towards parents can be likened to professionals punishing their parents for the sins committed in their childhood, see Figure 6. At the first focus group, the professionals disclosed incidents of severe physical chastisement in their childhood by their parents and significant adults in their lives. Six professionals agreed to explore what these childhood experiences and traumas might mean to their practice as social workers; however, only Grace made the appointment. She described how her experience of physical chastisement influences her behaviour and decision-making involving the parents of young people she works with. However, due to the opportunity of working with clinical colleagues who practiced reflective supervision in a containing environment, Grace was able to operate from a depressive position. The professionals' biographical stories and Grace's story of achieving and operating from a depressive position is robust and pivotal to this research.

8.6 A model of participants' reactions and positioning

8.6.1 Evidence of professionals' defensiveness

In chapters 4 and 5, I discussed in detail professionals' defensive reactions to the real but anonymised vignettes on physical chastisement and child neglect. These defences and denials were present in both focus groups, which were completed four months apart by a completely different group of professionals (bar one) and the researcher. The professionals felt that the situations described in vignettes 1 and 2 were not real, and if they were, they must be from the 1990s, and could not have happened in England. The focus group questioning of the researcher immediately after the vignettes were presented and read belied the about-turn acknowledgement that:

Sometimes because we are righteous, we know where we are going, and we are all clued up. People have done this though; social workers have gone with police into people's homes and taken loads of children. Lynsey FG0917, p. 8

In Figure 7, I have depicted what I found from the second focus group session; three positions the professionals inhabit within the child protection system.

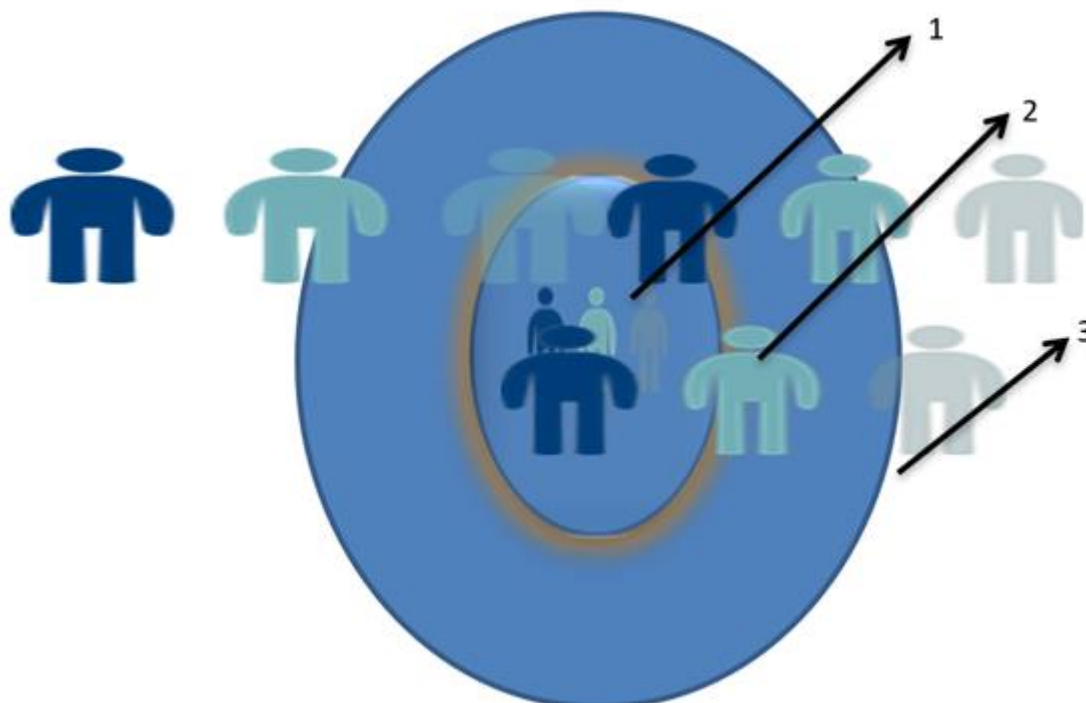
These are:

Professionals inside the system who work with child protection policies and procedures without question.

Professionals inside the system who are also straddling the 'fence' of the child protection system; they agree with some policies but disagree with how they are practiced, i.e. with regard to ethnic minority groups.

Professionals who are both inside and outside the system; they work within the system but disagree with it.

Figure 7 Social cares professionals' positions in and around the child protection system



8.6.2 Manic defences: professionals' laughter

The researcher observed laughter throughout the self-disclosures of physical chastisement and the group joining in on the laughter. It sounded like a cover-up, and I wondered if the laughter was a defence against pain – the pain of childhood physical chastisement perpetrated by parents – a type of manic defence reaction identified by Klein. The defences allow the reduction of feelings such as anger, loss, guilt, helplessness and dependency. Lothane (1997) explored how power begins in the family, where parents have the physical ability to control or empower, heal or hurt, protect or punish. It is this biological power that makes the child see the parents as omnipotent. The laughter was awkward for the researcher to understand at the time; as what was being described was quite painful and profound. Following discussions with my supervisor, it was understood that the laughter was to prevent feelings of helplessness and despair (and unresolved feelings of anger towards their own parents for physical chastisement experienced), but projected opposite feelings of euphoria and amusement. There was evidence of unresolved anger towards

parents when Jordan noted “I did not have a relationship with my mum for years.” Grace said, “I don’t have a relationship with mum as such, I only take my son to visit her so my son will know his grandmother.” Lynsey also noted that she suffered physical chastisement from her mum: “...and till today, which is why we don’t have a great relationship.” The defences of professionals’ pain and vulnerability include repression, splitting and projection; overarching findings of pain, vulnerability and helplessness are defended against both in the personal life of the professional (childhood experiences which remain repressed) and the pain the parents experience as a result of the professionals’ repressed pain.

8.6.3 Evidence of excellent and thoughtful practice by professionals

It was gratifying when the defensiveness and denials ended. As the focus group facilitator, I had experienced the focus group’s questions for more background information on the case vignettes as attacking. However, as soon as Lynsey acknowledged that the practice described in the vignette (see Appendix B) had been known to happen, other professionals then spoke of their experiences of such practices. The focus group detailed steps of good practice and procedures; these steps take into consideration the incidents and processes to be followed, including setting up a decision-making apparatus and taking due care for the children and their families through appropriate communication. Clara put it succinctly when she described her practice:

My view is that to start with; there need to be investigations, more questions asked, the social worker needs to do more groundwork before thinking about removing the children, and police protection is an abuse of power, and I think they can have some kind of strategy meeting some kind of conference and try to put a plan in place to support this family bearing in mind that the parents are in shock as nobody spoke to them about it. It would have been good to have that information, and we need to remember that social work what Lord Laming, Munro and these things, reports are in place for us to read about important of communicating with families and children is quite crucial. Clara FG0917, p. 7

8.6.4 Racism: A professional’s preparedness to name the ‘elephant in the room’

The focus groups discussed poor practices witnessed in teams where they have worked, especially towards parents of West African origin. Six professionals spoke of leaving jobs or knowing practitioners who left their jobs because they disagreed with the different ways individual families of ethnic minority groups

were treated when compared to families of white backgrounds. Some professionals spoke of advising parents on the best course of action to avoid their children being taken into care or strategies to use to enable them to get their children back. There seemed to be a reluctance to name what I observed at parents' focus groups, interviews and professionals' focus groups – these are stories and descriptions of apparent discriminatory practices with racist presentations. At the focus group in January 2018, an African male social worker, Mike, then spoke of his experiences with colleagues who treated black African families different and felt that racism played a role in this practitioner's practice:

I am reading in between the lines and I can see a taint of racism or putting down someone because of the colour of his skin or where he comes from. Mike FG0118, p. 7

One is reminded of the public well-wishing and joyful occasion of the birth of the Royal baby Sussex (Prince Harry and Meghan Markle's baby) in May 2019, and the saga of BBC Radio 5 Live firing of broadcaster Danny Baker for allegations of racism over his 'offensive royal baby ape tweet' (Amy Walker, *Guardian Thursday May 9th 2019*). The writer and broadcaster Afua Hirsch's tweet on the incident represented what the parents and professionals struggled with: "not only does Danny Baker post an image comparing a baby w African heritage to an ape, but he has the audacity to say problem is that those of us who point out how racist it is have 'diseased minds'." (Hirsch, 2019 in Walker, 2019).

Danny Baker's follow up dismissive attitude and comments about his inappropriate tweet reminds me of Fakhry-Davids' (2011) description of internal racist functioning. I made this connection in Chapter 6, where I felt parents and professionals were reluctant to name apparent racism in their experiences even though it was implied. This functioning, according to Fakhry-Davids (2011 p. 45), is known as projection and rapid reversal; a situation where "the recipient of a racist projection ends up accused of making a racist projection thus reversing the situation". I will summarise the findings from the research in the next section.

8.7 Summary of findings

It is pertinent to examine how far the research findings addressed the questions as laid out in Chapter 2. The questions were studied through interviews, focus

groups, observations, reflexivity and sense-making at clinical supervisions and seminars.

First, how does the research offer a psychosocial account of the lives of parents who have immigrated to the United Kingdom?. The research found that parents have profound arrival stories and numerous other challenges that made it challenging to settle down into their new host country. These included marital problems, physical ill-health (hypertensive disease), mental ill-health (depression), a lack of papers and immigration issues, inappropriate housing, low-paid jobs or lack of work and a poor understanding of the acceptable child disciplining methods in the UK.

Second, what can we learn from the parent about their experiences of statutory intervention and the responsiveness of children's services to the needs of the children and their families?. Professionals have experienced physical chastisement in childhood. There are unconscious traumatic materials present when individual professionals engage with parents, particularly black Africans parents. The overly punitive and oppressive interventions mostly directed at African mothers, appears to be the manifestation of the practitioners' unresolved anger and punishment of their own mothers. However, through clinical peer supervision, professionals can locate these materials, name them, process them and engage with them in real-time when working with parents and families. (e.g. in Grace's story in Chapter 5)

Third, what can we learn about the difficulties of working with this community using carefully facilitated focus groups comprising social work and social care practitioners, to explore their experiences?. There appears to be a pattern in the experiences described by the parents. This includes: lack of communication from schools and social workers before initiating child protection; police involvement at the onset of the process (this escalation did not appear to be proportional to the physical chastisement alleged) and parents' feelings and emotional distress unattended to. Parents also described not being provided with adequate and meaningful information about the process; they said this made them feel "helpless, cornered and shocked."

Fourth, what can we understand from the practitioners, how they apply child protection policies? Parents described experiences of racial and cultural

discrimination in the manner in which children's services treated them. This is also in the immediate involvement of children's services and the police.

Fifth, how can we facilitate a process of discovery about the needs of parents; how they have or have not been met and might be better met in the future?.

Professionals corroborated the stories and experiences of parents. Though the parents and professionals are from various boroughs of London and outer London, the professionals agreed that the experiences described by parents had been known to happen. They offered stories and experiences they have had while working with colleagues and systems that perpetuated discriminatory practice towards black African families.

The research findings significantly show a strong evidence of a toxic mix of unresolved anger and racism present in practitioners' interventions with West African mothers and families.

8.8 Summary

This chapter draws together the new learnings and understanding of the lived experiences of first-generation West African black parents who have had statutory children's services involvement. This was possible through the three-pronged interactions of the biographical stories and experiences of parent participants, professional participants and the experiences and reflexivity of the research/facilitator. These learnings helped develop models of the problems and the implication for social care organisations, practice and policies. This chapter also explored how the research questions were addressed.

The next chapter will provide concluding discussions on the research study.

Chapter 9: Conclusions

9.1 Introduction

This chapter provides the research framework, reflections on the research process and the learning from it. I will also present details of the strengths and limitations of the research and contributions to knowledge. It provides recommendations from the research and implications for the future development of parents' and social care practitioners' relationships. The chapter will also suggest new areas for further studies as a result of the experiences and materials gathered from this research.

9.2 Research questions framework

In the introduction, I wrote about my background and my work and how my interest to hear the lived experiences of first-generation West African parents was born. I encountered and worked intensively with numerous parents; the majority of whom were from black and ethnic minority (BAME) backgrounds. A significant number were first-generation black parents from West African origin with seemingly high numbers of children in the local authority care system. The next section reflects on the research process and learning.

9.3 Reflection on the research process and learning

There was much learning during and after this psychoanalytically informed psychosocial research. Rich data was gathered from the engagement and interactions with parents and professionals at interviews and focus groups. The use of Biographical Narrative Interpretative Method (BNIM) enabled the biographical stories of parents to be better understood. This also supported me to be both reflexive and attentive to my emotional responses to the parents' lived experiences. The professionals' responses to the vignettes at the focus groups provided more than was expected. The parents' narrative and the professionals' discussions in a shared space were cross referenced by a thematic analysis which strengthened the findings. The gathered data and the analysis were made possible by the support of the initial research questions, regular supervisions and research support seminars which allowed me to air the challenges I encountered in the field.

The data that emerged from the parents and professionals was stressful, emotional and very personal. There was hope when parents spoke of the ways

that could help stop some of the experiences they had with children's services. The professionals also spoke of better ways of engaging with parents from the West African community after the initial denials and defensiveness. The breakdown of these defences was experienced through the warmth and the space the focus group provided; it allowed professionals to disclose their own experiences of physical chastisement and the trauma of those childhood experiences. I recognised these disclosures from social work practitioners as a pivotal point in the breakdown of a previously unknown sophisticated defence mechanism which included denials of discriminatory practice and implicit bias (Bruster, Lane & Smith, 2019). The next section will discuss the strengths and limitations of the research.

9.4 Strengths and limitations of the research

9.4.1 Strengths

This study has several strengths; these are intertwined with its potential contribution to literature. First, the study design of using both BNIM and focus groups worked well because there were some opportunities for the iterative process between observation of parents' focus groups and interviews and insights gained from facilitating and observing the first professionals focus group. This then helped in the facilitation and observation of the second professionals focus group.

Second and most importantly is the impact this research journey has had on improving my reflective undertakings and my social care practice as an operations service manager. These learnings have extended to team managers who in turn extended it to their line staff: the frontline practitioners. The ability to be open to one's and others' subjective experiences has provided opportunities to remain curious, learn more, communicate effectively and co-produce meanings with others.

9.4.2 Limitations

There are limitations to this study, though I do believe that the research design and general attitude ensured an in-depth study on the lived experiences of first-generation West African black parents. The first limitation is the limited sample size; however, as the purpose of this research was to hear the lived experiences of first-generation West African black parents, the findings from 9 families had common themes; and so vital concerns were identified.

Second, the study did not aim to speak to the children involved with children's services nor the social workers who worked with the families. Therefore, the stories of the children and the social workers are missing from this research.

Third, 1 social worker (Grace) out of 6 professionals at the first focus group who disclosed experiences of physical chastisement agreed to meet to explore what this means to her practice with children and their families.

Fourth are my limitations as a researcher; being a first-generation West African black parent and a social care professional has made it likely that there are aspects of situations that I will have been unaware of or ascribed a meaning to which could mean something different to another researcher. My inexperience as a researcher may mean that I might have missed valuable things that a more experienced researcher would have noticed. However, my previous experience as a practitioner in this sector was useful. The next section will briefly describe the contributions to literature from this research.

9.5 Contributions to knowledge

The study has contributed to literature in three main ways.

First, the parent biographical and arrival stories through interviews and pen portraiture proforma (Hollway & Jefferson, 2000) provided a broader picture of the family and their circumstances, through which a new set of themes was recognised and considered.

