Anti-Oppressive Practice in Social Work Education, and Black African Mothers' Lived Experiences of Raising Children on the Autism Spectrum in Scotland

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Abstract

This doctoral research aims to develop an understanding of social workers' interactions with Black and Minority Ethnic (BME) families in Scotland. This is achieved through considering the concept of anti-oppressive practices within social work education; within the experiences of social worker to BME community interactions in the field; and the experiences of Black African mothers raising children on the autism spectrum in Scotland.

Anti-oppressive practice is a concept used to frame and understand oppression in operation at various levels in society. Proponents of anti-oppressive practice argue that it is advantageous because it bisects various identity markers (Dominelli, 2002). Additionally, BME experiences of social services is sparse within the Scottish context (Valenti, 2017). The ethnic diversity in Scotland is predicted to increase (Walsh, 2017), so investigation into BME experiences is essential. The focus on African mothers is relevant in recognising inter community differences rather than amalgamating their experiences into a homogeneous 'BME' experience.

This qualitative research is philosophically underpinned by descriptive phenomenology. The lived experiences of 6 social work educators, 10 students, 6 social workers, and 4 Black African mothers raising children on the autism spectrum were captured. The data was collected through interviews, a focus group session, written responses, and documentary evidence. The data was explicated using Hycner's simplified (1999) process in descriptive phenomenology.

The findings reveal the coupling of the workers' education and training; their lived experiences; and the changes in societal demands shape their understanding of anti-oppressive practice. The findings provide a layer of insight into discord in perceived social work roles, and expectations by Black African mothers of those roles in reality. The research contributes to the sparse research landscape in Scotland through exploring the experiences of Black African mothers as a subgroup of BME communities. Therefore, these findings have wider implications for anti-oppressive social work practice with wider BME communities in Scotland.

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Chapter 1- Introduction

Anti-oppressive practice is a key concept that is used across various social science disciplines, however much of the academic research relating to this topic comes from the social work discipline (Ramsundarsingh & Shier, 2017). Anti-oppressive practice is a concept that is used to frame and understand oppression in operation at various levels in society. Proponents of anti-oppressive practice in social work argue that it is advantageous because it bisects various identity markers, such as 'race', ethnicity, disability, gender, sexuality, and so on (Dominelli, 2002). Additionally, it is asserted that there is a 'socially just' aspect to anti-oppressive practice, particularly in instances when "engaging racialised and marginalised populations"(Zhang, 2018, p. 124). Some of these features of anti-oppressive practice briefly mentioned can also be linked to the social work profession. The International Federation of Social Workers' (IFSW) statement of ethical principles provides this definition of social work:

> "The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work" (International Federation of Social Workers, 2012).

Through recognising that there are areas of overlap between the concept of anti-oppressive practice and the social work profession, a justification can be made for

how anti-oppressive practice is understood and ultimately demonstrated with racialised and marginalised populations in Scotland.

Additionally, the focus on anti-oppressive practice in social work stems from the Scottish Social Services Council's (SSSC) ongoing Review of Social Work Education (2017) in Scotland. The SSSC guides social work degrees, and training throughout the careers of qualified social workers[1] in Scotland specifically. Within the revised values statement within the SSSC Code of Practice for Social Service Workers values statement, there is an expectation that workers should reflect and demonstrate "anti-oppressive practice, respect diversity within different cultures, ethnicities and lifestyle choices" (SSSC, 2016, P.3). With one of the additions to the values statement being understanding 'ethnicities and lifestyle choices', this also adds to the importance of focusing on anti-oppressive practice in education and training in relation to the experiences of Black and Minority Ethnic (BME) communities, and more specific ethnicities, as exampled in drawing from the experience of Black African mothers raising children on the autism spectrum in Scotland.

There has been interest in research around BME communities in Scotland, in relation to health (Walsh, 2017), and pockets of interest regarding housing and employment (Kamenou, Netto, & Fearfull, 2013; Netto et al., 2001), in the context of Scotland.

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[1] A social worker as defined in the Regulation of Care (Scotland) Act 2001 is "a person who has an entitling professional qualification in social work" (Executive, 2003, p. 24).

Within the wider UK research landscape, there has been more research on BME communities' experiences of social services in general (Lavalette & Penketh, 2013; Wainwright, 2009) than in Scotland. The research regarding BME experiences of social services in general is sparse within the Scottish context (Simpson & Parsons, 2016; Valenti, 2017). This begs the question as to whether this lack of interest in the experiences of BME communities is due to the relatively small population size (4%) (Scottish Government, 2014b) of ethnic minorities in Scotland, in comparison to ethnic minority populations in England and Wales. Based on census records from the Office for National Statics (ONS), both England and Wales have seen steady increases in ethnic diversity, more so in England than in Wales. The percentage of ethnic minority groups in England and Wales combined was approximately 14%, according to the 2011 census records (Office for National Statistics, 2012). Research by David Walsh (2017) about the changes in ethnic profiles and the implications for public health in Glasgow encourages the need to know more about BME communities based on "the increasing ethnic diversity of Scotland's population" (pg. 4). The focus on BME communities within this thesis is of relevance to contribute to the existing body of work that investigates social worker interactions with this community. The specific focus on African mothers raising children on the autism spectrum is also relevant to the discussion in terms of recognising the differences in experience that occur within communities, rather than placing their experiences in a homogeneous category of a generic 'BME' experience.

The purpose of this research is to develop an understanding of social workers' interactions with BME families in Scotland. This is achieved by considering the

concept of anti-oppressive social work practices within education, and within the experiences of social worker to BME community interactions in the field generally. The specific experiences of four Black African mothers raising children on the autism spectrum in Scotland are also of interest in this thesis, as the mothers' experiences of interacting, or having increased interactions, with social workers surrounds their child's diagnosis/assessment of autism. The mothers' experiences also provide an opportunity to recognise the existence of different experiences within and implicitly between ethnicities that would otherwise be 'grouped' under the BME 'banner'. Coupled with this point is the opportunity to also recognise the intersectionality of various factors that are societal, institutional, cultural, and historical in nature. Additionally, these factors sit alongside ethnicity as the identity marker of interest in this thesis, in the application of anti-oppressive practice in social work with more general BME communities in Scotland. Therefore, there is a general interest in the experiences of BME families in terms of their interactions with social workers in Scotland. This thesis will view these interactions through investigating anti-oppressive practice, drawing specifically on the experiences of one subgroup within the BME population, namely Black African mothers. The focus on the experiences of Black African mothers raising children on the autism spectrum specifically, provides the families with their reason for having contact with social work services. The findings which come out of these investigations has wider implications for anti-oppressive social work practice with BME communities.

1.1 Defining Terms

The focus of this thesis is to develop an understanding of social workers' interactions with BME families in Scotland, through considering the concept of anti-oppressive social work practices in education, and in the experiences of social worker to BME community interactions in the field, more generally. There are various terms used to describe groups, communities, movements, perspectives, individuals, and organisations throughout this thesis. Therefore, a brief definition of key terms and their contextual and temporal specific usages are necessary.

Defining Oppression and Anti-oppressive Practice

Over the last two decades, there have been many contrasting academic contributions to discussion and debate, ultimately changing the landscape of how concepts such as 'anti-oppression' and 'anti—racism' are conceptually understood (Rush & Keenan, 2014; Strier, 2007; Wilson, 2000). Anti-oppressive practice as referred to by Dominelli (1996) is: "A form of social work practice which addresses social divisions and structural inequalities in the work that is done with people whether they are users ('clients') or workers" (p. 170). The concept is used to shape social work students' conceptual understanding of the world around them and in turn their practice.

Defining Black and Minority Ethnic (BME)

The term BME refers to people who are from minority ethnic, religious, and cultural backgrounds. "The term BME includes people of both non-white origin (e.g. African, Caribbean, Asian) and white origin (E.g. Irish, Eastern European) (Masocha, 2015, p. 1)." The use of the term BME within this thesis will reflect the within-group

differences present when discussing a wide range of non-white ethnicities, and therefore acknowledges "the significance of sub-groups, cultures, and class in shaping intra-group variations" (Masocha, 2015, p. 2). Lastly, as this thesis draws upon the experiences of Black African mothers raising children on the autism spectrum in Scotland, the specific focus on one group or community within a plethora of communities that may be considered BME, provides an opportunity to explore and understand some of the nuances in experiences that occur within a community that has not been heavily researched in a Scottish context. This point will be elaborated on in the next section.

1.2 The Nature and Rationale

During my undergraduate studies I took interest in the topic of developmental psychopathology in psychology. This topic left a lasting impression on me with regards to issues relating to children with developmental disabilities such as autism, Williams Syndrome, and Tourette's syndrome. Similarly, my background and growing interest in ethnic and racial studies in sociology provided an opportunity to embark upon this research by bringing broad characteristics related to ethnicity and disability together in an interesting and meaningful way.

Anti-oppressive Practice in Social Work Education and Practice

The issues that will be investigated are two-fold. Firstly, looking at anti-oppressive practice in social work education, training and practice, in Scotland, relatively little is known in practice about how anti-oppressive practices in social work are understood and applied in interactions specifically with BME families and if this resonates with

these families (Collins & Wilkie, 2010; Stalker & Moscardini, 2012; Valenti, 2017). The SSSC's Code of Conduct for Social Service Workers and the revised version of the Standards in Social Work Education (SiSWE) (2016, 2017) which is planned to eventually become part of the Framework for Social Work Education in Scotland (2018/2019) are examples of a regulated framework in Scotland. The SSSC provides the guidance for how both qualified social workers and social work students are educated and trained in their practice with various groups within society.

However, the training for social workers on issues of 'race' does not feature within social work student assignments in Scotland (Heron, 2006), and issues related to disability are also side-lined in placement portfolios (Collins & Wilkie, 2010). This body of research raises the question as to whether qualified social workers are aware of anti-oppressive social work practice and apply it in their interactions with the various communities that the concept is supposed to serve. This point emphasises a gap, and therefore a need for further investigation into the teaching and training of anti-oppressive social work practice to ascertain how anti-oppressive social work practice is conceptualised and understood by social work students and practitioners on one hand; and demonstrated within their interactions with BME communities on the other.

Research investigating anti-oppressive practice in social work has had moments of attention in academia, research, and policy alike in the UK (Collins & Wilkie, 2010; J Dalrymple & Burke, 1995; Jane Dalrymple & Burke, 2006; Dominelli, 1996, 1998, 2002; Harlow & Hearn, 1996; Macey & Moxon, 1996; Mclaughlin, 2005; Sakamoto &

Pitner, 2005; Strier & Binyamin, 2014; Wilson & Beresford, 2000). There is a recognition that oppression operates across a variety of identity markers such as gender, 'race', religion, sexual orientation etc. (Dominelli, 1998, 2002; Joseph, 2015; Mattsson, 2014; Mclaughlin, 2005; Strier, 2007). However, the role that statutory services play in the provision of their services has been found to be lacking in tending to the fundamental needs of BME families (e.g. Allain, 2007; Bhopal, 2014; Bowes & Sim, 2006; A. a. T. Chand, J, 2005; Fisher & Dean, 2011). These needs involve the awareness that a variety of barriers exist that are cultural, communication, and access based, but do contribute to the oppression of BME communities (A. a. T. Chand, J, 2005). In order to meet some of these areas of fundamental need, there is the suggestion that a shift in focus is needed, by practitioners, away from the child only and towards the inclusion of the family unit in the provision of services, and for social workers to be reflective in their approach with these families (Dottolo & Kaschak, 2015; Gollan & O'Leary, 2009; Jeyasingham, 2012; C. Williams & Parrott, 2014). This aspect of reflectivity in practitioners' approaches to practice is aligned with the characteristics of anti-oppressive practice. The question is, if it is possible for a true 'snapshot' of these reflective thought processes to be captured to ground the concept of anti-oppression in a tangible representation of thought and action, when interacting with the BME communities and families.

What makes the investigation of anti-oppressive practice in social worker interactions with BME communities and families especially interesting is that the difficulties that both social workers and BME communities face are further compounded by the intersectionality of identity markers (Joseph, 2015). Specifically,

in this thesis ethnicity and to a lesser extent disability[2], as well as other social markers operate within these interactions. Mattsson (2014) agrees that an intersectional lens used to discuss the role of the social workers is useful for social work students and practitioners to understand the wider characteristics of anti-oppressive practice in action. This study provides an opportunity for a contribution to the existing knowledge about anti-oppressive practice in action to come to the fore, in ways that are beneficial to those involved in the teaching, learning and practice placements on the social work degree course.

BME Experiences

Secondly, there is a body of research that suggests that the perception of social work services by BME families, disabled children, young people, and carers is at times shrouded by fear, mistrust, and miscommunication (A. Chand, 2005; Harrison & Turner, 2011a; Hatton et al., 2011; Ilan Katz, La Placa, & Hunter, 2007; Križ & Skivenes, 2010). These reports suggest that social work services, as experienced by BME families appear to be more difficult than for other populations (Bowes & Sim, 2006; Fisher & Dean, 2011; Gilligan, 2013; Heer, Rose, & Larkin, 2012; Hubert, 2006b; Hussain, Atkin, & Ahmad, 2002; O'Shaughnessy, Collins, & Fatimilehin, 2010; Shefer et al., 2013; C. Williams, 2013). BME communities are of particular interest due to the

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[2] The usage of the term 'disability' will be based on the definition used in the Equality Act 2010: "A person has a disability…if he or she has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities."

'hard to reach', now referred to as 'seldom heard' (Iriss, 2011), a description that has sometimes been attached to these communities (Hoppitt et al., 2011; Matthews, Netto, & Besemer, 2012). It is not always as clear-cut as to why the experiences are different and difficult for BME communities than for other populations. However, this ambiguity in ascertaining why the experiences are difficult allows for further clarification specifically within the Black African mothers' experiences.

By reading the literature, it is obvious that there has been a lack of research exploring BME communities in the context of Scotland that specifically focuses on interacting with social work services. In the last two decades, there has been a relatively small recurrent interest in research investigating BME families' experiences of social work and care service provisions for disabled children and young people within the UK (see Chamba et al.,1999; Heer et al., 2012; Hussain et al., 2002; Kramer-Roy, 2012). Most researchers in the field agree that some of the barriers that BME families face in their engagement with social work and or support services include individual and institutional racism; limited access to services and information; language barriers; and attitudinal barriers linked to beliefs about BME communities that are stereotyped (Casado, Negi, & Hong, 2012; A. Chand, 2005; Hubert, 2006b; Ian Katz, LaPlaca, & Hunter, 2007; Masocha, 2014; Pomeroy & Nonaka, 2013).