Second, the professionals were provided space to discuss their experiences and practice as social workers at two facilitated focus groups using two vignettes on physical chastisement and neglect.

Third, contribution is a critical strength of the study. Unlike previous similar studies, it uncovered psychoanalytic unconscious and conscious materials at play for professionals' working with parents and families.

9.6 Recommendations from the research

In this section I will outline my proposal for improving how social care professionals and allied agencies involved in children's services can engage with first-generation West African black parents. These are to ensure that:

- professional training robustly addresses personal childhood histories in order to protect parents and practitioners and to avoid tragedies on both sides;
- schools are channels of support for struggling and immigrant families, helping to manage and navigate the child protection system and facilitating access to support on parenting issues;
- inclusivity is practiced across the board as evidence from this research shows parents feel alienated by schools due to limited or ineffective communication. Early and effective communication promotes parent engagement with agencies;
- professionals have a general local demographic awareness (specifically BAME groups and especially West African black parents) in areas with a high or growing proportion of ethnic communities;
- professionals are trained in cultural intelligence and have good knowledge of the parenting values, cultural beliefs and practices of groups (e.g. West African black parents) within their local area, and have adequate awareness to intervene successfully in families who might present with child protection concerns;
- a parent advocate is available within the child protection teams; a professional with the knowledge and experience required to engage and work successfully with parents of West African origin;
- advancing anti-oppressive practice through the examination of personal, organisational and cultural dimensions of a person's (social worker) life and the interconnectedness between them (Dominelli 2002); and
- a robust clinical and anti-racist social work education, supervision and practice placements for social work students from black and minority ethnic (BME) background. Tadam (2017) described the practice learning experiences of black African students on social work programmes in her paper 'dignity in practice learning' and 'the MANDELA model of practice learning'. She said that a dignified experience for BME social work students using their recommended ten principles and the MANDELA model of engagement will result in an anti-racist experience in their learning environment.

Additionally, evidence from the studies suggests that a significant number of women have experienced domestic abuse situations and are especially vulnerable. This can put children at risk of harm as a result of their inability to provide adequate parental care. Professionals need to have supportive strategies when working with women who fall within this category.

Implications for practice fit into the Department for Education (2018) Knowledge and Skills Statement for Child and Family Practitioner which describes relationship and direct practical work through partnership working, clear communication, building rapport and motivation through respectful engagement, understanding and exploring child development through observation, talking and working with children, at home, at school and with parents, carers and peers. Professionals should recognise their limitation and be able to seek advice from a range of sources including practice supervisors, senior practice leaders and other clinical practitioners. Supervisions, peer group support and partnership working will provide space for professionals to reflect on emotional experiences of working with parents, carers and children, and consciously identify where personal triggers are affecting the quality of analysis or help; to identify strategies to build professional resilience and management of self. Cooper (2005 p. 8) noted that “supervision must always address the difficult psychological and emotional transaction that child protection work necessarily involves for staff if they are doing their job properly”.

9.7 Co-produced parenting strategies with West African parents

Given the findings in this research, acceptable parenting skills and strategies in the UK should be explained and where required must be co-produced with first-generation West African black parents. The agencies recognised to have the first contact with parents and their children are the significant early help and primary healthcare agencies which include: social care professionals such as nurse practitioners and family nurses at GP surgeries, health visitors and schools. These agencies are whole-family front-facing and have the advantage of providing various support services through which acceptable parenting practices can be shared and co-produced with parents of West African communities. The nursing standards for competence are anchored on four primary areas through which support, teaching and co-production can be made possible. These include professional values, communication and interpersonal

skills, nursing practice and decision-making and leadership, management and teamworking. Nurses who must work daily with problems facing patients, their families, communities, health systems and other health professionals must be able to work inclusively with this group of families. Nurses' ethical behaviour encompasses accountability, responsibility, confidentiality, truthfulness, fidelity and justice. In addition to the nursing code of ethics and competencies, the General Medical Council (GMC) that governs GPs has the following working principles: honesty and trust between colleagues, excellent communication, collaborative working, ideas and creativity, individual responsibility, problem-solving, finding solutions and openness to learning and feedback, seeking to improve how services are provided.

I refer to the policy documents Keeping Children Safe in Education (2019), Success in Schools (2017) and the Teachers Standards (2013), as discussed in the school's position (section 3.4). The proactive practice of these standards, code of ethics and competencies by front-facing agencies when supporting families of first-generation West African origin will provide a supportive experience of early learning, early intervention, high trust in statutory agencies and good collaborative working relationships with parents.

Next, I will discuss the professionals' role in ensuring that parents experience non-judgemental, empathic and relationship-based support in their involvement with statutory services.

9.8 Awareness of own bias and internal defensive structures

This research has shown that some professionals are often not aware of their own bias which sadly presents itself in practice with service user parents and families. Awareness of one's own internal (often unconscious) defensive structures is essential to ensure issues are worked through as appropriate (see Grace in section 5.6). This ensures a balanced and professional practice which is supportive and solution focused. In turn, the parents can experience the intervention as supportive. This experience is anchored on an excellent social worker service user relationship. This relationship-based way of working is made stronger through the shared understanding of the parents' cultural values and social care organisational systems and structures.

Parents benefit from empathetic and non-judgemental support even in the face of concerns; support includes the opportunity to talk with professionals about

their challenges and anxieties. Evidence from this research suggests that parents do well within an honest and dependable relationship as healthy, caring practitioners enable coping mechanisms.

Ireti's experience with the family support manager when she experienced domestic abuse in her marriage was very supportive, and she was able to cope with the difficulties the events presented to her and her children. However, this was not the case when child protection concerns led to the removal of her children. Bryan et al. (2016) noted that, like all containing relationships, the set-up is often complicated and dynamic – especially in recent times when social work has received such bad press. It is then understandable that most professionals are anxious and react quickly (without much thinking), which inevitably impact upon their ability to engage with parents and families in a relationship-based way.

9.9 Implication for policy and practice

This study has revealed the need for a 'fully conscious' approach to child protection practice, following set guidelines. Professionals' understanding and appreciation of assessments are vital to avoiding judgements which can be formed in real-life situations as earlier noted on my joint visit to Sagal and her family with a social worker. This example amplifies the notion that experienced practitioners are also vulnerable to making errors in judgement through faulty heuristics and biases (Munro, 1999). I developed a peer discussion group in my team at the North London children's services as part of my Tavistock Master's programme module 'Professional Practice'. The aim was to replicate Lowe's Tavistock tradition of creating 'thinking spaces' in the workplace, which Ruch (2007) describes as emotionally informed thinking spaces. Ruch (2013) also described a study involving reflective case discussions with social work practitioners at a local authority from a range of teams where co-working cases are viewed as valuable by practitioners. My colleagues found this space very useful for highlighting phenomena such as availability, heuristics, confirmation bias and the halo effect. The space was beneficial for inexperienced practitioners to be aware of cognitive overload.

This research highlights the urgent need for social work students to have spaces to address the history of childhood abuse and experiences of being parented. There is also a vacuum of cultural knowledge of black parents'

parenting values. This is evident in the elements of harmful parenting practices described and explored by professionals during the focus groups. Rustin (2005) discussed training for mindfulness for practitioners, noting that mindlessness is a defensive solution to practice in complex bureaucratic systems -the inability to keep things in mind, to make connections as well as approach tasks through linking the past to the present. This is like what Bion (2013) described as attacks on linking. Rustin wrote that the absence of thoughtfulness appears to speak to the functioning of the child protection system in some teams. Cognizant and good quality social work training and supervision would support thinking about painful experiences. Therefore, 'gut feelings' should be subject to reflection and evaluation.

9.10 Implications for organisations

Evidence in this research appears to suggest that some social workers, managers and the organisations make life-changing decisions about children and their families without following proper guidelines, assessing threshold points and giving the right amount of regard to children and parents' longer-term needs. Thus, stereotyping and prejudice are a significant hindrance to effective communication between agencies and between professionals and clients (Thompson, 2011). There are power structures within the social work system which make it inherently political (Bar-On, 2002). These power structures perpetuate oppression which forces clients into a position of powerlessness (Dumbrill, 2015; Askheim, 2003; Pease, 2002).

This research raises far-reaching questions about what is going on in some teams within children's services organisations. Some parents do not experience any support from services and feel as though decisions are 'done to' them rather than taken in partnership with them. Six out of nine families who participated in the research had immediate police involvement with the family, which raises concerns over whether child protection procedures and guidelines are clear and regularly reviewed, and whether appropriate training is provided in these teams. There is also new learning from serious case reviews (Munro, 2012; Laming, 2009) which details a move from a 'tunnel system'-led practice – a position where a social worker sees what is available and does not ask questions in order to gain more understanding or a different perspective. Laming and Munro advocate individual expertise practice, among other

recommendations, providing evidence that social care professionals have reasonable standards from which to operate.

It does appear that some of social care workers' values weigh on organisational dynamics, which then impact on how decisions are made. Policy interpretation, practice and intervention models are equally affected.

Psychoanalytically, unconscious dynamics present a tricky road to navigate when compared to simple formulations of projections and projective identification (Jiraskova, 2014). Clearly, despite smart procedures and guidelines as standards for practice, any unconscious dynamics and materials will undermine excellent practice standards.

9.11 New areas for research

It is beneficial to hear the stories, experiences and feedback of the children of first-generation West African black parents of their involvement with statutory services. The stories and experiences of social workers who work with children and their families are equally important. Therefore, the stories of the children and social workers are missing from this research.

Secondly, 1 social worker (Grace) out of 6 professionals at the first focus group who disclosed experiences of physical chastisement met with the researcher to explore what this means to her practice with children and their families. It is vital to research professionals who have experienced trauma in their childhood and then enter the social care profession in later life.

9.12 OPPP theoretical model (Organisation, professionals, parents and prevention)

Through a higher order conceptualisation, a theoretical model was developed. It expresses the underlying dynamics of a breakdown of trust between the child protection system (and education, as a part of that) and the community of black African parents, which has great consequences for their children and families.

The OPPP model depicts:

Organisation: a) the system is driven by preoccupations with risk to the exclusion of any possibility of a working partnership; b) there is failure to engage with the process of self-educating about cultural specificities within communities to understand, rather than use them as a site of projection, c) why don't they do that? Is it a failure or a kind of institutionally racist structure of

thinking, feeling and being? Organisations, in effect, can't think in a properly anti-racist way.

Professionals: A primary projection from the professionals is that West African parents discipline children all the time. What we see is that they claim not to. Professionals, white and black, carry within themselves histories of their own chastisement, and seek punitive, unconscious revenge. This is fed into a racist institutional system.

Parents: experience precipitous intervention, with police involved before social workers. Inevitably they don't trust the system. Evidence that these professionals by and large, don't understand them, and as a result they feel poorly understood.

Prevention: the prevention and repair of these kinds of situations can be done through training which addresses personal childhood histories, inclusive practice from children's services and schools, parental support, awareness of West African black parents' culture and effective anti-oppressive practice. Further preventative measures include a process of continuing 'reflection' and work on relationships, a joint children's services/community forum with the task of working together to understand tensions, processes, and enable both 'sides' to learn and adapt and listen to one another.

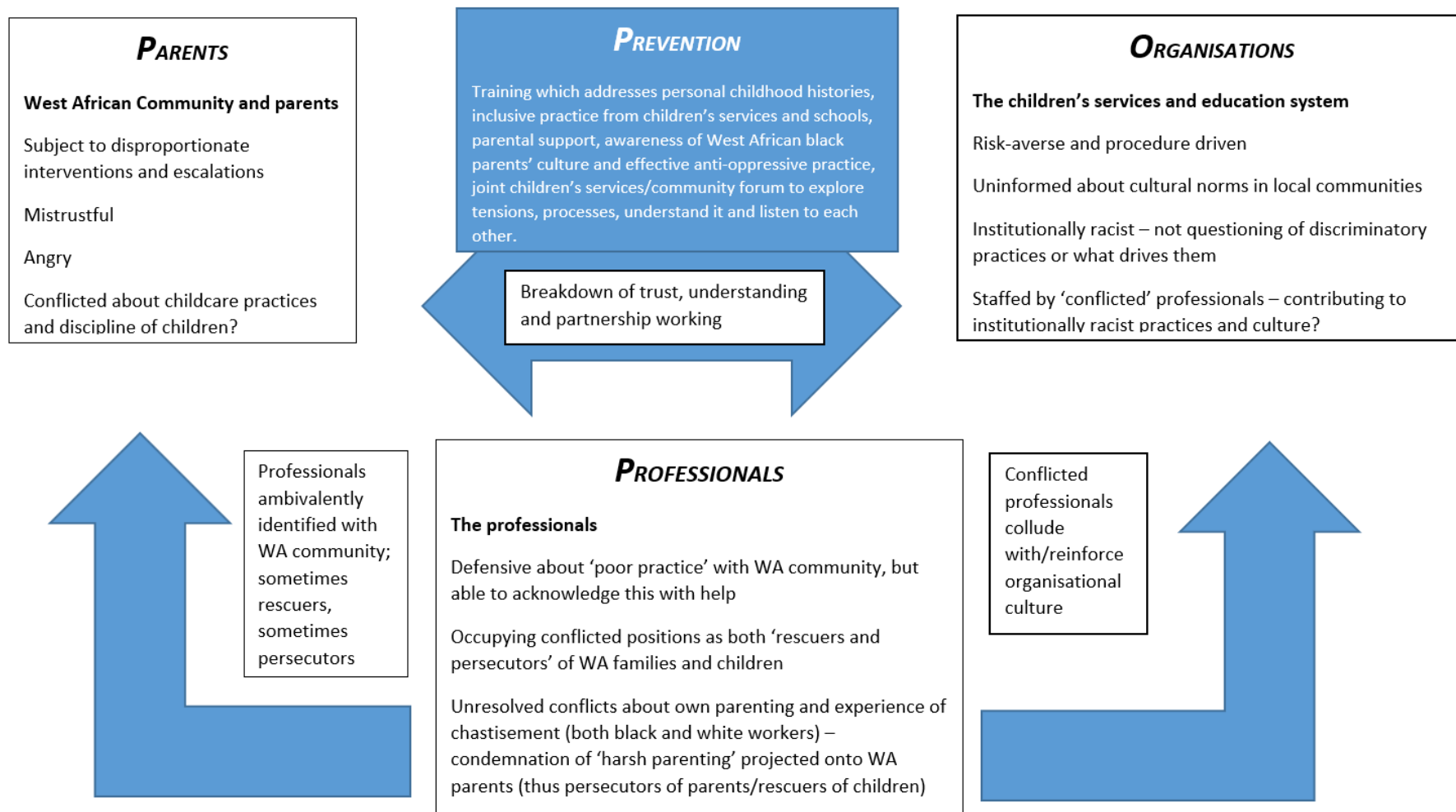


Figure 8 OPPP theoretical model: the production and reproduction of a fractured/institutionally racist relationship between children's services and the WA community and preventative strategies

9.13 Summary

This chapter discussed the researcher's interest which led to the framing of this study, the researcher's reflection on the research journey and the process of learning. The chapter also details the findings from the research, the strengths, limitations, contribution to knowledge and recommendations from the research. A co-produced strategy with parents and allied professionals was discussed, with the importance of professionals being aware of their own bias and internal defence mechanisms. The OPPP theoretical model shows the challenges and the way forward.

References

- Aadnanes, M. (2017) 'Social workers' challenges in the assessment of child abuse and maltreatment: intersections of class and ethnicity in child protection', *Critical and Radical Social Work*, 5(3), pp. 335–350.
- Abel, T.M. and Metraux, R. (1974) *Culture and psychotherapy*. (Calif.): College and University Press.
- Adjei, P.B. and Minka, E. (2018) 'Black parents ask for a second look: parenting under 'white' child protection rules in Canada', *Children and Youth Services Review*, 94, pp. 511–524.
- Adshead, G. (1998) 'Psychiatric staff as attachment figures: understanding management problems in psychiatric services in the light of attachment theory', *British Journal of Psychiatry*, 172(1), pp. 64–69.
- AFRUCA (2018) *Voices of the community: exploring attitudes towards physical chastisement among African communities in Greater Manchester*. Available at: afruca.org (Accessed: 10 December 2019).
- Hirsch, A. (2019) 'Expecting me to explain racism is exploitative-that's not my job' *The Guardian*, Amy Walker, Thursday May 9th, 2019). Available at: theguardian.com. (Accessed 20 December 2019)
- Akhtar, S. (2014) 'The mental pain of minorities', *British Journal of Psychotherapy*, 30(2), pp. 136–153.
- Alfonson, M., Nickelson, L. and Cohen, D. (2012) 'Farmers market in rural communities: a case study', *American Journal of Health Education*, 43(3), pp. 143–151.
- Anane-Agyei, A. (2002) *Working with black African children and families: lessons of the Victoria Climbié attack*. London: Learning Design.
- Annie (2019) *How a family-led child protection enquiry built trust between social workers and families*. Available at: <https://www.communitycare.co.uk/2019/04/12/family-led-child-protection-enquiry-built-trust-social-workers-families/> (Accessed: 25 January 2020).

- Askheim, O. (2003) 'Empowerment as guidance for professional social work: an act of balancing on a slack rope', *European Journal of Social Work*, 6(3), pp. 229–240.
- Ayre, P. (2001) 'Child protection and the media: lessons from the last three decades', *The British Journal of Social Work*, 316, pp. 887–901.
- Bar-On, A. (2002) 'Restoring power to social work practice', *The British Journal of Social Work*, 32, pp. 997–1014.
- Battu, H. and Sloan, P.J. (2002) 'To what extent are ethnic minorities in Britain over-educated?', *International Journal of Manpower*, 23(3), pp. 192–207.
- Bernard, C. and Gupta, A. (2008) 'Black African children and the child protection system', *The British Journal of Social Work*, 38(3), pp. 476–492.
- Beckett, C. and Mckeigue, B. (2009) 'Objects of Concern: Caring for children during child care proceedings', *The British Journal of Social Work* 39 (7). DOI: 10.1093/bjsw/bcp118
- Bhaskar, R. (1978) *A realist theory of science*. Brighton: Harvester Press.
- Bilston, B. (2019) *A history of child protection*. Available at: <https://www.open.edu/openlearn/body-mind/childhood-youth/working-young-people/history-child-protection>. (Accessed: 15 July 2020).
- Bion, W. (1962b) *Learning from experience*. London: Karnac Books.
- Bion, W.R. (1962) *Learning from experience*. London: Heinemann.
- Bion, W.R. (2013) 'Attacks on linking', *The Psychoanalytic Quarterly*, 82(2), pp. 285–300. doi: 10.1002/j.2167-4086.2013.00029.x
- Birmingham City Council (2014) *Parent's experiences of child protection process and staff experiences of working with parents: a qualitative study*. Available at: <https://www.scie-socialcareonline.org.uk/parents-experiences-of-the-child-protection-process-and-staff-experiences-of-working-with-parents-a-qualitative-study/r/a11G0000008tzVOIAY> (Accessed: 8 May 2020).

- Blom-Cooper, L. (1985) *A child in trust: the report of the inquiry into the care of Jasmine Beckford*. London: London Borough of Brent.
- Bola, J.J. (2017) *Migration and Loss* [Talk at 'Thinking Space']. Tavistock and Portman NHS Foundation Trust. 23 March.
- Bourdieu, P. (1986) 'The forms of capital', in Richardson, J.G. (ed.) *Handbook of theory and research for the sociology of education*. New York, NY: Greenwood Press, pp. 241–258.
- Bowlby, J. (2005) *A secure base*. London: Routledge Classics.
- Brah, A. (1992) 'Differences, diversity and differentiation', in Donald, J. and Rattansi, A. (eds.) *Race, culture, and difference*. London: Sage Publications, pp. 126–145.
- Braun, V. and Clarke, V. (2019) 'Reflecting on reflexive thematic analysis', *Journal of Quantitative Research in Sports Exercise and Health*, 11(4), pp. 589–597. doi: 10.1080/2159676X.2019.1628806
- Breckner, R. (2002) 'Migrants: a target category for social policy? Experiences of first generation migration', in Chamberlayne, P, Rustin, M. and Wengraf, T. (eds.) *Biography and social exclusion in Europe, experiences and life journeys*. Bristol: Policy Press, pp. 214–228.
- Briggs, S. (2015) *Engaging children and families; the role of advocacy within child protection*. London: The Victoria Climbié Foundation UK.
- Broadhurst, K. and Mason, C. (2017) 'Birth parents and the collateral consequences of court ordered child removal: towards a comprehensive framework', *International Journal of Law, Policy and the Family*, 31, pp. 41–59.
- Bronfenbrenner, U. (1994) 'Ecological models of human development', in Husen T. and Postlethwaite, T.N (eds.) *International encyclopaedia of education* vol. 3. 2nd edn. Oxford: Elsevier, pp. 3-44.
- Brophy, J., Jhutti-Johal, J. and Owen, C. (2003) *Significant harm: child protection litigation in a multi-cultural setting*. London: Lord Chancellor's Department.

- Brown, K.D. (2011) 'Elevating the role of race in ethnographic research: navigating race relations in the field', *Ethnography and Education*, 6(1), pp. 97–111. doi: 10.1080/17457823.2011.553082
- Bruster, B.E., Lane, T.Y. and Smith, B.D. (2019) 'Challenging implicit bias: preparing students to practice with African American families', *Social Work Education*, 38(5), pp. 654–665. doi: 10.1080/0215479.2019.1594753
- Bryan, A., Hingley-Jones, H. and Ruch, G. (2016) 'Relationship based practice revisited', *Journal of Social Work Practice*, 30(3), pp. 229–233.
- Bryman, A. (2012) *Social research methods*. New Delhi: Oxford University Press.
- Bryman, A. (2016) *Social research methods (5th edn.)* Oxford: Oxford University Press.
- Bywaters, P, Kwhali, J. Brady, G, Sparks, T and Bos, E. (2017) 'Out of sight, out of mind: ethnic inequalities in child protection and out-of-home care intervention rates', *The British Journal of Social Work*, 47(7), pp. 1884–1902.
- Cabinet Office (2003) *Ethnic minorities and the labour market (final report)*. London: Prime Minister's Strategy Unit.
- Calder, C.M., Harold, G.T. and Howarth E.L. (2004) *Children living with domestic violence: towards a framework of assessment and intervention*. London: Russell House Publishing.
- Carnock, M. and Montgomery, H. (2011) 'Children's rights in and out of the womb', *The International Journal of Children's Rights*, 991, pp. 3–19.
- Carr, A. (1989) 'Countertransference to families where child abuse has occurred', *Journal of Family Therapy*, 11(1), pp. 87–97.
- Cecchin, G. (1987) 'Hypothesizing, circularity, and neutrality revisited: An invitation to curiosity', *Family Process*, 26(4), pp. 405–413.
- Chand, A. (2005) 'Do you speak English? Language barriers in child protection social work with minority ethnic families', *The British Journal of Social Work*, 35(6), pp. 807–821.

- Chand, A. and Thoburn, J. (2005) 'Child and family support services with minority ethnic families: what can we learn from research?', *Child and Family Social Work*, 10, pp. 168–178.
- Chenitz, W.C. and Swanson, J.M. (1986) *From practice to grounded theory: quantitative research in nursing*. Menlo Park, Calif.: Addison-Wesley.
- Children Act 1989. Available at:
<http://www.legislation.gov.uk/ukpga/1989/41/contents> (Accessed: 22 July 2020).
- Cilliers, F., Rothman, S. and Struwig, W.H. (2004) 'Transference and countertransference in system psychodynamic group process consultation: the consultants' experience', *SA Journal of Industrial Psychology*, 30(1), pp. 72–81.
- Clarke, S and Hoggett, P. (2009) *Researching beneath the surface: psychosocial research methods in practice*. London: Karnac Books.
- Commission for Racial Equality (2007) *A lot done, a lot still to do*. Available at:
<http://dera.ioe.ac.uk/id/eprint/6581> (Accessed: 19 June 2020).
- Cooper, A. (2005) 'Surface and depth in the Victoria Climbié Inquiry report', *Child and Family Social Work*, 10(1), pp. 1–9. doi: 10.1111/j.1365-2206.2005.00350.x
- Cooper, A. (2009) 'Hearing the grass grow: emotional and epistemological challenges of practice near-research', *Journal of Social Work Practice*, 23(4), pp. 429–442.
- Cooper, A. and Lousada, J. (2005) *Borderline welfare: feeling and fear in modern welfare*. London: Karnac Books.
- Cooper, A., Hetherington, R. and Katz, I. (2003) *The risk factor: making the child protection system work for children*. London: Demos.
- Cossar, J., Brandon, M. and Jordan, P. (2011) 'Don't make assumptions': children and young people's views of the child protection system and messages for change. Centre for research on the Child and Family, University of East Anglia. Available at:
https://www.researchgate.net/publication/279495757_Don't_Make_Ass

umptions_Children's_and_Young_People's_Views_of_the_Child_Protection_System. (Accessed: 22 June 2020)

- Coyne, I.T. (1997) 'Sampling in qualitative research: purposeful and theoretical sampling; merging or clear boundaries?' *Journal of Advanced Nursing*, 26, pp. 623–630.
- Crittenden, P.M. (2008) *Raising parents: attachment, parenting and child safety*. Oregon: Willan Publishing.
- Cronin, C. (2014) 'Using case study research as a rigorous form of inquiry', *Nurse Researcher*, 21(5), pp. 19–27.
- Curry-Stevens, A. and Coalition of Communities of Color (2013) *The African immigrant and refugee community in Multnomah County; an unsettling profile*. Portland, Oreg.: Portland State University.
- Darby, D., Jones, K. and Beckwick, S. (2014) *In our hearts: stories and wisdom of mothers who live apart from their children*. Huddersfield: Women's Centre Calderdale and Kirklees.
- Dartington, T. (2010) *Managing vulnerability: the underlying dynamics of systems of care*. London: Karnac Books.
- David, F. (2011) *Internal racism: a psychoanalytic approach to race and difference*. Basingstoke: Palgrave Macmillan.
- David, H. (2007) *Envy, jealousy, greed: a Kleinian approach*. Available at: <http://psy.dmu.ac.uk/drhiles/ENVYpaper.htm> (Accessed: 22nd June 2020).
- Dawson, C. (2009) *Introduction to research method*. Oxford: How to Books.
- Department for Children, Schools and Families (2007) *Review of Section 58 of the Children Act 2004*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/344503/Review_of_Section_58_of_the_Children_Act_2004.pdf (Accessed: 18 July 2020).
- Department for Education (2018) *Post-qualifying standard: knowledge and skills statement for child and family practitioners*. Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/upl>

oads/attachment_data/file/708704/Post-qualifying_standard-KSS_for_child_and_family_practioners.pdf (Accessed: 25 July 2020).

Department for Education (2019) Keeping children safe in education: statutory guidance for schools and colleges. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835733/Keeping_children_safe_in_education_2019.pdf (Accessed: 25 July 2020).

Department for Education and Skills (2007) Every parent matters. Available at:
<https://webarchive.nationalarchives.gov.uk/20130323054744/https://www.education.gov.uk/publications/eOderingDownload/Every%20Parent%20Matters.pdf> (Accessed: 25 July 2020).

Department for Education (2013) Teacher's Standards: Guidance for school leaders, school staff and governing bodies. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/665520/Teachers_Standard.pdf. (Accessed 20 March 2020).

Department of Health (2000) Framework for the Assessment of Children in Need and their Families. Available at:
<https://bettercarenetwork.org/sites/default/files/Framework%20for%20the%20Assessment%20of%20Children%20in%20Need%20and%20Their%20Families%20-%20Guidance%20Notes%20and%20Glossary.pdf> (Accessed: 28 April 2021).

Department of Health (2001) The Government's Expenditure Plans 2001-2002 to 2003-2004. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/250880/5103.pdf (Accessed: 30 July 2020).

Diggins, M. (2004) In (SCIE Guide 5) Teaching and learning communication skills in social work education. Available at:
<https://www.scie.org.uk/publications/nqswtool/communication/> (Accessed 29 November 2019).

Dingwall, R., Eeekelhaar, J. and Murray, T. (1983) The protection of children: state intervention and family life. London: Wiley-Blackwell.

- Dominelli, L. (2002) *Anti-oppressive social work theory and practice*. Hampshire: Palgrave Macmillan.
- Dominelli, L. and McLeod, E. (1989) *Feminist social work*. Chicago: Macmillan Education.
- Dumbrill, C. (2005) 'Parental experience of child protection intervention: a qualitative study', *Child Abuse and Neglect*, 30, pp. 27–37.
- Dunbar, R.I.M. (2017) 'Breaking bread: the function of social eating', *Adaptive Human Behaviour and Physiology*, 3, pp. 198–211.
- Ellis, J. (ed.) (1978) *West African families in Britain: a meeting of two cultures*. London: Routledge.
- Erel, U. (2009) *Migrant women transforming citizenship; life stories from Britain and Germany*. Farnham: Ashgate.
- Fage, J.D. (1962) *An introduction to the history of West Africa*. Cambridge: University Press.
- Fairclough, N. (2010) *Critical discourse analysis: the critical study of language*. London: Routledge.
- Featherstone, B., Gupta, A., Morris, K. and White, S. (2018) *Protecting children: a social model*. Bristol: Policy Press.
- Ferguson, H. (2017) 'How children become invisible in child protection work: findings from research into day to day social work practice', *The British Journal of Social Work*, 47(4), pp. 1007–1023.
- Field, M.J. (1940) *Social organisation of the Ga people*. London: The Crown Agents for the Colonies on behalf of the Government of the Gold Coast.
- Fluke, J.D., Baumann, D.J., Dalgleish, L.I. and Kern, K.D. (2014) 'Decisions to protect children: a decision making ecology', in Korbin, J. and Krugman, R. (eds.) *Handbook of child maltreatment*. New York, NY: Springer, pp. 462–463.
- Forrester, D., Kershaw, S., Moss, H. and Hughes, L. (2007) 'Communication skills in child protection: how do social workers talk to parents', *Child and Adolescent Family Social Work*, 13(1), pp. 41–51.