Research that has touched on social worker engagement with BME families and disabled children specifically in Scotland is limited (Flynn & Patel, 2003; Stalker & Moscardini, 2012). Taking into account the 2016 draft Review of Social Work Education in Scotland (SSSC, 2016) and the evidence of the difficulties BME families

face, there is a *need* within the current body of knowledge to better understand the implications of anti-oppressive practice in social work in relation to BME experiences with social work services in the context of Scotland. Additionally, investigating the interactions between BME communities and social workers is important given the increase in ethnic diversity in Scotland, particularly in the cities across the central belt of Scotland, such as Glasgow and Edinburgh, which have higher populations of BME communities (Walsh, 2017). Therefore, an understanding of the wider implications for the family and child, and statutory services, such as meeting demands for future service users can be developed from within the body of existing knowledge in Scotland.

1.3 Research Aims and Objectives

Overall, the aim is to develop an understanding of social workers' interactions with BME families in Scotland. This is achieved through considering the concept of anti-oppressive practices within social work education; within the experiences of a social worker to BME community interactions in the field generally; and the experiences of Black African mothers raising children on the autism spectrum more specifically. The aims will be fulfilled through the following research objectives:

- To determine how social workers, social work students, and educators conceptualise and understand 'oppression' and anti-oppressive practice.

- To understand how social workers, demonstrate anti-oppressive practice in their experiences with BME communities in Scotland.

- To illuminate Black African mothers raising children on the autism spectrum's experiences of interacting with social work services in Scotland.

1.4 Research Questions

Each of the three objectives contribute to the overall aim of the research, which in turn is reflected by the following research questions:

1) To what extent do the concept and characteristics of anti-oppressive practice emerge for students and educators within social work degree programmes in Scotland?

2) To what extent can social workers identify instances of anti-oppressive practice in their lived experiences of interacting with people from BME communities?

3) Does the demonstration of anti-oppressive practice in social work resonate with the lived experiences of Black African mothers raising children on the autism spectrum in Scotland?

1.5 Thesis Structure

To recap, the aim of this research thesis is to develop an understanding of social workers' interactions with BME families in Scotland. This is achieved by considering the concept of anti-oppressive social work practices in education, and within the experiences of social workers to BME community interactions in the field, more generally. The specific experiences of four Black African mothers raising children on the autism spectrum in Scotland are also important to this thesis.

Background and Literature Review

These aims will shape the structure of the rest of the thesis. Chapter two will first outline and discuss in more detail the key features that make up the background of the thesis. This chapter provides the reader with an overview of some of the theoretical discussions surrounding the concept of oppression in relation to this thesis, identity, 'race' and ethnicity, autism as a disability, and intersectionality. Focusing on these broad areas surrounding the topic of anti-oppressive practice allows for limitations of the research to be addressed, and with it, the recognition that a broad understanding of the topic and methodological implications are justified. This chapter will also draw upon issues relating to 'race', ethnicity, the disability movement, and finally identity to reflect BME families as part of a wider collective identity within the nation of Scotland. Following this, a brief overview of intersectionality, reflexivity and the researcher's positionality will be outlined.

Chapter three is the literature review, which will offer a brief definition of oppression drawn from Young (1990). The existing literature regarding the operation of anti-oppressive social work practice in two areas of interest will also be reviewed. Social work education is the first point of interest, and the experiences in the field with BME service users and their families are the second. The chapter will then consider literature relevant to BME families' experiences of engaging with statutory services and draw upon research exploring the experiences of African mother raising children on the autism spectrum.

Methodology and Research Strategy Chapters

Chapter four will outline the chosen methodological approach. The research approach will be characterised by the descriptive phenomenological assumptions that the issue of human consciousness places value on subjective experiences. Secondly, it is also assumed that within the individual strands of lived experiences, there are features of commonality within any lived experience that is mutual to all who have lived the experience, otherwise known as a 'universal essence' (Lopez, 2004 p. 728). It is for this reason that a great deal of emphasis is placed on the 'lived experiences' of the respondents.

The research aims and objectives will be made explicit once more at the beginning of Chapter five before providing a detailed account of the overall research design, core interview questions, and strategy employed for data collection. The data on which the discussion will be based comprise of interviews, focus groups, documentary evidence and written responses from three specific groups within this thesis: six social work educators and ten students; six qualified social workers; and four Black African mothers raising children on the autism spectrum. Documentary evidence from the SSSC (2016, 2017) documents and social work handbooks from HEIs will also be used to inform the researcher's understanding of the social work curriculum. This section will be followed by an outline of the ethical, validity and reliability design considerations for this research, followed by a choice of data explicitation employed in the research. In keeping with the research methods drawn from Hycner's simplified (1999) four stage process of explicitation.

Chapter six is the first of three findings chapters. This chapter focuses on anti-oppressive practice within the social work degree programmes in Scotland. The data is obtained from six educators across five institutions, ten students and documentary evidence from HEIs. The SSSC's (2017) Standards in Social Work Education framework will be discussed drawing upon the amendments made to their 2016 value statement. The chapter discusses the three master list themes that emerged from the explicitation of the data along with the subthemes (See Appendix 9). These master themes are: 'Contextualising Oppression', 'Conceptualising Oppression', and 'Classroom to Placements'. This is followed by a brief discussion of the findings.

Chapter seven is the second data chapter which draws upon the lived experiences of six qualified social workers' interactions with BME communities and families. The chapter will be divided into three sections based on three master themes that emerged from the data: 'understanding oppression', 'Anti-Oppressive practice in Action', and 'Implications for Practice'. These findings will collectively answer research question two. Section one will outline: the social workers' understanding of oppression; bridging the gap between theory and practice; and the opportunities for training and professional development as practitioners. Section two will provide examples drawn from two specific social workers which demonstrate anti-oppressive practice in action within two different scenarios. The third section outlines social workers' lived experiences of being perceived as a social worker and challenging their perceptions of service users. The section also outlines the findings related to three of

the Black social workers' experiences as practitioners in Scotland, and the wider implications of allocating black social workers to BME-related cases.

Chapter eight will lay out four Black African mothers' lived experiences of raising children on the autism spectrum in Scotland, in order to answer research question three. The three master themes for this chapter surround 'Autism as a Disability', 'the perception of Disability', and issues related to 'Access, Allocation and Assessment'. Background information about each of the mothers will be provided. This section is followed by a discussion regarding the mothers' lived experiences of understanding autism and the issues they face around support, conflicts with norms and practices, and outline some barriers to interaction.

Having gone through the elicitation process of the data and outlining the main findings within the data chapters, chapter nine will be the final chapter, which will put forward recommendations for further research in light of the research findings, and briefly outline the concluding points within the thesis.

Limitations

There are limitations that have been recognised in the thesis, relating to the focus on ethnicity, sample size and choice of respondents. Only the data from the Black African mothers are considered rather than the family unit because the mothers, as the main carers for their children, preferred to speak on behalf of their respective families. Additionally, the main identity marker of interest is ethnicity. Disability along with other social markers do not feature as much within the thesis but are still recognised in relation to the intersectional characteristics of anti-oppressive practice.

This thesis to a degree may fall into the trap of categorising different communities into one homogeneous group (see Ali, Fazil, Bywaters, Wallace, & Singh, 2001) in the discussion of anti-oppressive practice in interactions with BME communities. However, the decision to investigate this reflects the existing literature and current discourse surrounding anti-oppressive practice in social work. The acknowledgement of this is ultimately exampled in the Black African mothers' experiences.

Additionally, the underrepresentation of BME participation, particularly those raising disabled children, in previous research within Scotland (Ali et al., 2001; ONS, 2012; Flynn & Patel, 2003), therefore did not allow for the certainty that a large sample size of African families would be recruited. Notwithstanding, the methodological approach of Descriptive Phenomenology allowed for and encouraged the sample size to be small. Therefore, an obvious limitation is that these mothers' contribution to the research is not generalisable to the entire BME population in Scotland. However, this aspect of the study offers a starting point in understanding interactions with social work services from the perspective of a specific (Black African) minority ethnic population in Scotland. Chapter two will now go on to elaborate some of the points highlighted.

Chapter 2 - Thesis Background

Introduction

Chapter two will first outline the key features that form the background of this research. This chapter provides the reader with an overview of some theoretical discussions surrounding the concept of oppression in relation to this thesis, such as identity, 'race' and ethnicity, disability, and intersectionality. By focusing on these broad areas surrounding the topic of anti-oppressive practice allows for limitations of the research to be addressed, and with it, the recognition that a broad understanding of the topic and methodological implications are justified. This chapter will also look at ethnic minorities within the Scottish population, drawing upon issues relating to ethnicity, disability, and finally identity, as a reflection of the wider identities of BME communities within Scotland. Following this, a brief overview of intersectionality, reflexivity and the researcher's positionality will be outlined.

This chapter will outline some theoretical arguments that contribute to the thesis background. Additionally, this chapter will position the reader in the stance taken regarding the issues surrounding oppression, and justify the decisions made. The primary aim of the investigation is to develop an understanding of social workers' interactions with BME families in Scotland. This is achieved by considering the concept of anti-oppressive social work practices within education, and within the experiences of a social worker to BME community interactions in the field. This chapter will provide the reader with an overview of some theoretical discussions about identity, 'race', the disability movement, and intersectionality. This chapter will

also draw upon examples of these three broad areas in British history, particularly in discussions of 'race and racism', and in the disability movement sections. These aspects are of focus to reflect the complexity of each aspect as identity markers, particularly when placed in the context of Scotland.

The topic of identity, specifically banal identity will be discussed to introduce the notion of having a collective identity, and Social Identity Theory (SIT), to better understand the fluidity in the identity of a group of respondents within this investigation. The respondents in this instance are the Black African mothers raising children on the autism spectrum, a group within a wider Black and Minority Ethnic (BME) identity in Scotland, which has a place in Scotland's collective national identity. The disability movement will outline and reflect the changes in disabled peoples' perspectives in the medical, social, and social-relational models of disability as a point of interest within this chapter. In outlining these aspects within the background, it contextualises and brings together quite abstract ideas and arguments to form the key focus of the thesis: anti-oppressive social work practice with BME families raising disabled children in Scotland. Therefore, this chapter is relevant because it provides a background to the discussions, debates and arguments across the academic, social and political spheres to provide an introduction and justification of why an understanding of anti-oppressive social work practice in interactions with BME families raising disabled children in Scotland is a necessary and worthwhile investigation.

2.1 Further Defining the Term BME

Following on from the brief description given in chapter one, it was established that the term BME refers to people who are from minority ethnic, religious, and cultural backgrounds. "The term BME includes people of both non-white origins (e.g. African, Caribbean, Asian) and white origin (E.g. Irish, Eastern European)" (Masocha, 2015, p. 1). **T**he process of defining much of the literature that was published in the late 1990s to early 2000s tended to label non-white groups within the UK demographic as 'black' (see Ahmad, 1990; Brummer, 1988; Cooper, 1997; Robinson, 1993; Sawdon, Channer, Henry, Mkandla, & Sawdon, 1996; Singh, 1996). The term 'black' was used as an umbrella term to describe a person of African/ Caribbean and/or Asian background within some academic papers, particularly in the years up to the 1990s, however, the term was also used interchangeably with the term BME in more contemporary papers (see Wainwright, 2009, p. 512). 'Black' was used by both white and non-white academics alike, especially to bring together a sense of shared community based on shared experiences, and this was a strength of the term (Channer & Doel, 2009).

The term "black perspectives" was quickly established through the writings of black experiences by black writers, and is still a feature within the anti-racist social work movement and discourse, which was high on the agenda in the late 1980s going into the 1990s (Ahmad, 1990).The term 'black' therefore stands in direct opposition to the 'white norms' that have become commonplace within everyday society, however a limitation of the term 'black' lies in the lack of identification with it among all non-white groups. For example, there are many people of South Asian background who

do not identify themselves as 'black', therefore the use of the term 'black' erroneously describes a large proportion of very heterogeneous ethnicities by placing them into one homogeneous group (Ali et al., 2001; Channer & Doel, 2009). While the overarching experiences of racism bring various heterogeneous groups together, the mistakes lie in the belief that a 'one size fits all' approach to understanding how racism affects specific ethnic groups will provide a blanket solution to a structurally pervasive issue, that at times require quite individual resolutions. The discrediting and subsequent move away from the concept of 'race' as being biologically rooted (Barn, 2007b; Chakrabarti, 1991; Kohn, 1995; Lavalette & Penketh, 2013; Rattansi & Donald, 1992; Steinberg, 1998; Wainwright, 2009) has meant that the process of describing ethnic identity and conceptually understanding social categories is more fluid and equally complex. Within more contemporary literature, the subsequent use of the term black and minority ethnic (BME) is an acknowledgement of the fluidity, i.e. changes in the historical, political, economic and social aspects, of society which is reflected in the changing face of the UK population. This point will be elaborated in the next section.

2.2 Scottish Population

Within the wider UK research landscape, there has been more research on BME communities' experiences of social services in general (Lavalette & Penketh, 2013; Wainwright, 2009) than in Scotland. The research regarding BME experiences of social services in general within the context of Scotland is sparse (Simpson & Parsons, 2016; Valenti, 2017). This raises the question as to whether this lack of interest in the

experiences of BME communities is due to the relatively small population size (4%) of ethnic minorities in Scotland (Scottish Government, 2014b) in comparison to England and Wales. Based on census records from the Office for National Statics (ONS), both England and Wales have seen steady increases in ethnic diversity, more so in England than in Wales. Although there has been a decrease in demographic size for white ethnic groups, white populations remain the majority ethnic group recorded from the 2011 Census, making up 86% of the overall population in England and Wales (48.2 million people) (Office for National Statistics, 2012). Asian/Asian British ethnicities were the largest minority group at 7.6%, followed by 3.3% for Black/African/Caribbean/British ethnicities, and other or mixed ethnicities cumulatively accounting for 3.2% of the overall population in England and Wales (Ibid).