- Foster, A. (2001) 'The duty of care and the need to split', *Journal of Social Work Practice*, 15(1), pp. 81–90.
- Freud, S. (1912) The dynamics of transference: the standard edition of the complete psychological works of Sigmund Freud, Volume XII (1911–1913): The Case of Schreber, *Papers on Technique and Other Works*, 97–108.
- Friedman, B.D. and Allen, K.N. (2011) 'Systems theory', in Brandell, J (ed.) *Theory and practice in clinical social work*. (2nd ed.) Los Angeles: Sage Publications, pp. 3–12.
- Frogget, L., Ramvi, E. and Davies, L. (2014) 'Thinking from experience in psychosocial practice: reclaiming and teaching 'use of self'', *Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community*, DOI:10.1080/02650533.2014.923389. <http://dx.doi.org/10.1080/02650533.2014.923389>
- Frosh, S. (1999) *The politics of psychoanalysis: an introduction to Freudian and post Freudian theory*. 2nd edn. London: Macmillan.
- Frosh, S. (2003) 'Psychosocial studies and psychology: is a critical approach emerging?' *Human Relations*, 56(12), pp. 1547–1567.
- Fukuyama, F. (1996) *Trust: The social virtue and the creation of prosperity*. New York: The Free Press: 1st Free Press Pbk.Ed. Edition
- Fusch, P.I., Fusch, G.E. and Ness, L. (2017) 'How to conduct a mini-ethnographic case study: a guide for novice researchers', *The Qualitative Report*, 22(3), pp. 923–941.
- Galabuzi, G. (2006) *Canada's economic apartheid, the social exclusion of racialized groups in the new century*. Toronto: Canadian Scholars Press.
- Giami, A. (2001) *Counter-transference in social research: George Devereux and beyond*. Papers in Social Research Methods Qualitative Series No.7 London School of Economics and Political Science Methodology Institute, London. Available at: <http://www.ethnopsychiatrie.net/giami.htm> (Accessed 18 January 2020).

- Glaser, B.G. (1978) *Advances in the methodology of grounded theory: theoretical sensitivity*. Mill Valley, Calif.: Sociology Press.
- Glaser, B.G. (1992) *Emerging vs forcing: basics of grounded theory analysis*. Mill Valley, Calif.: Sociology Press.
- Goldberg, D.T. (1993) *Racist culture: philosophy and the politics of meaning*. Oxford: Blackwell Publishing.
- Gottlieb, A. (2014) *The after- life is where we come from: the culture of infancy in West Africa*. Urbana: University of Chicago Press.
- Graham, M. (2007) 'Giving voice to black children: an analysis of social agency', *The British Journal of Social Work*, 37(8), pp. 1305–1317.
- Graham, R. (1997) *Race, racism and psychology*. London: Routledge.
- Green, R., Pugh, R. and Roberts, D. (2008) SCIE Research briefing 29: Black and Minority ethnic parents with mental health problems and their children. Available at: <https://www.scie.org.uk/publications/briefings/briefings29/>. Accessed 18 November 2019.
- Gunaratnam, Y. (2003) *Researching race and ethnicity: methods, knowledge and power*. London: Sage Publications.
- Gupta, A. and Blumhardt, H. (2016) 'Giving poverty a voice: families' experiences of social work practice in a risk averse child protection system', *Families, Relationships and Societies*, 5(1), pp. 163–172.
- Haque, Z. (2010) *What works with integrating new migrants? Lessons from international best practice*. London: Runnymede Trust.
- Hardwick, J. (1991) 'Families and the professional network on actions which can hinder change', *Journal of Family Therapy*, 13, pp. 187–205.
- Harvey, A. (2017) "The shadow falls": understanding the factors involved in decision-making in local authority children's services. Doctoral thesis: Tavistock and Portman and University of East London.
- Healy, K., Darlington, Y. and Yellowlees, J. (2011) 'Family participation in child protection practice: an observational study of family group meetings',

Child and Family Social Work, Volume 17, (Issue 1), pp. 1–12. doi:
10.1111/j.1365-2206.2011.00767.x

Henderson, F.B. and Bertin, M.L. (2017) 'Black rural lives matters: ethnography research about an anti-racist inter-faith organisation in the US South', *Transforming Anthropology*/Volume 25, (Issue 1), pp. 50–67. doi:
10.1111/traa.12097

Hetherington, R., Cooper, A. and Smith, P. and Wilford, G. (1997) *Protecting children: messages from Europe*. Lyme Regis: Russell House Publishing.

Hickman, M., Crowley, H. and Mai, N. (2008) *Immigration and social cohesion in the UK: the rhythms and realities of everyday life*. Available at:
<http://www.jrf.org.uk/sites/files/jrf/2230-deprivation-cohesion-immigration.pdf> (Accessed: 4 October 2019).

Hiles, D (2009) *Envy, Jealousy, Greed: A Kleinian approach*. Paper presented to CCPE, London.
[http://psy.dmu.ac.uk/drhiles/pdfs/Hiles%20\(2009\)%20Envy%20Paper%20\(CCPE%20-%202009.pdf\)](http://psy.dmu.ac.uk/drhiles/pdfs/Hiles%20(2009)%20Envy%20Paper%20(CCPE%20-%202009.pdf))

Hirsch, D., Phung, V. and Manful, C. (2011) *Poverty, ethnicity and caring*. York: JRF.

HM Government (2018) *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children*. Available at:
http://https://www.assets.publishing.service.gov.uk/government/uploads/systems/uploads/attachment_data/file/779401/Working_Together_to_Safeguard_Children.pdf. (Accessed: 12 March 2020).

Hochschild, A. (1983) *The managed heart: commercialisation of human feeling*. London: Berkeley.

Holloway, I.M., Brown, L. and Shipway, R. (2010) 'Meaning not measurement: using ethnography to bring a deeper understanding to the participant experience of festivals and events', *International Journal of Events and Festival Management*, 1(1), pp. 74–85.

- Hollway, W. and Jefferson, T. (2000) *Doing qualitative research differently: free association, narrative and the interview method*. London: Sage Publications.
- Hollway, W. and Jefferson, T. (2013) *Doing qualitative research differently: a psycho-social approach*. London: Sage Publications.
- Hollway, W. (2009) Applying the 'Experience-Near' Principle to Research: Psychoanalytically Informed Methods. *Journal of Social Work Practice*. DOI: 10.1080/02650530903375025. Available at: https://www.researchgate.net/profile/Wendy_Hollway/publication/42788252_Applying_the%27Experience-Near%27_Principle_To_Research_Psychanalytically_Informed_Methods1/links/0deec5371ca249b5dc000000/Applying-the-Experience-Near-Principle-To-Research-Pschoanalytically-informed-methods1.pdf?origin+publication_detail (Accessed 4 March 2020)
- Hooks, B. (1990) 'Marginality as a site of resistance', in Ferguson, R., Gever., Minha-ha, T.T., West, C. (eds.) *Out there: marginalization and contemporary cultures*. Cambridge, Mass.: MIT, pp. 341–343.
- Houston, S. (2001) 'Beyond social constructionism: critical realism and social work', *The British Journal of Social Work*, 31, pp. 845–861.
- Itulua-Abumere, F. (2013) Sociological concepts of culture and identity. *Society and Culture*. Available at: https://www.researchgate.net/profile/Flourish_Itulua-Abumere/publication/259692390_Sociological_concepts_of_culture_and_identity/links0f31752d575f6c9ba9000000/sociological-concepts-of-culture-and-identity.pdf?origin+publication_detail.(Accessed 3 September 2020)
- Jacobsen, D.I. (2002) *Vad hur och varfur: om metodvali foretagekonomi oc andra samhallsvetenskapliga amnen*. Lund: Studentlitteratur.
- Jiraskova, T. (2014) 'Splitting of the mind and unconscious dynamics', *Activitas Nervosa Superior: Journal for Neurocognitive Research*, 56(1-2), pp. 24–27.
- Jones, R. (2014) *The story of Baby P: setting the record straight*. Bristol: Policy Press.

- Kaba, A.J. (2009) 'Life expectancy, death rates, geography, and black people: a statistical world overview', *Journal of Black Studies*, 39(3), pp. 337–347.
- Kapp, S.A. and Propp, J. (2002) 'Client satisfaction methods: Input from parents with children in foster care', *Child and Adolescent Social Work Journal*, 19(30), pp. 227–245.
- Keddel, E. (2014) 'Current debates on variability in child welfare decision-making: a selected literature review', *Social Sciences*, 3, pp. 916–940.
- Kirwin, M. (2015) *Theory and practice: a straightforward guide for social work students*. 3rd edn. Lichfield: Kirwin Maclean Associates.
- Kirwin, M. and Anderson, J. (2018) *Identifying the factors driving West African migration (West African papers no.17)*. Paris: OECD Publishing.
- Klein, M. (1935) 'A contribution to the psychogenesis of manic-depressive states', *The International Journal of Psychoanalysis*, 16, pp. 145–174.
- Laird, S. (2013) *Child protection: managing conflict, hostility and aggression*. Bristol: Policy Press.
- Laming, W.H (2003) *The Victoria Climbié Inquiry: Report of an inquiry by Lord Laming*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/273183/5730 (Accessed: 22 May 2020).
- Laming, W.H (2009) *The protection of children in England: a progress report*. London: The Stationery Office.
- Leigh, J. and Laing, J. (2018) *Thinking about child protection practice: case studies for critical reflection*. Bristol: Policy Press.
- Lewis, J. (2003) 'Design issues', in Ritchie, J. and Lewis, J. (eds.) *Qualitative research practice: a guide for social science students and researchers*. London: Sage Publications, pp. 49–71.
- Lincoln, Y.S. and Guba, E.G. (1985) *Naturalistic inquiry*. Newbury Park, Calif.: Sage Publications.
- Litosseliti, L. (2003) *Using focus groups in research*. London: Continuum.

- Lothane, Z. (1997) 'Omnipotence, or the delusional aspect of ideology, in relation to love, power and group dynamics', *American Journal of Psychoanalysis*, 57, pp. 25–46.
- Low Pay Commission (2010) National minimum wage. Available at: http://www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/32162/10-1153-national-minimum-wage-non-economic-evidence-2010.pdf (Accessed: 10 August 2018).
- Low Pay Commission (2017) National minimum wage. Available at: http://www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/66195/Low_Pay_Commission_2017_report.pdf (Accessed: 10 August 2018).
- Lowe, F. (2014) *Thinking space: promoting thinking about race, culture, and diversity in psychotherapy and beyond*. London: Karnac Books.
- Maguire-Jack, K. and Wang, X. (2016) 'Pathways from neighbourhood to neglect: the mediating effects of social support and parenting stress', *Children and Youth Service Review*, 66, pp. 28–34.
- Manley, J. (2009) 'When words are not enough', in Clarke, S and Hoggett, P (eds.) *Researching beneath the surface: psycho-social research methods in practice*. London: Karnac Books, pp. 79–98.
- Maynard, T. and Thomas, N. (2009) *An introduction to early childhood studies*. 2nd edn. Calif.; London: Sage Publications.
- Menzies-Lyth, I.E.P. (1970) *The functioning of social systems as a defence against anxiety: report on study of the nursing service of a general hospital*. London: Tavistock Institute of Marital Studies.
- Meriam, S.B. (2009) *Qualitative research: a guide to design and implementation*. San Francisco, Calif.: Jossey-Bass.
- Miller, J.H. (2004) 'Communication and coordination', *Complexity*, 9(5), pp. 3–78.
- Milton, J., Polmear, C. and Fabricius, J. (2004) *A short introduction to psychoanalysis*. London: Sage Publications.

- Montgomery, H. (2015) 'The dynamics of culture', in Waterhouse, L. and MacGhee, J. (eds.) *Challenging child protection: new directions in safeguarding children*. London: Jessica Kingsley Publishers, pp. 34–41.
- Morriss, L. (2018) 'Haunted futures: the stigma of being a mother living apart from her child(ren) as a result of state-ordered court removal', *Sociological Review*, 66 (4), pp. 816-831. Doi: 10.1177/0038026118777448
- Munro, E. (1999) 'Common errors of reasoning in child protection work', *Child Abuse and Neglect*, 23(8), pp. 745–758. doi: 10.1016/S0145-2134(99)00053-8
- Munro, E. (2012) *Progress report: moving towards a child-centred system (DFE-00063-2012)*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/180861/DFE-00063-2012.pdf (Accessed: 20 November 2019).
- Nelson, R.G. (2019) 'Racism in science: a lingering taint', *Journal of Nature*, 570(27 June 2019), pp. 440-441.
- NSPCC (2019) *Statistic briefing: looked after children*. Available at: <https://learning.nspcc.org.uk/media.1622/statistics-briefing-looked-after-children.pdf>. (Accessed 03.08.2020)
- Noble, H. and Smith, J. (2015) 'Issues of validity and reliability in qualitative research', *Evidence Based Nursing*, 18(2), pp. 34–35.
- Obiechina, E.N. (1975) *Culture, tradition and society in the West African novel*. Cambridge: Cambridge University Press.
- Okitikpi, T. and Aymer, C. (2003) 'Social work with African refugee children and their families', *Child and Family Social Work*, 8(3), pp. 213-222. doi: 10.1046/j.1365-2206.2003.00286.x
- Okitikpi, T. and Aymer, C. (2010) *Key concepts in anti-discriminatory social work*. London: Sage Publications.
- Okpokiri, G.C. (2017) *First-generation Nigerian immigrant parents and child welfare issues in Britain*. Doctoral thesis. University of Sussex.

- Okpokiri, C. (2020) 'Parenting in fear: child welfare micro strategies of Nigerian parents in Britain', *British Journal of Social Work*, 51, pp. 427–444. DOI: 10.1093/bjsw/bcaa205
- Onwuachi-Willig, A. (2016) 'Race and racial identity are social constructs', *The New York Times*, 06 2016. Available at: <https://www.nytimes.com/roomfordebate/2015/06/16/how-fluid-is-racial-identity/race-and-racial-identity-are-social-constructs>(Accessed:18 July 2020).
- Owen C. and Statham, D. (2009) *Disproportionality in child welfare*. London: Institute of Education, University of London.
- Parth, K., Datz, F., Seidman, F. and Loeffler-Stastka, H. (2017) 'Transference and countertransference: a review article in bulletin of the Menninger Clinic', *Bulletin of the Menninger Clinic* 81 (2): pp. 167–211, doi: 10.1521/bumc.2017.81.2.167
- Parton, N. (2012) 'Reflections on 'governing the family': the close relationship between child protection and social work in advanced Western societies – the example of England', *Families, Relationship and Societies*, 1(1), pp. 87–101.
- Patton, M. (2002) *Qualitative research and evaluation methods*. London: Sage Publications.
- Pease, B. (2002) 'Rethinking empowerment: a postmodern reappraisal of emancipatory practice', *The British Journal of Social Work*, 32, pp. 135–147.
- Phillips, L. and Jorgensen, M.W. (2002) *Discourse analysis as theory and method*. London: Thousand Oaks Calif.: Sage Publications.
- Pilalis, J. and Anderton, J. (2003) 'Feminism and family therapy: a possible meeting point', *Journal of Family Therapy*, 8(2), pp. 99–114. doi: 101046/j.1986.00708x
- Preston-Shoot, M. and Agass, D. (1990) *Making sense of social work: psychodynamic, systems and practice*. Basingstoke: Palgrave Macmillan.