In comparison, Scotland's demographic of BME communities has also changed in the last two decades, where the 1991 Census records showed Scotland's BME groups accounting for 1.3% of the total population (Netto et al., 2001). According to the 2001 Census records, 2.01% of Scotland's population were from BME groups, and from the recent 2011 Census information, BME groups have almost doubled to 4% (211,000 people) (Scottish Government, 2014b). The Asian population is the largest minority ethnic group in official statistics in the rest of the UK, this is also reflected in Scotland's population data, where 3% (approximately 141,000) of the overall population identified themselves as Asian. In the Annual Population Survey conducted in 2010, it was reported that approximately 47% of the Asian population living in Scotland were born in Scotland. Figure 2.1 shows minority ethnic groups in Scotland according

to the 2011 census records by council area. The city of Glasgow has seen the largest increase in minority ethnic groups since the 2001 census, where almost 12% (70,000 approximately) of the population were from a minority ethnic group, followed by Edinburgh (8.3%) and Aberdeen (8.1%), then Dundee 6% (Scottish Government, 2014b).
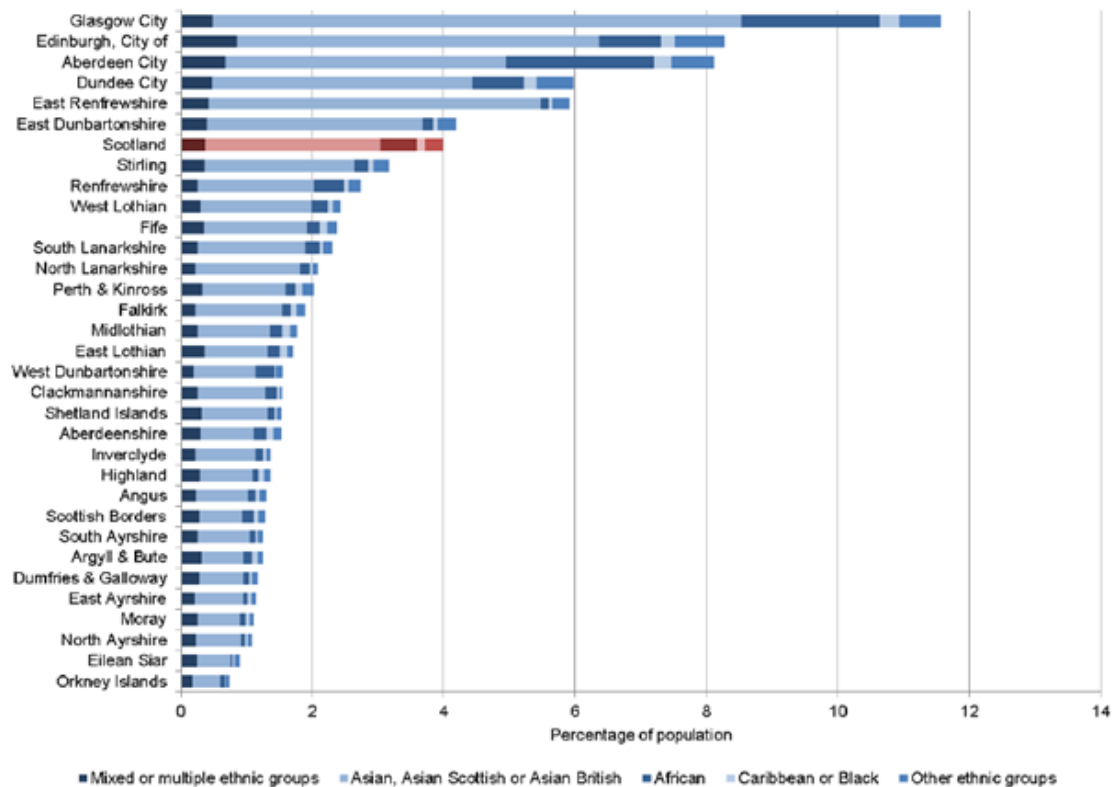
(Scottish Government, 2014b; NRS, 2013)

Figure 2.1 Minority Ethnic Groups by Council Area in Scotland (2011 Census)

This breakdown of minority ethnic populations in Scotland by council area is helpful in gaining an understanding of the spread of minorities in Scotland and for recruiting respondents in a more specific way. Through understanding that mainly cities within the central belt of Scotland, such as Edinburgh and Glasgow had the largest BME population sizes in Scotland, this heavily influenced the targeted recruitment of the

Black African mothers, social work students, and social work practitioners for this investigation.

Data Limitations

Although there is much that can be drawn from the data collected from census records, it appears the routine collection of data in relation to disabled children and young people by local authorities, and in research has been poor across the UK. What limits the research in an already small population is the limited data and information related to disabled children from BME communities in Scotland (Ali et al., 2001; Flynn,2002). This point is reflected in the context of Scotland, where within the city of Glasgow 12% of the total population are from BME communities (Glasgow City Council, 2010). However, through relying on the research from the health discipline, using David Walsh's (2017) research as an example, looking at the potential implications for Scotland's population due to the increase and subsequent change in ethnic make-up of Glasgow specifically, points to the importance of researching ethnic minorities in Scotland. It is asserted in Walsh's (2017) research that by 2031, Glasgow's total BME population will account for one-fifth of the city's adult, and one quarter of children under 16-year-old. In Glasgow, approximately 37% of the BME population were identified as having a disability (Glasgow G. C. Council, 2010). Within the city of Edinburgh a total of 5.5% of the city's population identified themselves within the census as coming from an Asian background (2.7%), but this grouping also includes Pakistani (0.9%), Indian (0.6%), Chinese (0.6 %), other Asian (0.4%), African (0.6%, 29,638 approximately), Caribbean or Black (0.1%, 6,540) (Scottish

Government, 2014b). However, it is unclear about the breakdown within Edinburgh and the rest of the Scottish cities as to the percentage of BME children with disabilities. The difficulties in collecting this type of data is a collection of variances in the definitions related to BME communities in some instances, the amalgamation of disability and long-term health issues within the census records, and underpinning some of these issues is the lack of research relating to the wider, and also more specific BME communities in Scotland (Ali et al., 2001; CRER, 2011b; Division, 2017; Matthews et al., 2012; Netto et al., 2001; Walsh, 2017).

Disability in relation to children, families and education the Scottish Government have limited additional information. The reason for this is due to their alignment with the definition of disability as outlined in the Equality Act 2010 being "a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities"(GOV.UK, 2010). Thus, the available information previously identified as 'disability' better described children with additional support needs, which is an aspect of disability in part, but does not provide a holistic representation of children with disabilities in Scotland (Scottish Government, 2015b). Equally problematic, in the census records is populations with long-term health problems or disability were grouped and recorded together. Figure 2.2 shows the percentage of BME children aged 0-17 years old with long-term health problem or disability in Scotland.
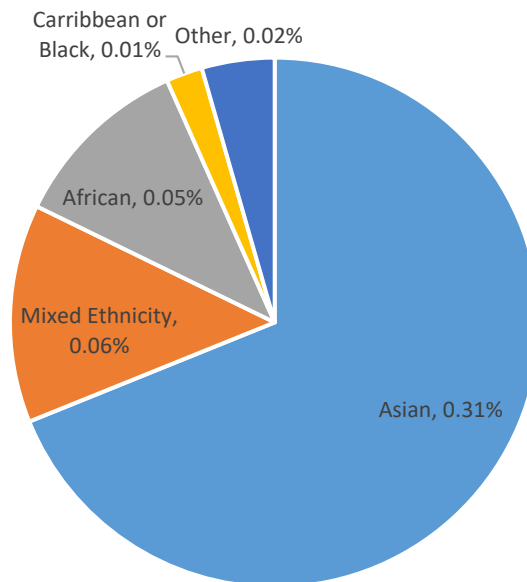
Figure 2.2 BME Children aged 0-17 years old with Long term health problems or disability in Scotland

A total of approximately 1,104,875 children and young people in Scotland from the ages 0-17 years old were identified within the census records as having a long-term health problem or disability. Within this population 665 (0.06%) were of mixed or multiple ethnic groups, 3,435 (0.31%) were Asian, 605 (0.05%) African, 155 (0.01%) Caribbean or Black, 297 (0.02%) identified as other (see Figure 2.2). Although helpful in understanding how small the potential population of respondents and their respective families are, the amalgamation of children with long-term health issues and disability is also problematic because the definition of each term is not interchangeable, but within the Scottish census records is treated as such. Additionally, an accurate breakdown that is reflective of the wide-ranging impairments, and various disabilities is not outlined. These two points do not negate the realisation that long-term health issues can interact with and affect one's disability and vice versa. However, for being able to better inform, for example

research methods for the purposes of recruitment, changes in how disability and long-term health issues are understood and categorised when collecting data would be beneficial. Overall, in the first instance, it might appear that data collection has improved in terms of defining groups within the population and the means used to reach populations. However uniformity in what data is expected to be collected and how terms related to disability and ethnicity are used vary across local authorities, national data collection techniques and within research (Ali et al., 2001). Some of these challenges in outlining disability within specific BME populations in Scotland align with this thesis: anti-oppressive practice in social work with BME communities, drawing on the experiences of Black African mothers raising children on the autism spectrum as an example. Therefore, the wider implications of anti-oppressive practice in social work with BME communities given the increases in population size and concerns surrounding health and child development in Scotland (Government, 2014a, 2014b; Walsh, 2017) are of value and importance to various stakeholders.

2.3 Banal Identity

Within this thesis, the individual and collective identities that make up BME communities in Scotland are of interest and necessary to the investigation. Identity is a concept that is difficult to define and involves complex interactions between individual and collective feelings of belonging to a community or nation. The basis of this chapter derives from the argument that "identity is grounded in the everyday" (Edensor, 2002, p. 2). Therefore the formation of a national or collective identity, which is placed within the nature of this thesis with BME families' experiences, will

be contextualised through critical discussion of the banality of 'everyday' identity (Billig, 1995).

Michael Billig (1995) argued that national identity should be recognised as more than just a psychological state of being, and that it is "embedded in routines of social life" (Billig, 1995, p. 175) and consequently taken for granted. Some of the ways that it can be taken for granted at an individual level is through the decisions to consume and engage with particular social and various media outlets. For example through language use of 'us' or 'we' (Skey & Antonsich, 2017) in Scottish television programmes, adverts, and 'Scottish Twitter' (Shoemark, Kirby, & Goldwater, 2017) when discussing Scottish perspectives on issues in relation to neighbouring and international nations. However, there are also influences from an institutional level, where regulations construct individual daily routines, which then become engrained as common cultural knowledge and practice (Edensor, 2002). The fluidity of everyday life therefore becomes unreflexive, and the individual possesses a need for stability and a sense of belonging, to maintain the norms and values of that society. Therefore, the formation of identities, becomes a modern construction established to reflect the interests of the powerful, where maintaining invented traditions, the status quo and so on allows for values and norms to become fixed. When this simple notion of banal identity is applied to BME communities in Scotland, it is important to understand how one's individual or collective identity is formed within everyday actions in an unreflexive manner. Therefore, it would not be accurate to assume that the influence of pre-established power, national identity and in turn belonging did not apply specifically to BME communities in Scotland. This point is further exemplified in the

next section surrounding collective identity, which has a strong national identity within the UK, therefore making the prospect of belonging to a community an important issue. This point is true particularly for the African mothers raising children on the autism spectrum in Scotland, as they arrived, and or eventually settled in Scotland. Therefore, understanding their lived experience as an African immigrant within the context of a society that has a collective Scottish identity, cultural practices and norms are underpinned by the objective of illuminating Black African mothers' experiences of interacting with social work services in Scotland.

Collective Identity

Benedict Anderson's (1991) idea of an 'imagined community' emphasised a shared belief of genuine belonging and therefore presented national identity as a cultural system rather than a political ideology. However, in discussing how culture and identity in Scotland are formed, Bond (2006) argues that the nation state set the agenda in all spheres of life; political, social and economic. These then contribute towards identity formation as these agendas make up the dominant ideology. Bond's (2006) argument that individuals within ethnic minority groups may choose to remove themselves from the identity associated with the 'host' nation. This is referred to as 'self-imposed limits' which are borne out of individual feelings of reluctance to label oneself as a member of a group or community when they do not feel that they truly belong (Bond, 2006). Conversely, others do not want to declare their membership of that community in fear of the negative reactions from others. This, as Bond (2006) argues takes place within the social construction of national

identity which "serves to exclude [individuals] from belonging to it" (Bond, 2006, p. 611). Three key markers are highlighted by Bond in his arguments: residence, birth and ancestry; which facilitate a simplistic claim to a national identity held by the majority. Bond found that the markers of birth and ancestry are important in claiming Scottish identity. However, there is an interaction of self and externally imposed limitations on identity which further uncovers the complexity of identity formation stretching beyond basic markers (Bond, 2006). Bond's (2006) arguments are particularly insightful to the discussions that will take place within the overall thesis and are useful in understanding the relationship between social work practitioners and BME families in instances of interacting with each other.

Additionally, McCrone's (2002) argument investigates how ethnicity and national or collective identity are not cohesive. Like both Billig (1995) and Edensor (2002) McCrone also maintains that the construction of an individual's sense of national identity and belonging is enacted in everyday life. This process highlights the various symbolic and behavioural forms that identity can take, and the fluidity of those forms as they are "made, sustained and modified" with everyday social interactions (McCrone, 2002, p. 307). McCrone's view echoes, Michael Billig's (1995) notion of 'banal nationalism' (Billig, 1995) which sees identity formed and solidified by the collective daily routines and experiences that are indirectly and unreflexively performed. The idea of 'banal nationalism' is relevant in understanding how national discourses facilitate others' understanding of "who they are, the nature of the world they live in, how they relate to others and what counts as important to them" (Reicher & Hopkins, 2001, p. 3). It also serves an insightful purpose in the thesis

discussions, given that anti-oppressive practice in social work is meant to address 'social divisions and structural inequalities'(Dominelli, 1996), which ultimately shape how social workers engage with the world around them.

Social Identity Theory

Social Identity Theory (SIT) (Tajfel & Turner, 1979) is also useful in understanding how the identities of BME families and social work practitioners interact with one another as a contribution to the discussion on identity formation. The theory emphasises group membership based on self-categorisation that gives the individual a form of social identity. However, a distinction must be made between social and personal identity, where the focus is shifted toward interpersonal relationships (Turner, 1982). The term 'identity marker' can be taken from Kiely, Bechhofer, Stewart, and McCrone's (2001) paper which discusses the use of identity markers to claim and equally challenge elements of individual identity and essentially belonging. They describe identity markers as "…any characteristics associated with an individual that they might choose to present to others, in order to support an identity claim...they are also the characteristics that people look to in others when they seek to attribute national identity to them" (Kiely, Bechhofer, Stewart, & McCrone, 2001, p. 34). Mcrone's (2002) use of the term 'idenity markers' and how it is played out in its application to everyday identity markers exemplifies the argument made in SIT. For many individuals, idenity markers are important in making claims about one's idenity and how it is perceived by others (Mcrone, 2002). The underlying message is that "identity is not essential, given, unproblematic or unchanging" (Mcrone, 2002,

p. 308), rather it is a complex use of markers which are used to construct an identity that fits in with the rules of social interactions. Within this thesis, the outlining of key arguments made within Social Identity Theory (SIT) is useful. In particular Mcrone's (2002) concept of 'identity makers', will be used to describe ethnicitiy and disability throughout the rest of this thesis.

An example of Mcrone's (2002) statement about identity not being 'essential, given, unproblematic or unchanging' specifically within a Scottish context with BME communities can be found in Saeed, Blain & Forbes' (1999) empirical study which argued how, at times, who we are is shaped by who we are not. This study investigated the location of Scottish Pakistani identity in young people in the West Central area of Scotland. The main findings were that there was an unchallenged essentialist perspective of identity which allowed for labels to be freely placed on individuals. The researchers also inferred that there was a sense of belonging rather than self-labelling expected of that ethnic group, because there was a clear demonstration that white groups were a definitive counter identity. This is evident in the experiences of racism which may have facilitated self-identify identity in more hybrid forms such as e.g. 'Scottish-Muslim' for individuals (Saeed, Blain, & Forbes, 1999). This finding highlights a tendency to "combine 'indigenous' self-attributes along with cultural affirmations specific to their ethnicity" (Saeed et al., 1999, p. 830). Finally, with the growing interest in work directly related to identity and belonging to visible BME communities specifically in Scotland (CRER, 2011a; Houston, 2016; Hu & Taylor, 2016; Keddell, 2009; Nazroo & Karlsen, 2003), there is a substantial basis that the implications of this investigation will positively contribute to an almost inactive

discussion regarding identity, belonging, and accessing social work services within wider BME communities in Scotland. This point will be expanded upon in the next section.

2.4 'Race' and Racism

The benefit of developing conceptual knowledge about identity is that further questions surrounding various identity markers begin to emerge. One of the identity markers of focus is ethnicity, which cannot be discussed without considering the role of 'race' and racism. And, fundamentally within that discussion is the effect of engrained, everyday notions of 'race' and racism within society, and its operation within institutions. Specifically, within institutions, the legal influence over local authorities and statutory services such as social work provision is to ensure that the inclusion of all groups is a right. The Race Relations (Amendment) Act 2000 specifies that authorities have a general statutory duty:

(1a) to eliminate unlawful racial discrimination; and

(b) to promote equality of opportunity and good relations between persons of different racial groups.

Similar objectives are sought within the Equality Act 2010, which replaced previous anti-discrimination laws in a single act, therefore legally protecting direct and indirect discrimination on the grounds of disability, age, and in the workplace (GOV.UK, 2010). These pieces of legislation not only provide a legal requirement to ensure that public bodies, inclusive of social work services, adhere and work within these laws as practitioners, but are also an indication of the progress that Britain has made from a

history of racism and discrimination that has had negative implications in practice with BME communities today. The discussion thus far is already shaping how social work practice with BME communities is moulded and understood today, thus the origin of issues related to racial discrimination will be outlined in the next section looking at the issue of 'race'.

The Issue of 'Race'

British society can be described as 'race – conscious' (Barn, 2007). A common feature that is apparent in how social workers should legally interact with BME families in practice reflects much of this 'race conscious' description. However, the potential for the UK's colonial history to be overlooked is a reality, given that it is the history that shapes ethnic minorities' perspectives and experiences of services in the present day (Webster, 2018). The idea of 'race' as a concept rooted solely in biology can be traced back to thinkers such as Gobineau (1816-1882), who argued that a hierarchy existed where the white races were more superior than any other race (Kohn, 1995). This ideology is dangerous and evidenced throughout history in the form of colonisation of other countries, which subsequently contributed to the rise of the British Empire and, in turn, the notion of supremacy which is still prevalent in Britain today - albeit in more subtle forms (Giddens, 2001).

Similarly, it can be argued that to think of 'race' from a purely biological perspective detracts from the historical and material conditions in which 'race' is socially created (Lorde, 1984) in the political interests of those in power (Guillaumin & Racism, 1995). Additionally, the division of individuals into separate categories only arises when the

physical distinction between individuals becomes naturalised in society (ibid). Barn (2007) argues that the perception of BME communities by specific practices of statutory service providers has the tendency to pathologise groups, where BME communities are viewed as something that need to be 'corrected' in order to be aligned with the norms and values in society. This very point can also be applied to the discussion of disability. This view, therefore maintains that 'race' as a category is real, but only as an ideological construct (Lorde, 1984) and by-product of the 'social relations of domination' which in turn manifest themselves in reality (Kohn, 1995).

Additionally, codified racism within the British legal system, allowed for material inequality and prevalence of a 'racial superiority' ideology to become embedded as the norm (Steinberg, 1998; Taylor, 1998). In British history, the post Second World War years saw an increase in African, Caribbean and subcontinental Indian workers from colonised countries, as there was a slump in the British labour market (Sherwood, 2007b). Britain's historical background is peppered with legislation of codified discrimination based on pay, the type of work available to particular 'races', conditions and treatment, found in Section 5 (2) of the Aliens Restriction (Amendment) Act 1919 for example. When the passing of the 1919 Aliens Restriction Act is placed in context, it was enforced at a critical point in British history, after the First World War, where in response to the labour shortage in 1916 the government suggested colonials be 'imported' and shipped back home when the war ended, (Sherwood, 2007a). The 1919 Act legalised different rates of pay for colonials based on 'race' alone. The 'importing' of colonials took place on a larger scale after the Second World War, identified by the arrival of the Windrush Generation, largely

made up of individuals from the Caribbean who were encouraged to travel to Britain to fill the labour shortages after the Second World War (Horton, 2018; Webster, 2018). With the decline in employment around the time of the Great Depression (1929-1934), the increased competition for work meant migrant workers became targets of racial abuse by British subjects (Jenkins & Solomos, 1989; Sherwood, 2007b; Solomos, 1993). Recently the scandal about the threat and in some instances, actual deportation of the children of the Windrush generation by the Home Office dominated the media rhetoric. One author described the situation in this manner: "The decision to restrict the rights of the Windrush generation arrivals and their children, and to threaten them with deportation reverses any progress made. It ranks among the most shameful episodes in Commonwealth history" (Webster, 2018, p. 1). This quotation reflects the position taken within this research, that the influence of history, society, and politics has such a powerful and intrinsic influence over current decisions, thought processes and experiences, and this cannot be ignored from the perspective of practitioners when interacting with BME communities more generally. It appears that in 2018 the issues that are relevant to the background of the thesis in the form of 'race', ethnicity, identity, institutional racism and belonging to name a few are very real, tangible and complex issues. What these events highlight is that contrary to public rhetoric, conscious institutional racism is not new to British politics and has the potential to be repeated throughout history. This final point emphasises the importance of the first and second objective of this thesis: To determine how social workers, social work students, and educators conceptualise and understand 'oppression' and anti-oppressive practice; and to understand how social workers

demonstrate anti-oppressive practice in their experiences with BME communities in Scotland. Thus, understanding the potential for institutional racism to recur at an individual and social level is an issue to be mindful of within this investigation, and will be briefly discussed in the next section.

Institutional Racism

Institutional racism can be defined as:

> "The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people" (paragraph 6.34) (*The Stephen Lawrence Inquiry: Report of an Inquiry by Sir William Macpherson of Cluny*, 1999, p. 369).

A landmark case of institutional racism can be exemplified in the Stephen Lawrence case that took place in 1993, where a black teenager was the victim of a racially motivated stabbing in London, resulting in his death (*The Stephen Lawrence Inquiry: Report of an Inquiry by Sir William Macpherson of Cluny*, 1999). The Macpherson report was published on 24 February 1999. Macpherson concluded that the case was mishandled stating that the investigation was "marred by a combination of professional incompetence, institutional racism and a failure of leadership by senior officers" (ibid, p. 365). The report also concludes that legal institutions had failed to provide a service expected of them due to 'unwitting, but clear racism' and racist

stereotyping in attitude and behaviour of minority ethnic people (House of Commons, 2009). Exactly twenty-five years after Stephen Lawrence's death, the weight of the case and the Macpherson report continue to shape all aspects of society, from institutions to the individual. What can be concluded from the outcome of the Stephen Lawrence case is that racism within British society does not happen as an isolated phenomenon, rather the events occur based on a series of other (non) decisions or events which invariably become culturally and ideologically engrained in the structure and mentality of society (Giddens, 2001; Kohn, 1995; Lavalette & Penketh, 2013). This view is useful in understanding that there is a recurring pattern across time and space which allows for the continuation of ideology (racialised in origin) to occur within professional practice (Kohn, 1995).

In relation to social workers and support services, research has concluded that the lack of awareness exhibited at times by practitioners hinders how they approach situations relating to BME families, particularly when social workers are perceived as being advocates for the interests of the people they are working with, within multiple agencies (Asquith, Clark, & Waterhouse, 2005). In other instances to come across a practitioner who is conscious of overt and covert racism at an individual and institutional level, and can actively engage with BME families despite initial cultural and language barriers (Barn, 2007; Barn, Sinclair, & Ferdinand, 1997) is seen as unrealistic. In a review of the barriers to inclusion in mainstream support services, BME groups are described as 'hard to reach' (Ian Katz, Placa, & Hunter, 2007) or 'seldom heard' (Iriss, 2011), but mothers in particular feel isolated: support services talk at women about their parenting choices taken from the perspective of Western,

white middle-class values that do not always translate to ethnic minority communities. These communities may potentially hold different norms and values on issues (Katz and Pinkerton, 2003), rather than assisting mothers. The Western values do not reflect their family make-up and situations of BME families, further emphasising differences in experiences that lie between and within ethnic groups (Thoburn et al, 2004). What Katz et al's (2007) review emphasises is the consistency of barriers experienced in general, but it is also an indication of the barriers that are specific to some groups. It is the specificity of these barriers to BME families raising young disabled people that are of interest, drawing from the experiences of Black African mothers raising children on the autism spectrum in Scotland, particularly with how social workers engage with families and negotiate around and through the barriers they themselves face as professionals. Much of the discussion regarding barriers and inequality in relation to 'race' and ethnicity, can also be said for disabled people, in terms of the history surrounding how disability was viewed previously, and the changes in how disability is understood today. The next section will briefly discuss the history of the disability movement, theories of thought surrounding how disability is understood and shapes the experiences of disabled people within society.

2.5 The Disability Movement

The next issue outlined focuses on the disability movement to reflect the changes in perspectives, from within the movement itself and subsequently within society in the form of the medical, social, and social relational models of disability as a foundation for discussion. Disability is not the focal point within the thesis, rather anti-

oppressive practice in social worker interactions with BME families raising disabled children in Scotland is the point of interest within the investigation. Drawing on the experiences of Black African mothers raising children on the autism spectrum, provides a unique and important perspective in understanding the complexities surrounding disability as an identity marker, and within the wider discussion of anti-oppressive practice. Overall, the demonstration of anti-oppressive practice in social work rests upon the practitioner's ability to understand the intersectionality of identity markers, such as disability and ethnicity, the potential for oppression to come to the fore, and ultimately be questioned within the context of Scotland given the inevitable changes and growth in the BME population (G. Council, 2010; Walsh, 2017).

Similar to the issues surrounding 'race' and ethnicity, one example of the issues of changes to disability rights dating from the 1300s to the present day can be exampled in the Disability Discrimination Act 2005 (Amended), where the definition of disability was extended to public bodies to introduce disabled peoples' equality and involvement in the design of services and policies. What these highlights is that the original 1995 Act, allowed for power imbalances to remain, where power was securely out of the hands of disabled people in matters that affected their lives in British society. Thus, this highlights that the codified discrimination in law does not allow for oppression to transpire as an isolated phenomenon. Rather oppression also occurs due to the culturally and ideologically engrained power imbalance and inequality within the structure and mentality of society (Barnes, 2003, 2012; Shakespeare, 2013). This argument falls in line with the perspective that legislation

for years prior to the present day aimed to exclude particular groups of people, such as disabled people (Barnes, 2003, 2012). This argument can also be exemplified in the various stances adopted over time with regards to the varying definitions of disability, the first drawing from the medical model of disability, as discussed in the next section.

The Medical Model of Disability

The medical model of disability is in some respects one of the many influences on the way that disability came to be viewed and accepted at an institutional, political, social and individual level. This section will briefly outline the initial way that disability was viewed largely in the UK. In 1980 the World Health Organisation (WHO) attempted to develop a universally accepted definition of disability:

"Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being" (WHO, 1980:29).

This WHO model of disability was not only implicit in dictating how the medical health care is delivered, but provided the distinction between impairment, as the limitation in function due to 'disease or disorders', and disability as a limitation in the performance of activities (Barnes, 2012). However, the problem with definitions like this surround the heavy influence of medical definitions which place a focus on the 'bio-physical' assumptions that come with what is commonly understood to be 'normality' and is culturally, socially and politically varied. With regards to autism, the term "AS" refers to the autism spectrum, which is inclusive of individuals who have

received a diagnosis of autism or Asperger's syndrome. There are individuals who argue that AS should not be regarded as a disability, and wish to "present an alternative construction of autism as a difference rather than a deficit or deviance, and to examine the negotiation of a place for a person with autism within a neurologically typical dominated society" (Brownlow, 2010, p. 10), often referred to as 'neuro-diversity'. The written contributions from autistic people have shaped the language used to refer to non-autistic populations, where the term 'neurologically typical' (NT) is now considered to be the most conventional usage by autistic people, the wider online community and professionals (Brownlow, 2010). Following this WHO definition, it opens the gateway to making impairment an individual medical problem in that somehow the individual is dependent on someone, thing, or institution to achieve a form of 'normality' that is acceptable to the rest of society (Barnes, 2012; Oliver, 2013; Shakespeare, 2013; Watson, Roulstone, & Thomas, 2012). Therefore, the use of specific terminology that has been developed and recognised by autistic people as an example, allows for their own narrative to shape discussions surrounding AS, and this point lends itself more to the social model of disability[3]. The issue as to whether AS is considered a disability or not is very much subjective, which is why understanding various perspectives on this issue is fruitful. Using this discussion as a basis, the stance taken is that autism is

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[3] This point is also instrumental in the use of the term 'Autistic children' within this thesis for two reasons. First, the thesis aligns itself with the social model of disability, and secondly 'Autistic' and 'on the Autism Spectrum' are two of many terms that are endorsed by autistic adults, family members, and parents (see Lorcan et al., 2015).

considered as a disability and this wider discussion is influential in the recruitment of respondents for this investigation.