- Robinson, D., Reeve, K. and Casey, R. (2007) The housing pathways of new immigrants. Available at: <http://www.JFR.org.uk/report/housing-pathways-new-immigrants> (Accessed: 10 August 2018).
- Robson, C. (2011) Real world research: a resource for social-scientist and practitioner-researchers. 3rd edn. Oxford: Blackwell Publishing.
- Rochester, S.D. (2008) The black tax: the cost of being black in America. Southbury, CT.: Good Steward Publishing.
- Ruch, G. (2007) 'Thoughtful' practice: child care social work and the role of case discussion', *Child and Family Social Work*, 12(4), pp. 370–379.
- Ruch, G. In Morrison, F. (2016) Social Workers' communication with children and young people in practice. *Insight 34, Social workers communication with children and young people*. Available at: <https://www.iriss.org.uk/sites/default/files/insights-34.pdf>. (Accessed 20 June 2020).
- Ruch, G., Turney, D. and Ward, A. (2010) Relationship-based social work: getting to the heart of practice. London: Jessica Kingsley Publishers.
- Rush, M. and Lazarus, S.I. (2018) 'Troubling' chastisement: a comparative historical analysis of child punishment in Ghana and Ireland', *Sociological Research Online* (January 19 2018). Available at: doi: 10.1177/1360780417749250.(Accessed 12 February 2020).
- Rustin, M., (2005) 'Conceptual analysis of critical moment in Victoria Climbié's life', *Family Social Work*, 10(1), pp. 1–96.
- Saini, A. (2019) Superior: the return of race science. London: Beacon Press.
- Schofield, G. and Wand, E. (2011) Understanding and working with parents of children growing up in foster care. London: Jessica Kingsley Publishers.
- Segal, H. (1977) 'Countertransference', *International Journal of Psychoanalytic Psychotherapy*, 6, pp. 31–37.
- Shahadah, A. (2011) African marriage. Available at: <http://africanholocaust.net/african-marriage/> Accessed: (30 April 2020).
- Shoesmith, S. (2016) Learning from Baby P. London: Jessica Kingsley Publishers.

- Smith, D. (2008) *The Penguin state of the world atlas*: New York, NY: Penguin Books.
- Smith, J.A., Flowers, P.J. and Larkin, M. (2009) *Interpretative phenomenological analysis theory method and research*. London: Sage Publications.
- Smith, S. (2014) 'So you want to be a manager'? To what extent does the recognition and understanding of unconscious processes play a useful part in the management of frontline social work practice? An in-depth study of Children and Families Resource Centre. Doctoral thesis. Tavistock and Portman and University of East London.
- Snape, D. and Spencer, L. (2003) 'The foundations of qualitative research', in Ritchie, J. and Lewis, J. (eds.) *Qualitative research practice: a guide for social science students and researchers*. London: Sage Publications, pp. 1–23.
- Spencer-Oatey, H (2012) *What is culture? A compilation of quotations*. Available at: <http://www.warwick.ac.uk/globalpadintercultural> (Accessed: 14 July 2020).
- Stake, R.E. (1994) 'Case studies', in Denzin, N.K. and Lincoln, Y.S. (eds.) *Handbook of qualitative research*. Thousand Oaks, Calif.: Sage Publications, pp. 236–247.
- Stanley, K., Bellamy, K. and Cooke, G. (2006) *Equal access? Appropriate and affordable childcare for every child*. London: IPPR.
- Stefana, A. (2017) *History of countertransference: from Freud to British object relations*. London: Routledge.
- Steinberg, P.I. (2015) 'The work of Patrick Casement', *Psychodynamic Practice*, 21(4), pp. 370–379. doi: 10.180/147534.2015.1040235).
- Strategic Research Team (2014) *Parents experiences of the child protection process and staff experiences of working with parents: a qualitative study*. Birmingham: Birmingham City Council.
- Taiwo, L. (2011) *A broken childhood*. Brighton: The Book Guild Publishing Ltd.

- Tedam, P. (2010) The MANDELA model of practice learning: An old present in new wrapping? *Journal of Practice Teaching and Learning* 11(2), pp.60-76. DOI:10.1921/175951511x661219. Accessed 11th October 2020.
- Tedam, P. (2017) Strategies for providing anti-racist practice learning opportunities: the potential of the 'Dignity in Practice Learning' framework. The Scottish Organisation for Practice Teaching. Available at: <http://www.scopt.co.uk/archives/4350>. Accessed 11th October 2020.
- The London Safeguarding Children's Board (March 2019) London Child Protection Procedures and Practice Guidance. Available at: <https://www.londoncp.co.uk>. (Accessed 7 January 2020).
- The National Occupational standards (2011) Work with Parents. Available at: <https://www.excellencegateway.org.uk/content/eg6232>. (Accessed 10 January 2020).
- Thompson, N. (2011) *Effective communication: a guide for the people profession*. Basingstoke Palgrave Macmillan.
- Traianou, A. (2014) The centrality of ethics in quantitative research. In: Patricia Levy, (ed). *The Oxford Handbook of Qualitative Research Methods*. New York: Oxford University Press, pp. 62–79.
- Trevithick, P. (2011) 'Understanding defences and defensive behaviour in social work', *Journal of Social Work Practice*, 24(4), pp. 389–412.
- Tuck, V. (2013) 'Resistant parents and child protection: knowledge base, pointers for practice and implication for policy', *Child Abuse Review*, 22(1) pp. 1–73. Doi: 10.1002/car.1207
- Tuohy, W. (2019) 'Stop blaming our parenting', *The Sunday Morning Herald*, 30 July. Available at: <https://www.google.co.uk/amp/s/amp.smh.com.au/lifestyle/life-and-relationships/there-is-still-dignity-in-middle-class-parenting-20190730-p52c2a.html> (Accessed: 11 June 2020).
- UK Visas and Immigration (2015) *Migrant journey: fifth report*. Available at: <https://www.gov.uk/government/publications/migrant-journey-fifth-report/migrant-journey-fifth-report> (Accessed: 20 October 2019).

- Uka, N. (1966) *Growing up in Nigerian culture: a pioneer study of physical and behavioural growth and development of Nigerian children*. Ibandan: Institute of Education, University of Ibandan.
- Waterhouse, L. and Mcghee, J. (2015) *Challenging child protection: new directions in safeguarding children (research highlights in social work)*. London: Jessica Kingsley Publishers.
- Wengraf, T. and Chamberlayne, P. (2006) *Interviewing for life-histories, lived situations and personal experience: The Biographic-Narrative Interpretive Method (BNIM)*. Shortest short guide to BNIM interviewing and interpretation. Available at: https://is.muni.cz/el/1423/podzim2014/SOC932/um/Wengraf_manual.pdf (Accessed 20 June 2018).
- Wengraf, T. (2001) *Qualitative research interviewing: biographic narrative and semi-structural methods*. London: Sage Publications.
- White, K.L. (2009) 'Meztizaje and remembering Afro–Mexican communities of the Costa Chica: implications for archival education in Mexico', *Archival Science*, 9, pp. 43–55. doi: 10.1007/s10502-009-9102-5.
- White, S., Morris, K. and Featherstone, B. (2014) *Re-imagining child protection: towards humane social work with families*. Bristol: Policy Press.
- Whittaker, A.J. and Havard, T. (2016) 'Defensive practice as 'fear-based' practice: social work's open secret?', *The British Journal of Social Work*, 46 (5), pp. 1158-1174. <https://doi.org/10.1093/bjsw/BCV048>
- Williams, P. (2010) *Precious: a true story*. London: Bloomsbury Publishing.
- Wisker, G. (2001a) *The postgraduate research handbook: succeed with your MA, MPhil, ED and PhD*. Basingstoke: Palgrave Macmillan.
- Wisker, G. (2008b) *The postgraduate research handbook: succeed with your MA, MPhil, ED and PhD*. (2nd ed.) Basingstoke: Palgrave Macmillan.
- HM Government (2018) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*. Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/upl>

oads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf (Accessed 10 July 2019).

HM Government (2015) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children.

Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguarding_Children_20170213.pdf (Accessed 10 July 2019).

Yin, R.K. (2009) Case study research: design and methods (4th ed.) Thousand Oaks, CA: Sage Publications.

Zayed, Y. and Harker, R. (2015) Children in care in England: Statistics (No.04470). Available at: https://dera.ioe.ac.uk/24518/2/snsg-04470_Redacted.pdf (Accessed: 20 July 2019).

Appendix A: Information and consent sheets for professionals



University of East London **The Tavistock and Portman NHS Foundation Trust** **Professional participant information sheet**

Research Integrity

The University adheres to its responsibility to promote and support the highest standard of rigour and integrity in all aspects of research; observing the appropriate ethical, legal and professional frameworks.

The University is committed to preserving your dignity, rights, safety and well-being and as such it is a mandatory requirement of the University that formal ethical approval, from the appropriate Research Ethics Committee, is granted before research with human participants or human data commences.

The Principal Investigator/Director of Studies

Dr. Anna Harvey

The Tavistock and Portman NHS Foundation Trust
120 Belsize Lane, London NW3 5BA
Email: AHarvey@Tavi-Port.ac.uk
Tel: 02074357111

Student researcher

Chibuzor Roselyn Ezendiokwele
The Tavistock and Portman NHS Foundation Trust
120 Belsize Lane, London NW3 5BA
Email: U1255444@uel.ac.uk
Tel: 07958781523

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this study.

Project Title

The lived experiences of First Generation West African Black Parents whose children have been subject to statutory interventions. (First generation West African Black parents will be represented by the acronym **1GWABP** where appropriate).

Project Description

The primary aim of my research project is to gain a deeper understanding of the lived experiences of a group of first generation West African Black parents whose children have been subject to statutory intervention for safeguarding

concerns. I will be talking to parents who have completely finished every involvement with children services. I also want to find out the experiences of social care professionals who work with this group of parents and families.

If you agree to take part in the project, you will be a member of a focus group and we will meet 2 times over 3 months. Each meeting will probably take one or two hours, depending on how long the group wants to talk for and how much they want to talk about. I will record the meeting and our discussions will be typed up.

The professional participants will be offered details of experienced psychotherapist and counsellors for support if they become distressed. This is because the subject to be discussed could arouse difficult feelings for the participants.

As a precautionary measure, the research design has been developed to minimize any discomfort by giving the participants maximum control over the information they share. I will provide the space for these difficult feelings to be expressed, processed and contained.

Confidentiality of the Data

Due to the sample size of the focus group, there may be implications for confidentiality and anonymity. I will take care to ensure that you are not recognised in the report. I will change your name and will not provide any information about the area you live in, organization you are in contact with and the professionals who know you.

I will not share the information you give me except with my supervisors, unless you say something that shows that you or other people are at risk of immediate harm. Wherever possible, I will talk to you first before sharing any information with the relevant authority.

The records of our meetings will be kept in a locked place and only I and the person who types it up will listen to the recordings. I will destroy the recorded materials once it has been transcribed.

Location

The proposed location for the focus group will be the meeting rooms of a local community centre.

Disclaimer

Your participation in this study is entirely voluntary, and you are free to withdraw at any time during the research. Should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason.

Please note that your data can be withdrawn up to the point of data analysis – after this point it may not be possible.

This research has received formal approval from UREC.

University Research Ethics Committee

If you have any concerns regarding the conduct of the research in which you are being asked to participate, please contact:

**Catherine Fieulleateau, Research Integrity and Ethics Manager, Graduate
School, EB 1.43
University of East London, Docklands Campus, London E16 2RD
(Telephone: 020 8223 6683, Email: researchethics@uel.ac.uk)**

For general enquiries about the research please contact the Principal Investigator on the contact details at the top of this sheet.



UNIVERSITY OF EAST LONDON
The Tavistock and Portman NHS Trust
Professional participant consent sheet

Consent to Participate in a Programme Involving the Use of Human Participants.

Professional Doctorate in Social Care and Emotional Wellbeing
Name of researcher: Chibuzor Roselyn Ezendiokwele

Please tick as appropriate:

	YES	NO
I have read the information leaflet relating to the above programme of research in which I have been asked to participate and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.		
I understand that the focus group will be audio recorded.		
I understand that my involvement in this study, and particular data from this research, will remain strictly confidential as far as possible. Only the researchers involved in the study will have access to the data. <i>(Please see below)</i>		
I understand that maintaining strict confidentiality is subject to the following limitations: Due to the sample size of the focus group, there may be implications for confidentiality / anonymity. I will take care to ensure that you are not recognised. I will change your name and will not provide any information about the area you live in, organization you are in contact with and the professionals who know you. I will not share the information you give me except with my supervisors, unless you say something that shows that you or other people are at risk of immediate harm. Wherever possible, I will talk to you first before sharing any information with the relevant authority.		
I understand that anonymized quotes will be used in publications		
It has been explained to me what will happen once the programme has been completed.		

I understand that my participation in this study is entirely voluntary, and I am free to withdraw at any time during the research without disadvantage to myself and without being obliged to give any reason. I understand that my data can be withdrawn up to the point of data analysis and that after this point it may not be possible.		
I hereby freely and fully consent to participate in the study which has been fully explained to me and for the information obtained to be used in relevant research publications.		

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Investigator's Name (BLOCK CAPITALS)

.....

Investigator's Signature

.....

Date:



TOPIC GUIDE-Professionals

NB: The professional participants will discuss two short vignettes in a focus group

'The lived experiences of first generation West African Black parents whose children have been subject to statutory interventions' Research Project.

Researcher: Chibuzor Roselyn Ezendiokwele

If you agree to take part in the 'The lived experiences of first generation West African Black parents whose children have been subject to statutory interventions' Research Project, this is what will happen:

A: Research Meeting 1 Introduction and Vignette 1

The focus group will consider a vignette.

What is a vignette? A vignette is a short scenario in written or pictorial form intended to elicit perceptions, beliefs, opinions, attitudes and responses to typical scenarios and situations.

B: Research Meeting 2: Vignette 2 and end of research meeting

At this meeting, I will ask you to consider a second vignette as a focus group.

We will talk about hopes for the future; we will talk about thoughts and feelings about what you shared in the research meetings.

This will be our last research meeting.

Appendix B: Information and consent sheets for parents



University of East London
The Tavistock and Portman NHS Foundation Trust
Parent participant Information sheet

Research Integrity

The University adheres to its responsibility to promote and support the highest standard of rigour and integrity in all aspects of research; observing the appropriate ethical, legal and professional frameworks.

The University is committed to preserving your dignity, rights, safety and well-being and as such it is a mandatory requirement of the University that formal ethical approval, from the appropriate Research Ethics Committee, is granted before research with human participants or human data commences.

The Principal Investigator/Director of Studies

Dr Anna Harvey
The Tavistock and Portman NHS Foundation Trust
120 Belsize Lane, London NW3 5BA
Email: AHarvey@Tavi-Port.ac.uk
Tel: 02074357111

Student researcher

Chibuzor Roselyn Ezendiokwele
The Tavistock and Portman NHS Foundation Trust
120 Belsize Lane, London NW3 5BA
Email: U1255444@uel.ac.uk
Tel: 07958781523

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this study.

Project Title

The lived experiences of First Generation West African Black Parents whose children have been subject to statutory interventions. (First generation West African Black parents will be represented by the acronym **1GWABP** where appropriate).

Project Description

The primary aim of my research project is to gain a deeper understanding of the lived experiences of a group of first generation West African Black parents whose children have been subject to statutory intervention for safeguarding

concerns. I want to talk to parents who have completely finished every involvement with children services.

If you agree to take part in the project, I will interview you and we will meet 2 times over 3 months. Each meeting will probably take one or two hours, depending on how long you want to talk for and how much you want to talk about. I will record the meeting and our discussion will be typed up. I am mindful that the subject to be discussed could arouse difficult feelings for the participants therefore, as a precautionary measure, the research design has been developed to minimize any discomfort by giving the participants maximum control over the information they share. I will provide the space for these difficult feelings to be expressed, processed and contained. The Victoria Climbié Foundation will also be providing counselling support to participants who may need it.

Confidentiality of the Data

Due to the sample size, there may be implications for confidentiality and anonymity. I will take care to ensure that you are not recognised. I will change your name and will not provide any information about the area you live in, organization you are in contact with and the professionals who know you. I will not share the information you give me except with my supervisors, unless you say something that shows that you or other people are at risk of immediate harm. Wherever possible, I will talk to you first before sharing any information with the relevant authority.

The records of our meetings will be kept in a locked place and only I and the person who types it up will listen to the recordings. I will destroy the recorded materials once it has been transcribed.