The Social Model of Disability

The perspective detracted from the historical and material conditions through which disability is socially created, thus reflective of the political interests of those in power (Barnes, 2012). UPIAS' ideology is reflected in their definition of disability, which differentiates between impairment that is biologically based and the process of socially constructing disablement:

> "The disadvantage of restriction of activity by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities" (UPIAS, 1976: 14).

Thus, with the development of UPIAS' arguments, what remained important in the disability rights movement was the shift from the medical model understanding of disability being some form of personal problem, towards the social model of disability (Oliver, 1992, 1996a, 1996b). This model recognises that society's response to individuals with impairments not only varies across time, culture and location, but provides the basis for understanding the principles that underpin the disability studies agenda (Barnes, 2012). Additionally, Michael Oliver (1990) argues that the use of the term disability as a label is socially constructed. He argues that it is moulded by history and has continued to be reproduced through social policy and social relations, all of which shapes the life and experiences of disabled people. In drawing

from UPIAS' arguments and the social model of disability as examples, linkages can be made with the operation of power within the wider understanding of the complex social form of oppression that is experienced by other minority groups such as, ethnic minorities, women, and religious groups and across various other social identity markers (Barnes, 2012). Given the heightened awareness and activity surrounding anti-oppression, for example within disability studies and other social issues, it is not necessarily surprising that the discourse surrounding anti-oppressive practice in social work began to emerge and take form through legislation and social policy changes in the late 1980s and throughout the 1990s.

The Social Relation Model of Disability

One aspect of focus within the present discussion is the social relational model, which considers the points discussed in the social model, but also embraces the aspect of intersectionality in acknowledging that social oppression does exist within disability, but also within other variables such as ethnicity and gender etc. This is particularly important to acknowledge as it provides a deeper understanding of the lives of disabled young people through their feelings of disablement by society and service providers. This also highlights that impairment itself is a catalyst for restrictions in activities, and not just the oppression experienced within society (Carol Thomas, 2004).

Conversely, an overall critical conceptualisation of disability would argue that not enough attention is given to the body, whereby whatever constructed label given to the body is still very much real whether it is impaired or not. This is particularly

evident in looking at the way identity is negotiated through agency, the body and barriers (Islam, 2008) which is important for a holistic discussion of how Black African mothers raising children on the autism spectrum, experience social work provisions. What can be drawn from this social relational disability perspective, is the interplay between the biological reality of the body that impacts upon the individual by limiting or facilitating the way the body is used daily; and the social-cultural reality which is dependent upon how that body interacts within more specific social contexts, and how others react to the body (Carol Thomas, 2004). Therefore, what can be taken away from this model is that there is an understanding that individuals with impairments are limited not by the social construction of disability alone, but by their impairment (Carole Thomas, 1999) and likewise the reactions of others are integral in disabling situations. Furthermore, questions regarding the extent to which social workers engage in the maintenance or break down of identities for BME families with disabled children can be raised, along with the subsequent implications of these findings for social work education and practices. These points will be addressed in chapters 7 and 8.

2.6 Intersectionality

The discussion about the social relational model touches upon the idea of 'society' and 'circumstance' almost acting and reacting to one another, and various aspects of any given scenario intersecting with one another in quite complex ways. The lens that is used by social workers, before, during and after their engagement with BME families in general is important for understanding that the intersectionality of any

identity marker such as ethnicity and disability is in themselves complex (Garran & Werkmeister Rozas, 2013). This section will provide a brief overview of intersectionality, as it is understood conceptually, rooted in gender focused studies and discourses, and how the function of intersectionality is implicit within the discussion on anti-oppressive practice in social work.

The use of the term 'anti-oppression' in social work education and practice is interlinked with the concept of intersectionality, which conceptualises identity markers such as 'race'; class, gender, disability etc. as forms of oppression and equally privilege and power. Within academia, some perspectives carry the notion that minority identity statuses, such as race, gender etc. "…act independently and combine additively to shape people's experiences" (Parent, DeBlaere, & Moradi (2013 p. 640). By contrast, some view the conceptual meaning of intersectionality (such as, Collins, 1991; Carbado, 2013) as the complexity of the issue or problem being studied as being first respected, secondly appreciated for how the issue is represented within its historical context, and thirdly how these historical representations are interpreted by oneself (Liasidou, 2012). From an intersectionality perspective then, it is maintained that "…multiple identities construct novel experiences that are distinctive and not necessarily divisible into their component identities or experiences" (Parent, DeBlaere, & Moradi (2013 p. 640). Ultimately, both contribute towards understanding identity and individual lived experiences.

The use of the term intersectionality can first be attributed to prominent female writers Crenshaw's 1989 work on intersectionality between 'race' and sex, and Bell

Hooks (Hooks, 1981) in her book 'Ain't I a Woman'. Intersectionality can be understood as a concept of 'understanding difference', as outlined by Jordan-Zachery (2007), in her article: 'Am I a black woman or a woman who is black? What is key within her writing is how gender and race intersect. Not only is the focus on the intersection of gender and race, but also it focuses on how gender and race influence how a woman is treated specifically in society (Jordan-Zachery et al, 2007). What is also highlighted within this article is the stance that women of colour are a marginalised group and are omitted from the structures of society and institutions in the society. Within the article, in relation to another piece of work relating to black women and the war on drugs, the concept of black women as being "invisible and hyper- visible to members within their own community and to those outside of their community" (Jordan-Zachery, 2007, p. 257) is highlighted. This is an interesting concept and notion particularly of visibility with in black African mothers lived experiences within their own communities within this thesis is where a connection can be drawn. One of the many poignant questions Jordan-Zachery asks is: "How do we do intersectionality so that we are able to show how the different systems of oppression converge?" (Jordan-Zachery, 2007, p. 258). This is an important question which although this thesis does not answer fully, however elements of the questions come to the forefront in this thesis that contribute to answering this question. For example, understanding systems of oppression in operation for disabled people, people within Black and minority ethnic communities, and specifically Black African women raising children on the autism spectrum in Scotland. In using the term intersectionality, particularly within an academic context, the origins of the term

relating to black women being oppressed can be lost (Harris & Leonardo, 2018). It is important, therefore, that the experiences of Black female voices are not lost in the discussions surrounding intersectionality.

The author also asks the question "When you look at me, what do you see: a woman who is black or a black woman?" to emphasise the point that her "blackness cannot be separated from [her] womanness" (pg. 261). This typifies the crux of intersectionality (Hicks, 2015) as not being a "…straitjacket analyses that begin with race or gender as hopelessly essentialist but builds from them as starting points for an appropriate intersectional synthesis." (Harris & Leonardo, 2018, p. 18) The wider links between social work and intersectionality is the struggle for social justice, where the recognition of all identities cannot all be satisfied (Harris & Leonardo, 2018). However "the context of the lived experience of black women, or any other marginalized group, provides us with a deeper understanding of both structural and political intersectionality" (Jordan-Zachery, 2007, p. 261). While this thesis does not fully answer the questions Jordan-Zachery poses in her article about intersectionality. The interest around Black African mothers and 'womaness' as one of many issues within this thesis allows for the discussion around the relevance of intersectionality as it pertains Black African mothers' intersectional identity as both women and black people within discourses of racism to be continued, and for their realities as mothers, who are multiply marginalized within Scottish society to be recognised.

Within the context of social work practice, intersectionality can be used as a lens that is dependent on temporal and contextual knowledge, but also views intersecting

identity markers or "interlocking systems of oppression" as being necessary elements to function (Joseph, 2015, p. 28). Joseph (2015) argues that at times the lens of intersectionality allows for the erroneous applications of contemporary markers to understand social phenomena of days gone by. However, the added element of confluence allows for previous understandings of identity markers to be placed in parallel with current understandings of these same identity markers as they develop and change in their usage within society over time. An example of this can be found in terms such as 'freak', 'cripple', or 'invalid' which were terms used throughout history to describe people with disabilities. Although the use of these terms to describe disabilities in Britain is no longer used, the connotations of a word such as 'freak' in some contexts today convey a meaning that is not dissimilar to its original usage (Petersen, 2006) to describe people with disabilities. Additionally, the argument of confluence (meaning to converge, union or meeting) which adequately describes the fluid and complex tapestry of conceptual understandings of these identity markers and how they relate to and influence each other conceptually (Allain, 2007; Fernández-Borrero, Vázquez-Aguado, & Álvarez-Pérez, 2016; Joseph, 2015, p. 15; Mattsson, 2014).

Conversely, some more critical voices of intersectionality (such as Nash, 2008; Mattson, 2014) view it as an important tool to understand multiple identities that are complex in nature and how social structures affect people's lives (Carr, 2014; Mattsson, 2014). When this view of intersectionality - rooted in gender focused discourses - is applied to social work education, the impact of these complexities around how social structures affect people's lives, becomes more prominent. In a

study investigating the intersectional impact of multiple identities on social work education in the UK, Lui (2017) reviewed the records of 671 social work students and graduates from the 2003/2004 cohort, with the aim of understanding how learning difficulties, ethnicity and gender interact and the effects on the completion of social work training at a university in England. The study identified that black female students with learning difficulties were in the higher risk factor category for dropping out from the undergraduate social work programme. This finding suggested that students with multiple identities, i.e. being black and female and with a learning difficulty, had a lower probability to complete the programme successfully (Lui, 2017). The direct application of this finding strengthens the recurring points discussed earlier in this section. Lui (2017), calls for social work educators and policy-makers to "develop effective strategies to enhance the retention and completion rates in social work training in the UK" (ibid p. 226), since race, gender, and disabilities in social work training are viewed as "intersecting disadvantages" (ibid p. 227) for some social work students.

Another way that complexities in how social structures affect people's lives, becomes more prominent, can be exampled in studies investigating how intersectionality is taught within social work education. Intersectionality is used within social work education as a "framework to allow a fuller understanding of the complexity of diverse social identities and the impact of social structures on power, privilege, and oppression" (Robinson, Cross-Denny, Lee, Rozas, Yamada, 2016, p.1). However, Robinson and colleagues (2016) argue that the literature around the application of intersectionality in social work education has been quite absent. They developed the

social work curriculum at a university in the United Stated, and at the beginning of the semester, thirty-two Master's in Social Work students were assigned to teams based on gender and race. Each group comprised of mixed races, mixed genders, and known sexual orientations, with the purpose of introducing a "'paradigm shift' from the traditional perspective of cultural competence to a more inclusive perspective using the intersectionality framework" (Robinson et.al, 2016). The research team found students admitted that they "never realized how factors other than race and gender influenced choices that individuals made and how these individuals were perceived while negotiating life" (Robinson, 2016, p.5). Students also reported that the effects of disability, sexuality, immigration status in navigating through life, was something they had not considered prior to the course. The authors concluded that "intersectionality should be considered as an overarching theoretical framework in the social work curriculum because it teaches students to wrestle with concepts of power, oppression, and identity as they relate to treating clients as individuals and not as group members based on commonalities." (Robinson et al. p 6).

These conclusions are not dissimilar to Bubar and Bundy-Fazioli's (2016) investigation of intersectionality and social work for twelve Master's in Social Work students (MSW) at a university in the United States. They argue that "it is not the responsibility of one professor in one course to educate students on intersectionality, power, and privilege but a responsibility that should be embedded across a curriculum" (Bubar & Bundy-Fazioli, 2016, p. 289). Much like in Robinson and colleagues' (2016) research, students were asked to consider questions related to intersectionality, but this time with an emphasis on power. The students who participated were predominantly

white, with two students of colour noted. The researchers found that intersectionality was omitted in graduate student learning environments, even when class assignments focus on discussions about how power is theorised (Bubar & Bundy-Fazioli, 2016). They also found a "lack of awareness of power and privilege over people who experience oppression", and in both studies, female students outnumbered male students, which was reflected in the students' inclusion of gender as a 'single-axis' form of analysis (ibid, p. 290). These observations led the researchers to conclude that the omission of intersecting identities when discussing work with clients was present because students themselves failed to understand or recognise their own place within the system of oppression and within society.

These examples strengthen the argument that the use of an intersectional lens should see social workers become less likely to assume or generalise the experiences of the people they work with (Robinson et.al, 2016), once this understanding is realised. When this approach is applied to this thesis; Black African Mothers raising children on the autism spectrum in Scotland, and their lived experiences of engaging with social workers, the literature suggests that some of the failures to recognise intersections of identities for these mothers may also be evident in their experiences.

The overarching argument that can be drawn from this discussion so far is that intersectionality can be used to bridge the structural understanding of social problems which tend to be far removed from that experienced by service users that social workers work with. Additionally, it encourages critical reflection to challenge the structural understanding and stereotypical attitudes and ideas that may be pre –

existing within social workers to service user interactions. Mattsson describes these social markers as "elementary power relations with respect to marginalisation, oppression and injustice" (Mattsson, 2014, p. 11).The beauty of intersectionality is that it makes no attempt to conceptually 'reinvent the wheel': rather the acknowledgement of the inherent need to categorise and conceptualise issues within society is used as the foundation through which the complexity of issues overlapping or even colliding with one another is fully acknowledged. This, therefore allows for intersectionality to be an important consideration in the response of oppression, in light of other social identity markers (Garran & Werkmeister Rozas, 2013; Carr, 2014; Hicks 2015). An intersectional lens will be used as a tool to specifically understand the complex interplay and perpetuity of categorisations that reinforce oppression and social structures: within this thesis, such as gender, with an emphasis on ethnicity and disability. It is important to recognise the differences in how one would be treated across many identity markers in a simultaneous manner. What this thesis looks to examine is that the nature of oppression is multifaceted, in this instance the intersectionality of ethnicity and disability among other identity markers such as gender, that may emerge is equally important in the overall experiences of the individual and family.

2.7 Reflexivity and Positionality

The discussions surrounding identity, 'race', disability and intersectionality have all at one point throughout the discussion made implicit the importance of reflexivity. The ability to conceptually understand and demonstrate reflexivity within the current

investigation is necessary to fulfil the objectives and answer the research questions. Reflexivity revolves around "the reflectiveness of social researchers regarding the implications for the knowledge of the social world they generate of their methods, values, biases, decisions and mere presence in the very situations being investigated"(Bryman, 2008, p. 715). The relevance of reflexivity within the research is important due to both the contribution and influence that the researcher has on interpreting the data and disseminating the findings. Therefore, the continuous nature of shaping, evaluating and reshaping the decisions made regarding how the data collected will be interpreted is important (Bryman, 2008 p 715).

Another issue is positionality which is linked with all aspects of the research. It can be argued that a social researcher is positioned by their own age, ethnicity, class gender, nationality etc. whether this is implicit or explicit within their work, and the extent to which these categories influence the process of interpreting data. With regards to the present research, there is a focus on the experiences of social worker's interactions with BME communities in general and families raising disabled children. Floya Anthias (2001) argues that stratification theory frames the discussion around 'social divisions' within ethnicity and class. The systematic, social process of classifying people is used to establish systematic meanings which impact on behaviour and subsequently outcomes of difference. In making these classifications, individuals then go on to construct their own and others' community membership, which is part of the process of exclusion with regards to identity formation. An important point also highlighted by Anthias (2001) is the role that reflexivity plays into how the researcher is aware and mindful of categorising respondents as being

excluded, marginalised, or "…passive victims or willing agents in their own denigration" (Anthias, 2001, p. 838) within the interpretation and presentation of the findings.

The concepts mentioned here add detail in understanding the world through an intersectional lens. There is the understanding that the world and society are socially constructed and therefore defined and determined by these constructions. The researcher, social work practitioners, social work students, BME parents and BME disabled children are intrinsically part of the social construction of how one views the world, so then have to discover how those constructions are established: by whom and the meanings attached to them through the experiences of others. Therefore, the negotiation of one's own positionality as a Black British researcher of African descent within the current investigation will potentially play a part in shaping the approach taken to conduct the research, influence and be influenced by all aspects of the research. The implications of the researcher's positionality on the research design, collection and explicitation will be discussed further in chapter five.

The last objective is to show how the intersectionality of ethnicity and disability as social identity markers emphasise the effect on social workers' reflective 'anti-oppressive' practice within their interactions with BME families. This objective has implications for the methodological choices that are made to allow for the central focus of this thesis to be viewed using an intersectional lens. This issue regarding the methodological approach will be discussed further in Chapter 4.

Summary

This chapter has outlined the key features that make up the background of the thesis, given that the primary aim of the investigation is to develop a better understanding of how social workers interact with BME families raising disabled children in Scotland. What can be taken from this discussion is that these fundamental theoretical discussions, when applied to this investigation show how interactions between social workers and BME families are compounded by banal identity formations, racism, and 'banal disablism' as exemplified within the disability movement. Ultimately, the element that underpins these issues is the dynamics within social workers to BME families raising disabled children and young people during interactions, which also compounds the experiences for all parties involved both positively and negatively.

The final sections discussed the important issues of intersectionality, reflexivity and positionality as the link that ties together what are understood as quite abstract concepts, to better understand the complexity in ethnicity and disability as intersectional concepts. The concept of intersectionality, rooted in gender focused discourses, brings to attention how ethnicity, disability and related cultural features intersect and operate within interactions between social workers and Black African Mothers who are raising disabled children in engaging with statutory services. This statement is undergirded with the additional layers of understanding one's own reflexivity and positionality within interactions in the case of social workers, BME families, and disabled children in the first instance; and secondly in taking up the role of the researcher. The details of literature related to anti-oppressive social work

practice and social worker to BME family interactions will be expanded upon next in

chapter three.

Chapter 3 - Literature Review

The approach taken to complete the literature reviews was influenced by the researcher's intent in developing an understanding of social workers' interactions with Black and Minority Ethnic (BME) families in Scotland. This is achieved through considering the concept of anti-oppression within social work education; anti-oppressive practice as experienced and demonstrated by social workers engaging with BME communities; and the experiences of Black African mothers raising children on the autism spectrum in Scotland. In each instance, the lived experiences of social work students and educators, practitioners, and Black African mothers are important to the topic of anti-oppressive practice. These lived experiences and the literature that addresses this topic from the viewpoint of various perspectives (e.g. intersectionality, social, political etc.) lends itself to the importance of experiences and narratives, than perhaps a systematic review would because of its "top down" approach. This point will be expanded on in the next paragraph. Therefore, a narrative literature review influenced the approach to search for, organise and analyse the literature and research presented in this literature review. Generally, narrative literature reviews are useful for "studying a more varied literature to identify connections and synergies between different, and sometimes apparently unrelated, forms of evidence" (Gordon, 2018, p1334-1335). In many ways narrative literature reviews allow for a variety of studies to be critiqued and "focus on different parts of a single picture" (Hammersley, 2001, p. 548) before drawing conclusions, identifying gaps or conflicts in the body of existing knowledge. This is something that aligns with the aims of this thesis, and therefore stands in contrast with the tenants

of a systematic review, which was also considered as an approach to undertaking this review.

A systematic review unlike a narrative approach to literature, involves having more explicit criteria in identifying the key studies to be analysed, and in doing so creates research findings that are borne out of robust conclusions due to the systematic nature through which the literature was organised and analysed (Evans and Benefield, 2007; Gordon, 2018). The stringent approach towards organising and analysing the literature into a criteria-based hierarchy based on, for example, research design is a strength that others can replicate in future reviews, therefore contributing towards robustness of the review (Hammersley, 2001). While a narrative review was carried out in this thesis, it was informed by systematic principles.

It could be argued that the robustness of a narrative approach is questionable (see Braye and Preston-Shoot, 2007) when the process relies on the reviewer's discretion as to the appropriateness of literature (Gordon, 2018). However, the strength of a narrative review in relation to anti-oppressive practice in Social Work, lies in the "…commitment to inductive, 'bottom-up' forms of inquiry that recognise the complexity and contingency of social work" (Gordon, 2018, p. 1344). Although a narrative approach is not replicable, it cannot be viewed as any less reliable when applied to this thesis, because the approach's strength lies in how much of the literature reflects the lived experiences, or multiple perspectives that make up the landscape of the current state of Social Work, and the lived experiences of BME communities in Scotland.

The approach taken to organise the literature involved searching key bibliographic databases such as Web of knowledge as well as Google, Google scholar. Prominent peer-reviewed journal databases such as *British Journal of Social Work, Disability & Society, and Ethnic & Racial Studies among others were searched.* Specific searches related to: Social Work using key words 'SSSC', 'education', 'policy', 'practice (or) practitioner', and 'social care'; race and ethnicity using key words 'BME', 'BAME', 'ethnic minority', 'communities', 'Black African families' 'gender', 'Black mothers', 'lived experience'; anti-oppression using key words 'theory', 'identity', 'anti-racist', 'anti-discriminatory', 'intersectionality'; disability using key words 'social model', 'medical model', 'lived experience'; and phenomenology using key words 'descriptive' and 'interpretive were also searched. Books, websites, and policy-related literature from across disciplines were included in this search. In some instances, the searches were replicated with the key word 'Scotland' added for more specific research, and literature from the rest of the UK and internationally were also drawn upon. Around 300 articles, books, webpages, and other forms of literature were identified as relevant during this process.

The literature was then organised based on its relevance to the thesis aims and objectives, as well as publication date to reflect the development of policy or changes in theories or arguments across the various literature reviewed. In each instance, it was apt to reference literature no more than fifteen years old to reflect current trends in e.g. Social Work Practice. A wider timeframe of fifteen years allowed the reviewer to reflect the developments over time of e.g. Social Work policy and education. Much older published works was drawn upon in relation to historically

significant events, or because the work was an influential piece of literature by peers within and across disciplines. Finally, the literature was analysed by considering influential pieces of literature, such as the MacPherson Report (1999), and the conceptual understanding of oppression (e.g. Dominelli, 2002) in relation to social work for example, that crossed disciplines and topics. Then the reviewer was able to develop an idea of the key arguments from multiple perspectives and narratives that make up the landscape and state of social work, and the lived experiences of BME communities in Scotland. The reviewer then made judgements about the quality of the literature through considering; the impact score (Journals); number of citations by peers (articles and books); notable authors (e.g. articles, websites); the author's explicit demonstration of methodological approach within the article; the extent to which the research question is answered and relevant to the thesis question; and finally where relevant (i.e mainly quantitative studies) the replicability of the study based on the method chosen, and sample size (Aveyard & Sharp, 2013). It was at this point that the gaps in the body of knowledge were evident, therefore solidifying the need for this thesis and research to be undertaken.

Literature Review Structure

This literature review will discuss anti-oppressive social work practice with specific communities of people, in this instance BME families raising disabled children and young people. Therefore, the review will consist of two broader sections of literature focusing on: anti-oppressive social work practice, and BME families' experiences of statutory services such as social work. The first subsection will review literature that contextualises academic discussions surrounding anti-oppressive practice in social

work and the challenges that accompany the concept as argued by some academics (such as Dominelli, 1998, 2002; McLaughlin, 2005; Strier, 2007). The next subsection will review challenges to the generic discourse associated with anti-oppressive social work practice and the call for anti-racist social work discourse to come to the fore once more. Following this, the next subsection reviews literature related to social work education with an overview of some of the frameworks that set the standards and guide social work practice for students at the higher education, placement, post qualification and training stages in Scotland. To better place the discussion into context, literature evidencing emerging issues faced by social workers and their experiences in their interactions with BME families will also be drawn upon. These sections collectively evidence where the gaps in knowledge currently lie with regards to anti-oppressive practice in social work education and practice, within the context of Scotland.

The second section reviews the broader experiences of statutory service provision by those in the BME communities. Typically, service users from BME communities have been viewed as 'hard-to-reach' or seldom heard (Iriss, 2011), by statutory services and in research (e.g. Casado, 2012; Peter, 2012; Hoppitt, 2011), due to the underrepresentation of BME participation in research and in the taking up of statutory service provisions. The final section of this review focuses on issues surrounding disability, and the experiences of Black African mothers raising children on the autism spectrum. In reviewing the experiences of Black African mothers, raising disabled children, a case can be made justifying the convergence of the emerging issues within the chapter. More generally, the premise is that both social

workers and BME families encounter one another because of the diagnosis of the child. However, in other instances the lack of adequate care and support of that child may be the catalyst for this interaction. The complex identity markers of ethnicity and disability are embodied by BME disabled children, and therefore provide the reason for further investigation into these unique series of interactions. Lastly, to ground the emerging arguments and issues raised in the earlier subsections, a brief summary of key arguments will draw attention to the gap in literature regarding social workers' experiences of anti-oppressive practice and education, and BME families' experiences of statutory social work services as service users[4].

3.1 Anti-Oppressive Social Work: Is It Conceptually Useful or Problematic?

The term 'anti-oppressive practice' may not be a concept that heavily features in everyday public or even political rhetoric. However, anti-oppressive practice is a concept that has been controversial over the last two decades and a point of much contention within the academic field (e.g. Dominelli, 1997; Mclaughlin, 2005), influencing the political and social policy arenas in the UK (Collins & Wilkie, 2010; Cooper, 1997; Lavalette & Penketh, 2013; Mattsson, 2014; Millar, 2008; Singh, 2013; Strier, 2007; Strier & Binyamin, 2014; Wainwright, 2009; C. Williams, 2013),

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[4] A service user is defined by the Scottish Government as "Any individual, groups, community organisation who receive social work services" (Executive, 2003, p. 24).

extending to mainland European attention and contributing to the debate (Jensen, 2013; Urh, 2008).

Defining Anti-oppression

To understand what anti-oppression is, a definition by Young (1990) of what oppression is both conceptually and operationally is:

> "…the vast and deep injustices some groups suffer as a consequence of often unconscious assumptions and reactions of well-meaning people in ordinary interactions, media, cultural stereotypes, and structural features of bureaucratic hierarchies and market mechanisms – in short, the normal processes of everyday life" (Young, 1990 p.21).

In critically exploring Young's (1990) definition, three vital features can be identified that not only underpin the current discussion but highlight the intertwining conceptual and operational theorisation of oppression in relation to anti-oppressive practice in social work. Firstly, the role of the oppressor and oppressed are assumed and required respectively. Secondly, there is a banality through which these interactions occur, where individual actors engage in oppressive actions that are based on some level of assumption - intentional or not - about the oppressed group. Thirdly, the structure of society allows for the complex interplay between structure and agency to occur microcosmically, reflecting the fluidity throughout history of media representations, cultural, societal and economic contexts. Therefore, what can be asserted from this basic analysis of Young's (1990) definition is that these various contexts influence the structure-agency dichotomy within the milieu of bureaucratic

systems. The intent behind highlighting Young's (1990) definition is to place emphasis on the argument that each feature described is still in operation within society today. This argument will become more evident with the discussion of anti-oppressive practice in social work education, training and ultimately practice.

Anti-oppressive Practice: A History and Debate

Over the last two decades, there have been many contrasting academic contributions to the discussion and debate around anti-oppressive practice, ultimately how concepts such as 'anti-oppression' and 'anti—racism' are conceptually understood (Rush & Keenan, 2014; Strier, 2007; Wilson, 2000). Much of the debate has been surrounding the usefulness and propriety of anti-oppressive social work practice. Where some academics champion the conceptual usefulness of anti-oppressive practice in social work (J Dalrymple & Burke, 1995; Dominelli, 1996, 1998), various contributions and interpretations of anti-oppressive social work practice within academia, social work education and in practice have meant that some contributors question the usefulness of anti-oppressive social work conceptually (e.g.Danso, 2009; Mclaughlin, 2005; Sakamoto & Pitner, 2005). Equally, others lean towards alternative positions that allow for conflicting views to converge, resolve themselves and equally remain unanswered (e.g. Rush & Keenan, 2014; Strier & Binyamin, 2014). This thesis aims to contribute to this ongoing debate, through considering how anti-oppressive practice is understood in practice and education in Scotland. And, considering the potential implications for everyday anti-oppressive practice within wider BME

communities, through drawing from tangible and specific experiences of Black African mothers raising children on the autism spectrum in Scotland.

It can be argued that social work, particularly in the late 1980s and early 1990s was "highly conditioned by institutional inequalities" (Strier, 2007 p.858). There is the view the conditions for oppressive practices to emerge were championed by unequal power relations between the service user, social worker, and institutions (Strier, 20007; Pollack, 2004), and arguably remain the same today. It is arguments like Striers' (2007) observations that anti-oppressive opponents argue are still in existence today, therefore rendering anti-oppressive practice in social work problematic. However, Domineli's views on anti-oppressive practice as a conceptual paradigm are somewhat novel in nature as they are viewed as a useful tool by practitioners and service user groups to rebalance the, at times evident, unequal power dynamics (Dominelli, 1998; Dalrymple and Burke, 1995).