Location

The proposed locations for the interviews with parent participants will be the family home (if appropriate) and the offices of Victoria Climbié Foundation.

Disclaimer

Your participation in this study is entirely voluntary, should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason. Please note that your data can be withdrawn up to the point of data analysis – after this point it may not be possible.

This research has received formal approval from UREC.

University Research Ethics Committee

If you have any concerns regarding the conduct of the research in which you are being asked to participate, please contact:

Catherine Fieulleateau, Research Integrity and Ethics Manager, Graduate School, EB 1.43
University of East London, Docklands Campus, London E16 2RD
(Telephone: 020 8223 6683, Email: researchethics@uel.ac.uk)

For general enquiries about the research please contact the Principal Investigator on the contact details at the top of this sheet.



UNIVERSITY OF EAST LONDON
The Tavistock and Portman NHS Trust
Parent participant consent sheet

Consent to Participate in a Programme Involving the Use of Human Participants.

Professional Doctorate in Social Care and Emotional Wellbeing
 Name of researcher: Chibuzor Roselyn Ezendiokwele

Please tick as appropriate:

	YES	NO
I have read the information leaflet relating to the above programme of research in which I have been asked to participate and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.		
I understand that the interview will be audio recorded.		
I understand that my involvement in this study, and particular data from this research, will remain strictly confidential as far as possible. Only the researchers involved in the study will have access to the data. <i>(Please see below)</i>		
I understand that maintaining strict confidentiality is subject to the following limitations: Due to the sample size, there may be implications for confidentiality / anonymity. I will take care to ensure that you are not recognised. I will change your name and will not provide any information about the area you live in, organization you are in contact with and the professionals who know you. I will not share the information you give me except with my supervisors, unless you say something that shows that you or other people are at risk of immediate harm. Wherever possible, I will talk to you first before sharing any information with the relevant authority.		
I understand that anonymized quotes will be used in publications.		

It has been explained to me what will happen once the programme has been completed.		
I understand that my participation in this study is entirely voluntary, and I am free to withdraw at any time during the research without disadvantage to myself and without being obliged to give any reason. I understand that my data can be withdrawn up to the point of data analysis and that after this point it may not be possible.		
I hereby freely and fully consent to participate in the study which has been fully explained to me and for the information obtained to be used in relevant research publications.		

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Investigator's Name (BLOCK CAPITALS)

.....

Investigator's Signature

.....

Date:



TOPIC GUIDE-Parents

NB: These questions to participants are based on the Biographical Narrative Interviewing Methodology which relies on a small number of, or a single initial question to elicit narrative and is followed up by prompts but only in order to further encourage narrative flow.

'The lived experiences of first generation West African Black parents whose children have been subject to statutory interventions' Research Project.

Researcher: Chibuzor Roselyn Ezendiokwele

If you agree to take part in the 'The lived experiences of first generation West African Black parents whose children have been subject to statutory interventions' Research Project, this is what will happen:

A: Research Meeting 1: Introduction and Question 1

At our first meeting, I will meet with you and you may bring your partner/spouse if you wish. Then I will give an introduction to the research project and you will have a chance to ask questions. If you are happy to take part, I will ask you to sign a consent form.

At this meeting, I will ask you the single question below

'Can you please tell me the story of you and your family's upbringing in West Africa and the story of your immigration and experiences in moving to this country?'

'Please tell me as much as you feel able to, I will listen and not interrupt'.

B: Research Meeting 2: Question 2 and End of Research Meetings

At this meeting I will ask you the single question below

'Can you tell me about your experiences of and involvement with children services in this country?'

'Please tell me as much as you feel able to, I will listen and not interrupt'.

At this second meeting, we will talk about your hopes for the future, as well as your thoughts and feelings about what you shared in the research meetings.

This will be our last research meeting.

Appendix C: Professionals' Focus Groups 1 and 2 vignettes



Focus Group Vignette

Research project: The lived experiences of first generation West African black parents (1GWABP) whose children have been subject to statutory interventions.

Vignette 1a.

Chu and Pat have 2 children, both parents are tall and heavysset, they make a striking couple. Chu works for a construction company and Pat works part time at a packaging company. Chu and Pat's children (Peter and Jane) attend the local primary school and appear older than their ages of 7 and 5 and are considered obese by the school nursing staff. One day, Peter went to school with tear marks on his cheeks, his teacher asked him about it, he told his teacher that his mother had smacked him on the bottom with her slipper for being naughty.

Vignette Discussions

- What do you think should happen next?
- What is your background in relation to the above?
- Have you ever been chastised when growing up
- Did you ever talk to a teacher about being chastised?



Focus Group Vignette

Research project: The lived experiences of first generation West African black parents (1GWABP) whose children have been subject to statutory interventions.

Vignette 1b.

Later that evening, a male police officer and two female social workers attended the family home. One of the social workers informed the couple that they will be taking the children on police protection for their safety and wellbeing. Chu and Pat were very shocked by the visit and by what they have been told. Chu asked for specific details on why the police officer and the social workers felt his children were not safe at home with their parents. The social workers explained that the children have reported being smacked, that the school nursing team consider the children to be quite obese and have very poor dental hygiene which has caused the children to have extensive serious dental treatments. The family are 1GWABP from Nigeria and have lived in the UK for 8years.

Vignette Discussions

- What harm do you think the child suffered?
- What are your personal views?
- Are your views different from that of the organisations involved?



Focus Group Vignette

Research project: The lived experiences of first generation West African black parents (1GWABP) whose children have been subject to statutory interventions.

Vignette 1c.

Chu became very agitated and upset at these explanations; he raised his voice and demanded how these issues (which the social workers have outlined) are deemed child protection issues, especially as they (parents) are seeking support from their GP and dentist. This went on for a while as both parents got increasingly upset within earshot of the children. The police officer firmly requested the parents to pack a bag each for the children. The children remained in care for 18 months before they were returned to their parents.

Vignette Discussions

- What are your thoughts on the above?



Focus Group Vignette

Research project: The lived experiences of first generation West African black parents (1GWABP) whose children have been subject to statutory interventions.

Vignette 2

Charles and Leticia have five children ages 16, 12, 10, 8 and 2. Charles lost his mother recently and had to travel home to Cameroon to prepare for her funeral. Leticia remained in London with all the children. Leticia decides to travel to Cameroon to attend the funeral of her mother –in-law, she made arrangements with a family friend in church who agreed to stay with the children while Leticia travelled to Cameroon. Leticia felt it was the right thing to do given the fact that she did not have a close relationship with her mother-in-law. This is mostly because Leticia is from a different part of Cameroon and she was also not her mother –in-law’s choice of wife for Charles.

One week after Leticia travelled to Cameroon, a neighbour called the police because the 2 years old child was seen on the street with just his nappy on. Police attended the family home and found the 16 year old in charge of all the children. Police questioned the children and found that the ‘aunty’ looking after them had gone to work. Police notified children services and that evening all 5 children were placed in foster care in a neighbouring borough.

The children’s next of kin were informed via the school the next day, they made contact with Charles and Leticia and immediately, Leticia got on the next flight back to the UK. The children remained in foster care for 3 years before they were returned to their parents. (Note: the 16 year old returned home to her parents after 3 months in foster care).

Vignette Questions

- Do you think the harm warranted the intervention?
- What would you have done the same/differently.

Appendix D: Focus group invite to parents



12th January 2018.

Dear Parent/Guardian,

Research Invitation: African Black Parents Focus Group

My name is Chibuzor Roselyn Ezendiokwele, I am a research student at the Tavistock and Portman NHS Foundation Trust and University of East London. This project is part of my University degree (Professional Doctorate In Social Care and Emotional wellbeing). I am also a first generation Black African parent.

I would like to invite you to take part in a focus group (discussion group) on

Date: Thursday 25th January 2018

Time: 6pm -8pm

Venue: xxxxxxxxxxx School.

The focus group is about Black African parents' and your personal experiences of understanding the law living in this country. It also touches on whether any parent have experienced being involved with child protection or any involvement with statutory services and the processes involved.

Your contributions in this research will help provide the relevant agencies your personal perspectives and understanding of the system and processes. It will also point to what worked, what could be improved and hopefully a specific new way of successfully working with Black African parents should such a situation arise.

What you share in the focus group will remain anonymous and confidential; this is because as a research student, I am completely independent from the school. I have attached more information about confidentiality and anonymity from my University.

If you would like to take part in the **focus group on the 25th of January 2018 at xxxxxxxxxxx school**, please read attached information sheet from my university. Please sign the consent form and the attendance slip and return **the consent form and attendance slip** to the reception of xxxxxxxxxxx **School by Thursday 18th of January 2018.**

The Focus group is a discussion for parents however; a crèche will be available if you are unable to provide childcare. African dinner (Nigerian) will be served so it will be helpful if you could indicate your attendance on the confirmation slip.

I look forward to meeting you.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Chibuzor Roselyn Ezendiokwele'.

Chibuzor Roselyn Ezendiokwele

University of East London
The Tavistock and Portman NHS Foundation Trust
Parent participant Information sheet

Research Integrity

The University adheres to its responsibility to promote and support the highest standard of rigour and integrity in all aspects of research; observing the appropriate ethical, legal and professional frameworks. The University is committed to preserving your dignity, rights, safety and wellbeing and as such it is a mandatory requirement of the University that formal ethical approval, from the appropriate Research Ethics Committee, is granted before research with human participants or human data commences.

The Principal Investigator/Director of Studies

Dr Anna Harvey
The Tavistock and Portman NHS Foundation Trust
120 Belsize Lane, London NW3 5BA
Email: AHarvey@Tavi-Port.ac.uk
Tel: 02074357111

Student researcher

Chibuzor Roselyn Ezendiokwele
The Tavistock and Portman NHS Foundation Trust
120 Belsize Lane, London NW3 5BA
Email: U1255444@uel.ac.uk
Tel: 07958781523

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this study.

Project Title

The lived experiences of First Generation African Black Parents whose children have been subject to statutory interventions.

Project Description

The primary aim of my research project is to gain a deeper understanding of the lived experiences of a group of first generation African Black parents whose children have been subject to statutory intervention for safeguarding concerns. If you agree to take part in the project, you will be part of a focus group meeting. This meeting will probably take two hours, depending on how long you want to talk for and how much you want to talk about. I will record the meeting and our discussion will be typed up.

I am mindful that the subject to be discussed could arouse difficult feelings for the participants therefore, as a precautionary measure, the research design has been developed to minimize any discomfort by giving the participants maximum control over the information they share. I will provide the space for these difficult feelings to be expressed, processed and contained. Counselling support to participants who may need it will be provided.

Confidentiality of the Data

Due to the sample size, there may be implications for confidentiality and anonymity. I will take care to ensure that you are not recognised. I will change your name and will not provide any information about the area you live in, organization you are in contact with and the professionals who know you. I will not share the information you give me except with my supervisors, unless you say something that shows that you or other people are at risk of immediate harm. Wherever possible, I will talk to you first before sharing any information with the relevant authority. The records of our meetings will be kept in a locked place and only I and the person who types it up will listen to the recordings. I will destroy the recorded materials once it has been transcribed.

Location

The proposed locations for the focus group with parent participants will be at William Bellamy Primary School, Frizlands Lane, Dagenham, Essex RM10 7HX.

Disclaimer

Your participation in this study is entirely voluntary, should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason. Please note that your data can be withdrawn up to the point of data analysis – after this point it may not be possible. This research has received formal approval from UREC.

University Research Ethics Committee

If you have any concerns regarding the conduct of the research in which you are being asked to participate, please contact: **Catherine Fieulleateau, Research Integrity and Ethics Manager, Graduate School, EB 1.43 University of East London, Docklands Campus, London E16 2RD (Telephone: 020 8223 6683, Email: researchethics@uel.ac.uk)**

For general enquiries about the research please contact the Principal Investigator on the contact details at the top of this sheet.

UNIVERSITY OF EAST LONDON
The Tavistock and Portman NHS Trust
Parent participant consent sheet

Consent to Participate in a Programme Involving the Use of Human Participants.

Professional Doctorate in Social Care and Emotional Wellbeing

Name of researcher: Chibuzor Roselyn Ezendiokwele

Please tick as appropriate:

- I have read the information leaflet relating to the above programme of research in which I have been asked to participate and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me. **YES NO**
- I understand that the interview will be audio recorded. **YES NO**
- I understand that my involvement in this study, and particular data from this research, will remain strictly confidential as far as possible. Only the researchers involved in the study will have access to the data. **YES NO**
- I understand that maintaining strict confidentiality is subject to the following limitations:
 Due to the sample size, there may be implications for confidentiality / anonymity. I will take care to ensure that you are not recognised. I will change your name and will not provide any information about the area you live in, organization you are in contact with and the professionals who know you. **YES NO**

 I will not share the information you give me except with my supervisors, unless you say something that shows that you or other people are at risk of immediate harm. Wherever possible, I will talk to you first before sharing any information with the relevant authority. **YES NO**
- I understand that anonymized quotes will be used in publications. **YES NO**
- I understand that my participation in this study is entirely voluntary, and I am free to withdraw at any time during the research without disadvantage to myself and without being obliged to give any reason. I understand that my data can be withdrawn up to the point of data analysis and that after this point it may not be possible. **YES NO**
- I hereby freely and fully consent to participate in the study which has been fully explained to me and for the information obtained to be used in relevant research publications. **YES NO**

•

Participant's Name:

Participant's Signature:

Focus Group Attendance confirmation slip

- I will attend the focus group for African Black parents on the Thursday 25th January 2018 at xxxxxxxxxxxx School at 6pm. YES NO
African (Nigerian) dinner will be provided. Your confirmation will help me know how many people to cater for.
- I will require a place at the crèche for my children. YES NO
- Please state number of children and ages

Appendix E: Professionals' Focus Group 1 and 2 pen portraits

Focus Group Research Participants' pen portraits

Focus Group Session 1: Vignette 1a, 1b and 1c (FG0917)

A summary of vignette 1

A child from West African background went to school with tear marks on his cheeks, his teacher asked him about it, and he told his teacher that his mother had smacked him on the bottom with her slipper for being naughty. The school made a referral to children services, and later that evening, a male police officer and two female social workers attended the family home. One of the social workers informed the couple that they would be taking the children on police protection for their safety and wellbeing. The parent is shocked and became very agitated and upset and with raised voice demanded an explanation. The police officer firmly requested the parents to pack a bag each for the children. The children remained in care for 18 months before they were returned to their parents.

Eleven professionals (all females) attended this focus group session; the group members were individuals from varied and mixed backgrounds, race, culture and ethnicity. They have also trained as social workers in various parts of the UK, Europe, Africa and the Caribbean. The professionals were recruited from the social work practice forum (see Chapter 2), and only one participant was known to the researcher.

The vignettes 1a, 1b and 1c, were administered separately; in an unfinished case study form and as the discussion moved on the vignettes 1b and 1c provided the full and more precise picture of the case study. This solidified some responses, some views became divergent, and some retraced their positions. Most importantly, profound childhood experiences were shared within the group with regards to professionals' experience of physical chastisement in their childhoods.

Clara: Child protection Social worker, Team Manager, parenting practitioner and family group conferencing facilitator; started own company providing social care services for local authorities. Social work trained in Nigeria and the UK, a first-generation West African Parent.

Views on Vignette: Clara contributed extensively on appropriate procedures to be followed and the right policies that support all actions.' *the first thing is to ask the school to put this in writing and speak to the child and find out exactly what happened. Moreover, if this is the case, then I think the teacher has to speak to parents if there was not any injury because sometimes, coming from different culture, the interpretation can be different*'.