Anti-oppressive social work practice reaches beyond a simplistic power imbalance dichotomy (Dustin & Montgomery, 2009), rather it cuts across the dichotomy of structure and agency, and fully encompasses the existence and operation of structural inequalities within society taking on various forms including gender, class, race and ethnicity, religion and disability. With the acceptance that oppression does not need to cut across various social identity markers equally, rather be the thread through which structural inequalities become evident, the move towards anti-oppressive practice as referred to by Dominelli (1996) is: "A form of social work practice which addresses social divisions and structural inequalities in the work that

is done with people whether they are users ('clients') or workers" (p. 170). She places emphasis on the role of the reflective individual: in their interactions with their social world, their recognition and challenging of structural inequalities, with the aim of reducing the negative structural effects on the lives of those around them. In theory, anti-oppressive social work practice is egalitarian in nature, where practitioners and service users are encouraged and empowered to work together within current structures to produce an outcome that reflects these egalitarian values (see George, Coleman, & Barnoff, 2007). However, it is only expected that views will differ and ultimately shift over time, as will be discussed in the next section.

Some academics question the usefulness of anti-oppressive practice conceptually (Mclaughlin, 2005; Pinker, 1993; Sakamoto & Pitner, 2005). However, a call for the redevelopment of how anti-oppressive practice is understood by academics, social work practitioners and educators has been made (Beresford & Croft, 2004; Rush & Keenan, 2014; Strier, 2007; Strier & Binyamin, 2014; Wilson & Beresford, 2000). Within academia, anti-oppressive proponents (e.g. Domineli, 2017, 2012, 2002; Hooper & Koprovska, 2004) argue that a tool for analysing the operation of oppressive practices in social work and wider populations within society takes a top-down, structural approach to the analysis of social issues, and the subsequent changes that are spearheaded through legal and political powers (Strier, 2007). However, the usefulness of this analysis is a criticism highlighted by Laird (2008), who argues that social work literature has moved towards the analysis of the nature of oppressions, their manifestation and causes, with less attention to models for practice intervention (Laird, 2008).

This shift in awareness that has occurred through the emergence of anti-oppressive social work practices within literature has shaped the way that some issues are understood and approached within the literature, as well as in social work education and practice. Another example from Strier & Binyiman (2014) within academia also raises the point that there is a tendency for researchers in a position to undertake projects, to still be influenced by and reflect the oppressive stance of those with funding power, irrespective of their benevolent intentions as researchers. The question surrounding how far issues within the social work agenda and the methodologies used to overcome these ongoing issues is described by Strier and Binyiman (2014) as "strongly conditioned by those in a position of power" (p. 27). What remains as a fundamental characteristic and discussions surrounding anti-oppressive social work is that it addresses social divisions and structural inequalities that exist between service users and workers (Strier and Binyamin, 2014; Strier, 2007; Rush & Keenan, 2014).

Laird's (2008) argument regarding the shift in attention within anti-oppressive social work practice, is an important point that directly reveals the lack of anti-oppressive informed concepts, theories and models that are successfully translated into practice. Yet, in an attempt to define anti-oppressive social work, Strier's (2007) assessment is important in solidifying what an already elusive concept might look like and mean in practice for social work practitioners. He places emphasis on widely respected international bodies such as the International Association of Schools of Social Work (IASSW) and International Federation of Social Workers (IFSW), which both place emphasis on the emancipatory nature of social work, stating:

"…The development of critical consciousness through reflecting on structural sources of oppression and/or privilege, on the basis of criteria such as race, class, language, religion, gender, disability, culture and sexual orientation, and developing action strategies towards addressing structural and personal barriers are central to emancipatory practice where the goals are the empowerment and liberation of people" (IASSW, 2014 p. 2).

The IFSW definition of social work practice outlined in achieving social justice reflects some features of anti-oppressive practice in social work (Danso, 2009; Dustin & Montgomery, 2009; Rush & Keenan, 2014; Wilson & Beresford, 2000). Conceptually, it makes attempts to draw some level of attention to the, at times covert, structural oppression in existence within society across various identity markers. With few studies using anti-oppressive practice to explore the issues relating to e.g. Black and minority ethnic skilled immigrants, Ransford Danso's (2009) paper argued that this very demographic is being denied access to job opportunities because of their 'race' or ethnicity in Canada. He goes on to argue that anti-oppressive practice is a powerful tool in its practical application at a structural level when working with visible black and minority ethnic immigrants because it represents resistance to the status quo, structural change, emancipation and empowerment for immigrants in Canada. Likewise, the outcome of Dustin and Montgomery's (2010) paper also explored the use of social theory in the teaching of social work students about anti-oppressive practice in social work. They emphasised the structural influences and circumstances surrounding the need for social workers to service user interactions, therefore demonstrating the importance of teaching reflectivity as a practitioner asking oneself

"'What has happened to this person' instead of 'what is wrong with this person' (Keating and Robertson, 2003), an important first step in anti-oppressive practice" (Dustin & Montgomery, 2009, p. 398).

Despite literature confirming the usefulness of anti-oppressive practice conceptually at a structural level, it appears that Laird's (2008) earlier argument cannot be denied amongst anti-oppressive proponents, who concede that there is a "lack of explicit focus on micro-and individual- level practice" (Danso, 2009, p. 549). Despite the strength in the usefulness of anti-oppressive social work practice at a macro-level, the clarity of how social workers can use anti-oppressive informed practice with families and individuals becomes uncertain (Sakamoto & Pitner, 2005).

What can be concluded from this initial overview of anti-oppressive practice in social work is that conceptually, it can be seen as a useful emancipatory framework that specifically addresses oppression across various identity markers. This emancipatory element is the key ethical principle of social justice and social change, that social work practice is so firmly based upon (Collins & Wilkie, 2010; Rush & Keenan, 2014; Wilson & Beresford, 2000) at a structural level, however the demonstration of anti-oppressive social work in practice at a micro level is not as distinctive.

The next section will add another layer to the discussion of anti-oppressive practice in social work through the review of anti-racist literature which challenges the generic discourse associated with anti-oppressive social work practice, and the call for anti-racist social work discourse to come to the fore once more. The consideration of why anti-oppressive practice is favoured in its usefulness over purely anti-racist

practice in relation to social workers' interactions with BME families raising disabled children will become more defined. In making this definition, the objectives and research questions will be justified.

3.2 Anti-Racist Specific Discourse

In the late 1980s, the rise of anti-racist discourse and the introduction of black perspectives in social work shifted the way that oppression in social work practice and education was discussed (Keating, 2000). What Charlotte Williams (2013), a prominent BME academic in social work education, calls the 'Catalysers' in the anti-racist movement comprised of black [i] social workers disillusioned with their treatment within the profession and academic contributors positively forged the development of what is understood today as anti-oppressive discourse and anti-discrimination policy. Arguably, some academics suggest that their contributions have not fully been recognised (Keating, 2000). There was and continues to be a need for anti-racist contributions and ideas to never be forgotten, or 'diluted' into anti-oppressive discourse. This is a concern shared by key contributors, both past (Ahmad, 1990; Ahmed, 1994; Chakrabarti, 1991; Hooks, 1996; Macey & Moxon, 1996) and contemporary (Keating, 2000; Lavalette & Penketh, 2013; Singh, 1996, 2013; C. Williams, 2013; C. Williams & Graham, 2010; C. Williams & Parrott, 2013, 2014).

Anti-racism: Definition and a Brief History

The development of anti-racism conceptually was borne out of the response to societal issues that emerged at the time, which were rooted in Britain's colonial, slave trade history and capitalist society (Keating, 2000). Ahmed (1994) argues that anti-

racism is viewed as a forerunner for the recognition of other injustices experienced by and, at times 'vulnerable', groups in society across various identity markers. However, the crux of Ahmed's (1994) argument is that the anti-racist movement was started *by* black people to address the struggles experienced *by* black people. The operation and definition of anti-racism as a concept requires that the institutionalised practices of racism are dismantled across various institutions: "education, employment, housing, immigration policy and so on, as well as a direct confirmation with racist ideologies" (Rattansi, 1992 cited in Rattansi & Donald, 1992, p. 29).

This definition of anti-racism when applied to social work practice would involve efforts being made towards changing the way social workers, irrespective of 'race' or ethnicity relate to one another and service users, by adopting a more egalitarian approach at a structural and individual level (Dominelli, 1996, 1997; Keating, 2000). Arguably, this understanding of anti-racist social-work theory and practice does not stray too far from the understanding of anti-oppressive social work practice, so where does the discord occur? And equally why is the usefulness of anti-oppressive social work practice as a tool to better work with BME families raising disabled children in Scotland so important?

Within the context of social work, the anti-racism movement was started by social work students and practitioners who were discontented with their treatment on social work courses and in practice (C. Williams, 2013). Anti-racism and the subsequent restructuring of the social work profession at an institutional level was not high on the political agenda (Tomlinson, 2008; Wainwright, 2009) and was

reflected in the social work agenda for the CCETSW, the governing social work body in England and Wales, but not in Scotland with the power to make policy changes prior to the rise in the anti-racist movement (Ahmad, 1990; Ahmed, 1994; Dominelli, 1996; Singh, 1996). The political climate in the 80s and early 90s was such that the government's role in the legislative and anti-racist policy development within social work was perceived to be in-line with the restructuring of the welfare state (Dominelli, 1996, 1998). McLaughlin (2005) also argues that the UK was governed and shaped by the tense political climate from being under Margaret Thatcher's conservative government and subsequent governments thereafter; coupled with the resistance from black social workers and students, which contributed to the growing awareness of anti-racist discourse, particularly within welfare agencies (Mclaughlin, 2005).

To illustrate Mclaughlin's (2005) point further and emphasise his argument of the need for anti-racist practice as an essential feature of social work education, he drew on the change in discourse by a key figurehead in social work organisation at the time. The Central Council for Education and Social Work (CCETSW, 1991), which was replaced by the General Social Care Council, and replaced again by the Health and Care Professional Council, stated:

> "Racism is endemic in the values, attitudes and structures of British society in clouding that of social services and social work education. CCETSW recognises that the effects of racism on black people are incompatible with the values of

social work and therefore seeks to combat racist practices in all areas of its

responsibilities" (CCETSW, 1991, p. 6).

It appears that McLaughlin's (2005) stance within the debate is that anti-racism discourse and action in its infancy allowed for the conservative government, and arguably subsequent governments, to be viewed as a benign entity in its provision for oppressed groups, namely; those from minority ethnic communities, rather than exposing the structural and institutional operation of oppression of the very same groups that they were perceived to be helping (Mclaughlin, 2005).

In many ways, Mclaughlin's (2005) arguments line-up with that of Charlotte Williams (2013), who in her contribution to anti-racist practice in social work education, looks at the strategies that have been implemented to develop anti-racist practice within social work from the late 1980s to the 1990s. Williams and Parrott (2013) recognise that focus within the curriculum on cultural diversity within society and the ushering in of 'cultural competency' actually depoliticises more deeply entrenched issues that affect the social structures of society. They draw from Abrams and Moio's (2009) example of the assumption that a social worker may have as being 'neutralised' to cultural difference in their interactions with service users. It is instances like these that workers render themselves redundant through the inability to be critically aware of the complexities intertwined within a perceived simple interaction, such as privilege, (see McIntosh, 2015 for white privilege backpack), identity, social norms and societal or national history. This is what Williams and Parrott (2013) describe as a "cultural turn" in social work literature, discourse and practice, but is incrementally

problematic (C. Williams & Parrott, 2013, p. 1208). It is the recognition of the complexities that exist within these interactions that has given anti-oppressive social work education its substance today (Williams & Parrott, 2013; McLaughlin, Sakamoto, 2007; Laird 2008) and therefore anti-racism discourse and practice is a necessary key feature.

'Race' Specific Discourse and Focus

The crux of Williams's argument lies with the assertion that the ultimate move back towards anti-racist practice requires the recruitment of Black and Asian workers. This would not only counter the status quo, as far as social work practice was concerned, but bring about a transformation of the presiding culture of social work organisations (C. Williams, 2013). Additionally, employing more Black and Asian social workers was a focus for local government in the 1980s (Singh, 2013; C. Williams, 2013). However, when these measures were taken, anticipating that the inherent issue of racism in social work practice would be eradicated, this rather naïve and simplistic approach to combatting racist social work practice resulted in resistance from black social workers and students, and brought about an unearthing of novel overt, covert and aggressive forms of racism (Singh, 2013). The issue of recruiting more BME social workers is controversial within and between the various viewpoints and will be returned to in the next subsection.

However, the challenge with moving towards a more anti-racist centred form of social work practice and education that has been voiced within academia is the concern that a "hierarchy of oppression", will be created with 'racism' being top of

the list (Jane Dalrymple & Burke, 2006; Dominelli, 1996, 1998, 2002; Graham, 2000; Keating, 2000). The issue with such emphasis being placed on a purely anti-racist discourse is that it brings with it the creation of a 'hierarchy of oppression'. Equally, the practical application of anti-racist approaches removes the ability for the practitioner to identify and consider the operation of other forms of oppression that may be the true issue such as disability, immigration status or gender. As a social work practitioner in a contemporary society, the intersectionality of individual identity markers is important in shaping the way that practitioners understand and interact with the service user. The direct result is that the important aspect of how multiple forms of oppression can intersect in their operation within individual and structural interactions is then side-lined.

For example, the feature of John Wainwright's (2009) research reflected upon the investigation into how the Black Practice Teacher[5] programme in Manchester and Merseyside was developed in the mid-90s with the aim of increasing the number of black practice teachers within social work institutions. The programme itself was undertaken to further support and make changes to the negative learning experiences of black social work students and to assess the effectiveness in their increased numbers. Although, the contributions of more black social workers were found to be much needed in contributing to both BME and white communities (Stokes, 1996; Stokes & Wainwright, 1996), Wainwright's (2009) criticism of anti-

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[5] The use of the term "'Black Practice Teacher' refers to a black social work practice teacher of African/Caribbean and /or Asian heritage that teaches social work students how to practice social work on placement" (Wainwright, 2009, p. 511). In Scotland the term 'practice teacher' is also used.

racist social work practice echoes that of other academics. Taken from interviews with BME students and practice teachers, Wainwright found that there appeared to be difficulty in articulating what the anti-racist message was, and whom it was for to develop and implement policies and practices that impact BME people. He therefore calls for the anti-racist perspective to be reassessed considering the changing focus of the UK in the form of new migrants, asylum seekers and refugees. This is a criticism highlighted by other academics in the failure for anti-racist social work practice to consider the differing history, worldviews, cultural values of service users that practitioners may encounter today (Danso, 2009; Graham, 2000; Tcholakova, Sotirova, & Tzvetanova, 2017; Zhang, 2018).