Childhood experience of Physical Chastisement: Yes.....' *growing up in Nigeria, I was chastised as a child, it was not abused, it was discipline, and it is culture; however, it is not the same here in the UK*'

Professional's experience: Children's services referral to police

Camille: Child protection practitioner, worked with leaving care team, English/ Afro Caribbean social worker, trained in the UK.

Views on Vignette: Camille discussed professional/parent communication and engagement with one another....' *I expect the school to have a better relationship with these parents, I expect the school to contact the parents and find out the reason why he was smacked, what had happened.'*

Childhood experience of Physical Chastisement: Yes, was smacked on the bottom as a child by her both parents when she was thought to be naughty.

Professional's experience: School referral to Children's services and police involvement.

Lynsey: Adult social worker and social work practice educator. Lynsey previously a child protection manager and leaving care team manager. Lynsey was born in the UK, raised and trained in Nigeria and the UK, of black West African and English origin.

Views on Vignette: Lynsey discussed the difficulties in the system and poor systemic awareness of cultural differences. ' *I suppose I have a mixed view If I am honest, if a policeman was to turn up at my house or if no one has spoken to me and I have a husband in the house. We are both standing there, and the police are about to take away my child, I would imagine I would end up in the police cell myself that night, that would be my response because I have not heard from the school, not heard from anyone, the social worker, I got policeman at my door, and you want to take my children'.*

Childhood experience of Physical Chastisement: Lynsey disclosed that she was physically chastised by her mother, who was of West African origin.

Professional's experience: School referral to Children's services and police involvement.

Barbara: Mental health social worker, five years post qualification, trained in the UK, of English origin from the midlands, discussed similarities in African and UK child-rearing practices (such as physical chastisement)before the changes in the early 1970s and the children's Act of 1989.

Views on Vignette: Barbara felt that differences in the roles parent take on are significant...' *There is this scenario that mum smacked him in the bottom and what are our thoughts about that, is it that mum should be more caring, does it mean mum should not be doing that, is that dad's job? Furthermore, where does that fit into this society, I come from a different society. In a West African family, does mum do the chastising and dad go out to work, is that what it is about? When I was younger, my dad was the one that did it when I needed telling off. My mum, I rarely saw my mum angry.'*

Childhood experience of Physical Chastisement: Barbara shared....' *I am a white girl, and I was chastised when I was younger, I was not to this extent. My dad used to*

smack my bottom when I was naughty; it sometimes happened in public; it sometimes happened at home. I always saw it as what will happen when I was naughty.'

Professional's experience: Children's services and police involvement where families were previously known to children's services due to child protection concerns.

Grace: Child protection social worker, leaving care and mental health social worker, trained in the UK, born in Ghana and raised in the UK, of West African origin. Grace discussed poor parenting as a factor of mental health in young people.

Views on Vignette: Grace has sympathy for children and young persons and feels anger towards the parents. *'the importance of trying to get the child's views, the child here is 7years old so he would have some understanding of what he wants and the type of outcome he wanted and I think that should have been taken into consideration before this action was taken... I think I became more judgemental of the parents; I think when I am looking at the parents, it is like that anger I have is..not transferring on to the parents. I did not do that physically but obviously at the back of my mind am thinking..this is what you parents do, you just mess up your kids' lives because of your issues, and it is like you take it out on your kids'.*

Childhood experience of Physical Chastisement: Yes. Grace shared with the group very profound experiences of physical chastisement by her mother *'Yeah, my background is African and yes was chastised. I usually get a lot of the chastisement from my mum'.*

Professional's experience: School referral to Children's services and police involvement.

Fiifi: Child protection manager, trained in the UK, born and raised in Ghana. Fiifi discussed policies and procedures and its applications to practice.

Views on vignette: Fiifi felt that some of the Parents (1GWABP) moved on to other forms of physical chastisement when they understand that hitting and smacking is illegal. *'When our community become aware that hitting their children is an offence, they sometimes use other forms; there is a community who pinch the children, knock their head, it is called physical chastisement.....This is physical; it is not just hitting but of other forms. Once they move on from you cannot hit your child, they find other kinds of abuse... these are all forms of physical chastisement'.*

Childhood experience of Physical Chastisement: Yes. Though her parents did not chastise Fiifi, she told of being physically chastised in Ghana by school teachers. *'I got chastised not by my relatives but at school.'*

Professional's experience: School referral to Children's services and police involvement.

Jordan: Child protection social worker, born and raised in the West Indies, trained in the UK, of Indo-Caribbean origin.

Views on Vignette: Jordan discussed policies and procedures and experiencing extreme physical chastisement as a child. *'if we were to have this referral, we would*

again ask the school to speak to the parents to get further clarifications, speak to the child, see if there is a mark ehh, and just seek clarity of how the incident took place.. No different from this case scenario.

Childhood experience of Physical Chastisement: *Yes... I was chastised like a child. All my brothers and sisters, we grew up with being smacked, punished, whatever you want to call it, it was the norm, my mum used slipper, belt –that was very popular in those days'.*

Professional's experience: School referral to Children's services and police involvement.

Faith: Child protection social worker, fostering and adoption social worker, born and raised in the UK, trained in the UK and of English origin.

Views on Vignette: Faith discussed the parents' ignorance of how the system works, their fears and stresses and communication problems. *'I have seen many parents become schedule 1 offender as a result of physical chastisement. This is something they are not aware of; they do not understand the implication because for them the community where they come from is ok to chastise a child, it's ok to smack a child, its ok to hit a child...I had to give a talk to an African community in the Northern Counties, and it was shocking, shocking the number of men of that came to me to say that 'I didn't know if I didn't talk to my child that its emotional abuse, I didn't know that if I hit my child, I might end up a schedule 1 offender if that child sustains injury'.*

Childhood experience of Physical Chastisement: *Yes...'I was physically chastised by my mum but more emotionally than physically'.*

Professional's experience: School referral to Children's services and police involvement.

Aby: Child protection social worker, children in care social worker; born and raised in Cameroon, trained in the UK, of black West African origin.

Views on Vignette: Aby discussed inconsistency in the application of the child protection policies and parents willing to work with children services. *'it's like the parents are willing to work with social services and this is very important. If you have parents that are willing to work with social services, there is no need, no reason why we would need to take the kids out of the parents care because the whole reason, what the social workers do is work with the parents'.*

Childhood experience of Physical Chastisement: *Yes....' my siblings and I were chastised growing up, it was the way of disciplining a child in the community.'*

Professional's experience: School referral to Children's services and police involvement.

Jenna: Child protection manager, children in care social worker, born and raised in the UK, of Afro-Caribbean/White European origin.

Views on Vignette: Jenna discussed difficulties in engaging with the community, benefits of understanding the communication forms of parents and working in partnership. *'Seeing a black family react to this is normal for us because our {parents} voices will be raised, and we {parents} would be excited out of concern while others might see it as being angry. Also, I can't believe ...this is happening is very concerning that children are being removed on this basis and police were turning up, what about communication and keeping family informed and also exploring who is out there outside mum and dad'.*

Childhood experience of Physical Chastisement: Yes... *' I was chastised as a child, everyone I knew was chastised'.*

Professional's experience: School referral to Children's services and police involvement.

Focus Group session 2: Vignette 2 (FG0118) See appendix D.

A summary of vignette 2

A mother (Leticia) leaves 5 children (ages 16, 10, 12, 8 and 2) in England to travel to West Africa for her mother-in-law's funeral. Father (Charles) had left earlier leaving Leticia in charge of the children. However, Leticia decided with a family friend 'Aunty' in the church to stay with the children and travelled to West Africa. One week after, a neighbour called the police because the 2-year-old child was seen on the street with just his nappy on. Police attended the family home and found the 16-year-old in charge of all the children. Police questioned the children and found that the 'aunty' looking after them had gone to work. Police notified children services, and that evening all 5 children were placed in foster care in a neighbouring borough. The children's next of kins were informed via the school the next day; they made contact with the couple and mother got on the next flight back to the UK. The children remained in foster care for 3 years before they were returned to their parents. (Note: the 16-year-old returned home to her parents after 3 months in foster care).

The professionals

Eleven professionals (2 males and 9 females) attended this focus group session, which took place four months after the first focus group; the group members were individuals from varied and mixed backgrounds, race, culture and ethnicity. They have also trained as social workers in various parts of the UK, Europe, and Africa. The professionals are recruited from the social work practice forum (see Chapter 2). This group was made up of new members except for Clara and the researcher. Research Vignette 2 administered to the group in the form of a case study of a family with children services involvement. The professionals appear to have consistent experiences in their roles as social workers; from fellow professionals and the system itself. These experiences include lack of understanding and knowledge of the parent's culture and values, discrimination, racism and stigmatisation, disproportionate intervention and unfair treatment, manic defences, poor communication and parents lack understanding of the child protection system.

Mike: Child protection senior social worker, seven years post qualified, born and raised in Eastern Nigeria, social work trained in the UK, a first-generation West African parent. Mike is a male social worker working in a female-dominated sector.

Views on vignette: He expressed frustration and anger at the mother in the vignette but acknowledged the discrimination, labelling and stigmatisation of ethnic minority groups by children services policies and decision-making processes. *He said: 'the mother was irresponsible in the fact that arrangement had been made between both parents for a mother to stay behind, but to then leave the 5 children on their own basically without proper care, I think it was irresponsible'. I have a case where a social worker who thinks a father (who is emotionally charged) decided for the father not to see his son for a year, the father was not able to see his son. I was reading the report, and it said 'he is aggressive, he made threats, this and that'. If you could make such a decision, he would make threats to you as well. It is emotional stuff; you cannot make some decision just because of someone talks in a certain way'.*

Professional's experience: Discrimination, racism, unfair decision, lack of awareness of parent's culture and values.

Sandra: Experienced Looked after Children and Leaving Care Team Manager, born and raised in Eastern Nigeria, educated in Nigeria, retrained in the UK as a social worker.

Views on Vignette: Sandra discussed the culture and traditions of West Africans with regards to marriage and in-laws, the impact of removing the children into LA care and challenges of working with parents. *'In most cultures, especially in African culture.., from Cameroon? Yes. It is a prevalent practice to leave your children especially with a parent's death and burial, two of you want to go and pay your respect, you know it is the last respect, so leaving the children there, it appears that the children are left in the house, and the adult moved in, I can see from the vignette.....' I think these children have experienced more harm than good being in care for 3 years.*

Professional's experience: Lack of competence in parent's cultural values.

Paul: Registered care home manager, adult social care manager, mental health practitioner, born and raised in Northern Nigeria and Germany, first-generation West African parent with four children and social work trained in the UK.

Views on Vignette: Paul described children services involvement with his family and described feeling stigmatised by the treatment received from fellow social workers. *'My family was involved with children services following a disclosure from my daughter of sexual assault from a family friend, school and the police were involved. I wrote asking to get a copy of the report they have about my family and me. They delayed that and invited me to a meeting. I said no, I will not work with you until I get response to my appeal and my request for the report you hold about me and my family'.*

Professional's experience: Personal and family experience of stigmatisation, discrimination and racism

Clara: Child protection Social worker, Team Manager, parenting practitioner and family group conferencing facilitator; started own company providing social care services for

local authorities. Social work trained in Nigeria and the UK, a ++first-generation West African Parent.

Views on Vignette: Clara contributed extensively on appropriate procedures to be followed and the right policies that support all actions; she also emphasised discrimination due to differences in culture. *'the older one is 16years old which means she must have been a good mum for quite a while; there is evidence of good enough parenting if you think about it at that level to evidence that-the older one is 16years of age. ...' to be honest with you, the job we do is complicated. We make decisions absentmindedly, it is also essential that we investigate, as social workers, we must be culturally aware, we look at people, we cannot be blinded by it, there is discrimination that goes on whether it is clearly said or not'.*

Professional's experience: Discrimination, racism and unfair treatment.

Esther: Senior child protection practitioner, born and raised in Southern Cameroon, social work trained in the UK, admitted that many social workers did not understand how to engage with parents (1GWABP).

View on Vignette: Esther felt that parents (1GWABP) are ignorant of the law, terrified of children services involvement and struggle to understand the meaning of the child protection process. *'So, black families are terrified. Once they hear social services or hear police involvement, they begin to panic; they don't know what to do, they don't know whether they are doing the right or wrong thing so, in this scenario, if the mother is not perceived as not engaging, say for example where we come from in Cameroun, if a police officer is talking to you and you respond while he is` talking, you get another punishment for doing that, so you need to stay quiet because you have to show respect to them'.*

Professional's experience: Poor communication and parent's lack of understanding of the child protection system.

Ayla: Child protection social worker, born and raised in Turkey and the UK, social work trained in the UK.

Views on Vignette: discussed the differences in professional's culture and parent's (1GWABP) culture and values, poor communication with parents (1GWABP) and labelling of unfamiliar/distraught behaviours of parents (1GWABP) as aggressive, narcissistic behaviour and or presentations of mental ill-health. *' I have cases where we work with people from other background and sometimes, the way they come across; it's clear they don't understand. You ask a question and its either they give you an answer which does not relate to the question which means either they don't understand what you are saying as a professional. So they can't answer appropriately.....' there is always discrimination, its either underground or it's just done in a way you can't see itcoming from African culture, they have a lot of things against them, there is a dialect issue, there is misunderstanding issue, there is an interpretation of the body language say a man: they say he is aggressive, he is abusive, so there is all these languages used for the African communities, so am not surprised it lasted for 3 years'.*

Professional's experience: Lack of understanding and knowledge of the parent's culture and values, discrimination, racism and stigmatisation, labelling and unfair treatment, poor communication and parent's lack of understanding of the child protection system.

Sofia: Child protection social worker, born and raised in South America. Social work trained in the UK.

View on Vignette: Sofia criticised children services (systems and policies) application to an ethnic minority group. She noted this was as a result of poor awareness of the culture and values of a set of people. *.. 'they are terrified to identify family members to support them whatever that might be, whether to give respite to the children, advice and guidance, support them, encourage them at meetings. They are scared; why? They don't know how important it is for the family that they come forward, so when you understand the culture we begin to advise and guide them,...' first of all, social services, once you are known to them, one phone call or 2 phone calls, you have a history, and your case will be looked at differently. Second, when you do not understand, or you are not speaking their language, you don't know anybody that can understand the language, that jargons they speak, again that will affect your case. Third, again, the law as well, people are ignorant of the law'.*

Professional's experience: Lack of understanding and knowledge of the parent's culture and values, discrimination, racism and stigmatisation, unfair treatment, poor communication and parent's lack of understanding of the child protection system.

Abena: Child protection social work and looked after children social worker, born and raised in Ghana, social work trained in the UK.

View on Vignette: Abena discussed parent's lack of awareness of the laws in the UK, communication difficulties from both sides (parents and professionals) due to fear of the unknown and fear of discrimination. *'I took on a case, and the first thing you see is the case summary, so the first thing in red is 'do not see this guy alone, and he is not to see the child', and then you go through the case, and you find that there is nowhere you have done a risk assessment to determine he should not see his child, yes, it has come from her bias towards the man to have made that decision, that could have informed the decision to keep these kids in foster care for that long'.*

Abena's description of her experiences echoes some of the researcher's experiences of working with ethnic minority families, especially West African fathers; who are demonised and labelled aggressive, controlling and often excluded from a child in need or child protection meetings. Rini (2017) in *MACAT analysis described* Franz Fanon's argument in *Black Skin, White Masks* of 1952 that colonial racism has psychopathological effects; it advances the notion of mentally disturbed behaviour and refers to cultural assimilation a process that occurs when the culture of the colonial power replaces native culture of a colonised people.

Professional's experience: Lack of understanding and knowledge of the parent's culture and values, fear of discrimination, discrimination, racism and stigmatisation, unfair treatment, poor communication and parent's lack of understanding of the child protection system.

Ngozi: Adult learning disabilities Manager, born and raised in Eastern Nigeria, social work trained in the UK.

Views on Vignette: Ngozi discussed parents' avoidance of the system (children services) and other protective services intervention due to fear of harsh treatment, labelling and discrimination; agreed that parents of minority backgrounds had been treated more harshly than parents of a white background. *'The reason is that people do not really understand the implication of what they do and so there is much learning there. They need people to teach them; they need people to help them to understand and integrate them into the community. So, there is always clear discrimination. Once, I got a referral which comes to the child protection team, and I looked at 2 cases, and when I looked at the cases, the only difference is one is African, and the other is white British, now, they all did the same things, they all reported it, the police got involved. One of them, the child remained with the mother, while the father was moved, the other, the child, was placed in foster care, and you can guess which one? Yes, the African family. I fought so hard for that child to go back to the mother because I felt that these two cases are the same; there are no differences. The only difference is the background they come from, their culture and their race, other than that, it is the same case.'*

Professional's experience: Lack of understanding and knowledge of the parent's culture and values, discrimination, racism and stigmatisation, harsh treatment, labelling, poor communication and parent's lack of understanding of the child protection system.

Dembe: Child protection social worker, three years post qualified, born and raised in Uganda, social work trained in the UK.

Views on Vignette: Dembe discussed parental stressors and own community stigmatisation. African parents view children services as a policing and punishing agency rather than a supportive one. This leads to poor engagement and general lack of trust. *'I think that one of the bad luck with the black community is stigmatization some people feel that they would be stigmatised by their community, especially by the scenario if the problem in the case is gang-related. Once people know that their children are involved with the gang activities, then it is a downfall in their parenting.'*

Professional's experience: Parent's fear and experiences of stigmatisation from their community and disproportionate intervention from children services.

Appendix F: Research data extract and themes

DATA EXTRACT FROM	DATA CODED FOR	THEMES/SUB THEMES
<u>Focus group session 1: Vignette 1 (FG0917)</u>	<ol style="list-style-type: none"> 1. Defence of Social work Practice 2. Defensiveness 	A. Professional Defensiveness
	<ol style="list-style-type: none"> 1. Cultural interpretations 	B. Culture and Values
	<ol style="list-style-type: none"> 1. Communication with 1GWABP 2. Engagement with 1GWABP 3. Building relationships with 1GWABP 4. Teaching, coaching, supporting and advice 5. Creating awareness 	C. Poor Communication and Engagement
	<ol style="list-style-type: none"> 1. Social worker experience of chastisement in childhood 2. Social worker disclosure of chastising own children 	D. Professional's experience of chastisement
	<ol style="list-style-type: none"> 1. Social workers non-disclosure of chastisement to teacher or significant others 2. Reasons for non-disclosure 3. Further chastisement, threats to be sent to Africa/Caribbean 	E. Non-disclosure and the reasons for it
	<ol style="list-style-type: none"> 1. White British social worker account of chastisement and emotional abuse 2. Child abuse/physical abuse prevalent in white British society up to 30years ago 	F. White British professionals experience of physical chastisement
	<ol style="list-style-type: none"> 1. Generational abuse of social workers parents 	G. Generational Abuse – professionals parents
	<ol style="list-style-type: none"> 1. Focus group laughter 2. Researcher joins in laughter 	H. Laughter
	<ol style="list-style-type: none"> 1. Children's emotional states 2. Views and wishes of children 	I. Impact on children

	<ol style="list-style-type: none"> 1. Social worker criticism of CS 2. Social worker's admissions 	J. Criticism and admissions
	<ol style="list-style-type: none"> 1. Impact of removing children to foster care on parents 2. Social workers as parents-thoughts and feelings and experiences 3. Parental stress factors 	K. Impact on parents
	<ol style="list-style-type: none"> 1. Realisations through the process of focus group 	
	<ol style="list-style-type: none"> 1. Social workers poor attachment and parental relationships 2. Social workers parental denial/defensiveness of abuse: Social worker experienced this as pride and unrepentant behaviour-feels devastated by the harm who is unacknowledged. 	L. Parental (Abusers) denial of childhood abuse on professional
	<ol style="list-style-type: none"> 1. Social worker judgemental feelings/anger towards parents 	M. Professional's anger towards parents
	<ol style="list-style-type: none"> 1. Impact of training, reflexivity and therapeutic supervisions on social workers who were physically chastised as children 	N. Depressive Position of professional s
<u>Focus Group session 2: Vignette 2 (FG0118)</u>	<ol style="list-style-type: none"> 1. Defensiveness/questioning 2. Defence of profession ('what I would have done') 	A. Professional Defensiveness
	<ol style="list-style-type: none"> 1. Harm warranted intervention 	A. Professional Defensiveness
	<ol style="list-style-type: none"> 1. Social workers Parental (mother) blame 	A. Professional Defensiveness
	<ol style="list-style-type: none"> 1. Cultural factors and values 	B. Culture and Values
	<ol style="list-style-type: none"> 1. Social worker criticism of CS (systems and policies) 	J. Criticism and Admissions

	<ol style="list-style-type: none"> 1. Challenges of working with 1GWABP 2. Stigmatization of 1GWABP 3. Labelling (aggressive, Mentally ill etc) 	O. Challenges of working with 1GWABP
	<ol style="list-style-type: none"> 1. Racism and discrimination in practice 2. Social workers bias 3. Power factors 	P. Racism and Discrimination
	<ol style="list-style-type: none"> 1. No culture tolerates abuse 	Q. No culture tolerates abuse
<u>Interviews with 1GWABP</u>	1. Background and upbringing practices	R. Arrivals, background, upbringing
	<ol style="list-style-type: none"> 1. Angry laughter 2. Angry sigh/Laugh 3. Angry sounds/Laugh 	H. laughter
	<ol style="list-style-type: none"> 1. 1GWABP scared of the Children services, the system, police 	S. The Fear of the services
	<ol style="list-style-type: none"> 1. 1GWABP thoughts and feelings 	K. Impact on parents
	<ol style="list-style-type: none"> 1. What will help? 	T. A way forward
	<ol style="list-style-type: none"> 1. Impact of process on children 	I. Impact on Children
<u>JOYCE</u>	1. Arrived as a student, now settled in England	U. Immediate Police involvement C. Poor Communication and Engagement R: Arrivals
	<ol style="list-style-type: none"> 1. Domestic Abuse in relationship 	
	<ol style="list-style-type: none"> 1. Estranged partner makes referral to CS claiming maternal Mental ill-health 	
	<ol style="list-style-type: none"> 1. No investigation, no communication 2. Immediate Police involvement 	
	<ol style="list-style-type: none"> 1. Labelled aggressive 2. Lack of awareness of cultural differences 	V. Labelling B. Culture and Values
	<ol style="list-style-type: none"> 1. Court processes 	
	<ol style="list-style-type: none"> 1. Several social worker involved 2. Felt scared, helpless 	S. The Fear of services
	<ol style="list-style-type: none"> 1. Case eventually dismissed and closed. 	T. A way forward

	2. What can help? Work with parents, speak to parents, ask questions, spend time with parents etc	
	1. Feeling of resentment and abuse of human rights. Distrust of the system	K. Impact on Parents
<u>PAULINE</u>	1. Arrived as a highly skilled migrant worker. Now settled in England	R: Arrivals
	1. Referral made because young person wrote 'S' for Sex. 2. No investigation or communication with parents prior 3. Immediate Police and CS Involvement	U. Immediate Police involvement C. Poor communication and engagement
	1. No awareness of 1GWABP's cultural values around sex and relationships 2. Recent sex education taught in school caused this. Never discussed sex with child.	C. Poor Communication and engagement B. Culture and values
	1. Parent feeling untold pain and anguish 2. We are all humans, we should be treated like humans, blood is red for everyone 3. Stress of living in another country, other stress factors	K. impact on parents P. Racism and discrimination
	1. What will help?: Work with parents, talk things over, advice on positive parenting skills, speak to parents.	T. A way forward
<u>SNEIDER & CARA</u>	1. Moved from Germany to join husband in England. Now settled in England	R: Arrivals
	1. Son was chastised (slipper on bottom) by mother	
	1. Child disclosed to teacher in school	
	1. Immediate police and CS involvement	U. Immediate police involvement

	1. Family very well known to school	W: family previously known to CS
	1. The speed and harshness of intervention is because we are blacks	P. Racism and discrimination
	1. Experienced inconsistencies in practice and in information provided.	C. Poor communication and engagement
	1. Painful and soul destroying experience 2. My heart still bleeds when I think of that time and I want to wake up from the bad dream	K. Impact on parents
	1. What will help?: Speak to parents, respect others, be fair.	T.A way forward
<u>YOUNES & LOUANA</u>	1. Arrived on visitor's visa, long over stayers. Now settled in England	R: Arrivals
	1. Kids placed in care due to mother not arriving to pick up kids after school. 2. Father was abroad at the time	
	1. Mother was found to have MH breakdown	
	1. History of DA. Family very well known to school and CS. Father was blamed for Mother's ill health. (no evidence of this prior) False allegations, assumption and bias by social workers. 2. Father is educated, confident and eloquent. 3. Labelled narcissistic in psychological assessments by a psychologist who spent 2hours with father.	W. Family previously known to CS V. Labelling of 1GWABP
	4. Kids remained in care for 18months 5. Kids returned to father following parenting programme 6. Mother still unwell to co-parent 7. Case closed eventually	

	1. No proper investigation, observation or communication, deliberate torture and discrimination	C. Poor communication and engagement K. Impact on parents P: Racism and discrimination
	1. Felt much disrespected and not believed. 2. Really difficult time as well as mother's ill health. No one cared what I went through and what the children went through	K. Impact on parents I. Impact on children
<u>IRETI</u>	1. Mother was a child trafficked into domestic slavery. No formal education earlier on. Now settled in England	R: Arrivals
	1. CS referral by school as child disclosed physical chastisement by mother (wooden spoon)	
	1. Immediate police and children service involvement	U. Immediate police involvement
	1. No communication, could not understand why kids are being take straight from school into care. 2. Lack of appropriate information. 3. Parents unaware of rights (solicitor, advocate, interpreter etc)	C: Poor communication and engagement
	1. All 3 children were removed	
	1. Family are well known to school over many years-school supported mother over DA issues with husband-this is no longer an issue.	W: family previously known to CS
	1. Inconsistencies in information provided	C: poor communication and engagement
	1. Lack of understanding of African values and cultures	B: Culture and Values
	1. Religious belief system	B: Culture and Values
	1. Impact of process on parents 2. Impact of process on children	I. Impact on children K. Impact on parents
<u>EVELYN</u>	1. Born in London, sent to Africa as a child in the	

	mid 70's. Returned to England as a child and now settled in England.	
	1. Parent is a medical personnel who was extremely physically chastised as a child	
	1. Further chastised when disclosed to teacher in school, sent to Africa	E: non-disclosure of Physical chastisement
	1. Parents are in denial abuse took place. Parent has old marks on body 2. Parents defensiveness and denial-TRA experienced this as pride and personal shame but impact of harm both physically and emotional is devastating.	L: parental (Abusers) denial of childhood abuse on professional K: Impact on parents.
	1. Police involvement and investigation	
	1. Community (African) stigmatization of TRA for going through this process.	O. Challenges of working with 1GWABP P. Racism and discrimination
<u>AMAKA</u>	1. Father arrived as a student with student visa; mother arrived as a visitor 10years ago. Over stayers, not settled, home office involved	R: Arrivals
	1. First child diagnosed with autism	
	1. Parents history of DA and CS involvement due to child diagnosis	W: Family previously known to CS
	1. No recourse to public funds/not allowed to work 2. Parents want to work as both are university graduates but	
	1. Children services supporting family	
	1. Parents feel patronised and belittled by social workers 2. Advised to return to Africa by services and Home Office	K. Impact on parents P: Racism and discrimination
	3. Appealing this on the grounds of lack of	X: faith and belief based abuse

	understanding of child's condition in Africa	
	1. Lack of awareness of Africa's culture and value and how disability is viewed-it is punished, it's called witch craft etc	C: Culture and values X: faith and belief based abuse
<u>MARIATU</u>	1. Arrived the UK to join her husband in the early 80s and had seven children. Settled in the UK and now a widow	R: Arrivals
	1. 14 year old son stabbed to death	W: Family previously known to Children services
	1. Dead son suspected to have been autistic though undiagnosed.	
	1. Son was involved with gangs	
	1. Mariatu said children services blamed her for her son's behaviour and involvement with the gangs. 2. She said she was not listened to; actions were very slow and often took the meetings of several professionals to agree on what to do to keep her son safe.	K. Impact on parents P: Racism and discrimination
<u>LILIAN</u>	1. Lilian joined her husband in the UK on a visiting visa; her husband was not settled in the UK when she arrived.	R: Arrivals
	1. The couple are known to social services, have no recourse to public funds, waiting on Home Office decision to grant the family leave to remain in the UK.	W. Parents/families Previously known to children services
	1. She describes the difficulties engaging with social workers for support, she said she is made to feel like a 'freeloader' and belittled because of her life circumstances with the home office and her inability to work.	K. Impact on parents

Appendix G: Approval letter



20th June 2017

Dear Chibuzor,

Project Title:	The lived experiences of First Generation West African Black Parents whose children have been subject to statutory interventions. (First generation West African Black parents will be represented by the acronym 1GWABP where appropriate.)
Principal Investigator:	Dr Anna Harvey
Researcher:	Chibuzor Roselyn Ezendiokwele
Reference Number:	UREC 1617 25

I am writing to confirm the outcome of your application to the University Research Ethics Committee (UREC), which was considered by UREC on **Wednesday 18 January 2017**.

The decision made by members of the Committee is **Approved**. The Committee's response is based on the protocol described in the application form and supporting documentation. Your study has received ethical approval from the date of this letter.

Should you wish to make any changes in connection with your research project, this must be reported immediately to UREC. A Notification of Amendment form should be submitted for approval, accompanied by any additional or amended documents:
<http://www.uel.ac.uk/wwwmedia/schools/graduate/documents/Notification-of-Amendment-to-Approved-Ethics-App-150115.doc>

Any adverse events that occur in connection with this research project must be reported immediately to UREC.

Approved Research Site

I am pleased to confirm that the approval of the proposed research applies to the following research site.

Research Site	Principal Investigator / Local Collaborator
Family home and suitable spaces in the community	Dr Anna Harvey

Approved Documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
UREC application form	4.0	20 June 2017
Participant Information sheet for Parents	4.0	20 June 2017
Consent form for Parents	4.0	20 June 2017
Participant Information sheet for Professionals	4.0	20 June 2017
Consent form for Professionals	4.0	20 June 2017
Topic guide - Parents	4.0	20 June 2017
Topic guide - Professionals	4.0	20 June 2017
Research Diary	4.0	20 June 2017


Approval is given on the understanding that the [UEL Code of Practice in Research](#) is adhered to.

The University will periodically audit a random sample of applications for ethical approval, to ensure that the research study is conducted in compliance with the consent given by the ethics Committee and to the highest standards of rigour and integrity.

Please note, it is your responsibility to retain this letter for your records.

With the Committee's best wishes for the success of this project.

Yours sincerely,



Fernanda Silva
Administrative Officer for Research Governance
University Research Ethics Committee (UREC)
Email: researchethics@uel.ac.uk