The observation that anti-racist centred social work practice and education has been side-lined (Graham, 2000, 2009) justifiably raises questions as to whether it still holds centre stage within social work education. What adds a layer of complexity, and interest, to the issue is that anti-racism is compounded by the central and complex feature of 'race', through which the surrounding discussions about anti-racist social work practice operate (Wainwright, 2009). As a consequence of the issue of 'race' being problematized anti-racist social work has the tendency to be perceived as "a single issue standpoint [that encourages] a hierarchical view of oppression" (Graham, 2000, p. 424) by its proponents and within social work education.

The transformation of language used to discuss 'race' and understand the issues surrounding especially early anti-racist social work education and practice is illustrated by McLaughlin (2005). He asserts that the dropping of references to 'race'

and 'anti-racism' within the same CCETSW paper under the leadership of Jeffrey Greenwood (CCETSW) in 1993, evidences the denial that issues within society affecting social work are 'race'-related. Additionally, he asserts that one aspect maintained by politicians, and held within the public domain through rhetoric reflected in the media about social workers is the political correctness made in reference to issues of 'race', ethnicity and discrimination. The main arguments being made here are two-fold; contrary to public rhetoric, research within social work journals illuminate the absence of issues such as 'race', ethnicity and discrimination in relation to social work; secondly the relatively little discussion about these issues pays less attention to the role that structural racism plays within a modern societal context and its effects in minority communities, rather shifting to the growing concerns about diversity difference, equality rights (Lavalette & Penketh, 2013), that are more politically-friendly uses of language.

Similarly, within anti-racist social work education and practice the "interrogation of power relationships" is central. Mekada Graham's (2000) paper links with this power concept in that her arguments stretch beyond the discussion of the operation of oppression in society, and towards its operation within social work knowledge. She argues that the Euro-centricity of social work education is pervasive and is something that social work would need to rid itself of as a frame of reference in theory and practice, in order to widen the parameters of anti-racist social work practice (Graham, 2000, p. 425).

A key point made in Ransford Danso's (2009) paper is that anti-oppressive practice in social work is an effective tool in working with asylum seekers and immigrants particularly in Canada and other immigrant-receiving countries in the Western world. Danso also highlights the importance of self-reflection in social work practice, an embedded feature of anti-oppressive social work practice. Conversely, Jeffery's (2005) Canada-based research with 13 social work educators, 5 of whom identified as BME suggests that the awareness that social work should demonstrate in terms of reflexivity, should be in the examination of white privilege and confronting the obstacles faced at an institutional level that directly challenges the mandate on the social work profession (Jeffery, 2005). She continues by arguing that many of the questions surrounding the usefulness of anti-oppressive social work is misguided: instead of looking at the tools needed to work with particular groups in society, the issue rests in the day-to-day workings of the anti-oppressive practice on a daily basis: "yet the day-to-day practices on which the profession rests, and which sustain the profession reproduces whiteness" (Jeffery, 2005, p. 409). She also maintains that: "As long as social work practice is synonymous with diversity management and the development of competencies, we remain unable to reconcile being a 'good' social worker with anti-racist practice" (Jeffery, 2005, p. 409). Jeffery (2005) found that there were two paradoxes present between *being* a social worker and *doing* social work: Whiteness resembled the embedded practices taught to and exampled by social workers. Secondly, in the encouragement by educators for social work students to be self-reflective and critically aware of whiteness, such that the invitation to be critical of social work practice then is imminent (Jeffery, 2005). What cannot be

overlooked is the necessity to grasp an understanding of the social work educator's own positionality in the teaching of various elements of social work education (Mackay & Zufferey, 2014).

Keating (2000) suggests that a 'flight' from anti-racism is needed, by building on anti-racist ideas that contribute towards developing an "integrated understanding of oppression" (p. 77). The argument that anti-racist social work has been subsumed into anti-oppressive social work practice encompassing other forms of oppression in society is more prevalent in discourse today. The focus in the shift towards the use of more anti-oppressive practices within social work was not only to change the attitudes of society, but directly influence the attitudes and values of social workers in parallel with practice (Collins & Wilkie, 2010). Collins and Wilkie's (2010) argument are further bolstered by the awareness across public, private, governmental and academic spheres that discrimination cuts across various social markers such as age, race, gender, religion, and disability status (Dalrymple & Burk, 1995; Rush and Keenan, 2014). Therefore, the argument that the use of the term 'anti-oppressive', as opposed to 'anti-racist' practice encompasses these social markers as well as the socio-economic, political and societal context within which discrimination across and within these markers occur can be made (Dominelli, 1998; Cooper, 1997; Williams C, 2013; Lavalette & Penketh, 2013).

Yet McLaughlin (2005) is critical of the assertion that power relations can be rebalanced, and essentially minimised, as anti-oppressive practice proponents suggest, in achieving social justice; arguing that it is ideologically driven and

oppressive in itself. The emphasis on language used is detrimental, whether it is anti-racist or anti-oppressive, it does not remove or negate the operation of power-related oppression in social workers to service user interactions and the role that inequalities play at all levels of social life. This is not to remove the importance of language in social work practice and McLaughlin maintains that "the production, interpretation and reproduction of language are integral to social work" (McLaughlin, 2005 p.292). However, drawing from Williams and Parrott's (2013) investigation into the challenges of responding to racial and ethnic diversity in social work education in Wales, they maintained that the features of anti-oppressive approaches to social work: culture, difference and diversity "… are not sufficient in themselves. If the development of social work education continues towards a more generic focus, then understanding the impact of particular social divisions upon service users could be lost" (C. Williams & Parrott, 2012, p. 1219). Yet, he acknowledges that "what is classed as 'anti-racist' or anti-oppressive will change historically and its meaning will be debated at each juncture" (Mclaughlin, 2005, p. 292).

Therefore, the question now is, where does this leave the direction of the discussion and implication for the direction of the thesis? What can be drawn from the converging of Dominelli's (1996), McLaughlin's (2005) and Williams' (2013) stances is that, as mentioned in the conceptual debate and discussion, the conflict within the social work profession and the "duality of [social workers'] role as helpers and controllers" (p. 857), working within the already complex institutional frameworks that informs the actions of social workers on the ground. This idea further strengthens the point highlighted in the section, the suggestion that there is a

mismatch between what social work embraces on the emancipatory aspect of the profession within society, and the dominant status quo ideology held in social science research, which does not always acknowledge the nuances of oppression within communities in society through amalgamating large groups within society (Ali et al., 2001). This in turn leads to discord between the two. What can also be surmised from this is that perhaps the practical application of anti-racism in content is understood by social work practitioners as more theoretical and "removed from the demands of practice" (Jeffery, 2005, p. 420). Adopting an intersectional approach to the discussion of anti-oppressive practice with BME communities as a social work practitioner removes this idea of a "hierarchy of oppressions" (Mclaughlin, 2005, p. 288), that is at times associated with anti-racism discourse. Therefore, what can be taken from this discussion is the justification of the use of the term 'anti-oppressive' practice, taking heed of the ability for oppression to intersect and occur across various identity markers as well as within the knowledge of social work itself.

3.3 Framework for Social Work Education in Scotland

What can be drawn from the previous section is that anti-oppressive social work is a key feature that allows for further scrutiny in various spheres of social work to occur, both as an academic discipline and profession, areas such as: "practice services, social work education and polices" (Strier, 2007 p. 858). This is a central feature of how social workers interact with BME families who are raising disabled children in Scotland, and more specifically Black African mothers raising children on the autism spectrum within this thesis. With the shift towards an anti-oppressive framework of

knowledge within social work education (Collins & Wilkie, 2010; Dominelli, 2002; Dustin & Montgomery, 2009; Heron, 2006; Strier & Binyamin, 2014; C. Williams & Parrott, 2014) and its usage as a tool in social work practice with specific communities in society (Danso, 2009; Graham, 2000; Urh, 2008), three issues begin to emerge, and will be of particular focus in this section of the review. These areas are in knowledge, training and practice in social work shape the aim and some objectives of the thesis: To determine how social workers, social work students, and educators conceptualise and understand 'oppression' and anti-oppressive practice; and to understand how social workers demonstrate anti-oppressive practice in their experiences with BME communities in Scotland. In or der to fulfil these objectives, it is necessary to gain an understanding in how social work students conceptually and practically process anti-oppressive social work practice. This understanding dictates their performance while on placement, in their assignments, and ultimately influences their attitudes and behaviour towards clients when they become qualified social work practitioners. Elements of anti-oppressive practice can be summed up in this quotation by Dustin and Montgomery (2009), which outlines what is hoped for and equally realised in the journey towards becoming a qualified and experienced practitioner.

> "It is hoped that in the course of their [social worker students] social work education and training, they will lay down the foundations of a perspective that will allow them to practice reflectively throughout their working lives" (Dustin & Montgomery, 2009 p.397).

In order to understand how anti-oppressive social work is translated from theory to practice, a basic comprehension of what the social work profession is, both conceptually and practically, is foundational to the discussion and evaluation of anti-oppressive social work awareness, as well as its practical application in Scotland specifically with BME families raising disabled children as service users.

Until 2016, the Framework for Social Work Education in Scotland (Scottish Executive, 2003) specifically was considered the main source of guidance. The Scottish Social Services Council (SSSC), like that of the General Social Care Council (GSCC) in England and Wales, guides social work degrees, and training throughout the careers of qualified social workers[6] in Scotland specifically. The SSSC's 2016 Review of Social Work Education (2016) in Scotland was justified due to the significant changes in the social work landscape due to "shifts in policy, systems, demand and demographic changes" (SSSC, 2016) at the time. In 2014 a formal Review of Social Work Education (RSWE) group comprising of stakeholders, academics, service users and other representatives, was established to undertake an ongoing review of the principles underpinning the existing framework during 2017/2018. The review was undertaken with the aim of revising aspects of Standards in Social Work Education (SiSWE) to reflect the changes in the social work landscape, and to implement these revisions in 2018/2019. Throughout the duration of undertaking and collecting the data for this

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[6] A social worker as defined in the Regulation of Care (Scotland) Act 2001 is "a person who has an entitling professional qualification in social work" (Executive, 2003, p. 24).

research, the review of social work education (RSWE) has been ongoing with revised drafts of the Standards in Social Work Education (SiSWE) being published. The Standards in Social Work Education (SiSWE) has a multi-faceted purpose that is instrumental for the planning, designing, and assessment of examinations in honours degree programmes in social work, to achieve qualified social worker status in Scotland. Additionally, SiSWE is also used to approve social work education programmes in Scotland, and social workers themselves, along with prospective employers as a foundation for the planning of professional development and training (Scottish Executive, 2003). What is evident from how this framework has been developed is that there is a need to pull from different bodies responsible for social work education and training in Scotland, where there is discord between the translation of academic knowledge into practice with service users, and the maintenance of consistent professional standards as social workers develop professionally.

The two key components of the 'Framework for Social Work Education in Scotland' (2003) involves requirements relating to the maintenance of standards in social work education, and ongoing post- qualification social work training and development (Scottish Executive, 2003). These ethical principles are outlined in the Code of Practice for Social Service Workers, published by the Scottish Social Service Council (SSSC, 2016), an excerpt from the code of practice that is relevant to this thesis carries the expectation that social workers must:

- "Protect and Promote the rights and interests of people who use services and carers

- Create and maintain the trust and confidence of people who use services and carers.

- Promote the independence of people who use services while protecting them, as far as possible from danger and harm

- Respect the rights of people who use services, while striving to make sure that their behaviour does not harm themselves or other people

- Uphold public trust and confidence in social services" (SSSC, 2016. p15-27).

These requirements will underpin and be referenced at times to provide context in the discussion of firstly, what is already known conceptually about anti-oppressive social work practice within academic literature; but more so how the awareness of anti-oppressive based learning in social work education and training for both students and qualified social workers has been translated into practice with BME communities thus far, given the requirements outlined in SiSWE's Educational and Professional Frameworks.

Anti-Oppressive Knowledge

The first issue is that of knowledge, where there is empirical evidence to indicate that social work students' knowledge of what anti-oppressive social work conceptually is, is being demonstrated within HEIs. It has already been established that there are multiple forms of oppression across various identity markers (Jane Dalrymple & Burke, 2006; Dominelli, 2002; Graham, 2000), and that these markers are fluid and

therefore intersect with each other (Mattsson, 2014) in a complex way. However, there is evidence to suggest that there are difficulties in integrating and applying social work teaching to what students encounter in the field (Heron, 2006; Jeffery, 2005). Heron's (2006) study investigated social work students' understanding of 'race', racism and anti-racist practice specifically through the written feedback received by 94 students from tutors and practice teachers. This feedback was collected during significant assessment periods in years two and three of an undergraduate social work degree programme in one Higher Education Institution (HEI) in Scotland. He found that in instances where students submitted assignments that directly related to practice placements, specific feedback regarding 'race'-related issues were not given. In the instance where issues related to 'race' were noted, they tended to come from the practice teacher[7] rather than the tutor[8]. Similarly, when references to 'race', or anti-racism was noted by both tutors and practice teachers, inconsistencies in the terminology used was noticed such as anti-discrimination or anti-oppression, or in other feedback contradictions were noted. Moriarty and colleagues (2010) drew from 195 practice assessors' responses working with students from nine social work qualifying programmes in six HEIs. They found that practice assessors were under pressure and found it difficult to balance their responsibilities as an assessor with their other work commitments. They concluded

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[7] A practice teacher offers supervision and support to Diploma in Social Work students whilst the students are on placement in social work agencies. They have responsibility for induction, helping the students make connections between course teaching and everyday social work practice and also for providing a written assessment of the student's competence (West of Scotland Consortium for Education and Training in Social Work, 2001).

[8] "…tutors have a particular responsibility for practice issues, for facilitating practice learning meetings in a student's practice learning opportunity and for monitoring the overall progress of their student group, particularly progress on practice learning opportunities." (Open University, 2015)

that these findings reflect the need for the views of practice assessors to also come to the fore within research (Moriarty et al., 2010). Moriarty et al's (2010) findings provide a small amount of insight into why these inconsistencies outlined by Heron (2006) were found. Heron's (2006) findings suggest there may be a possible problem with teaching methods that upon further research with a bigger student sample across multiple institutions would illuminate an underlying problem that is generalizable across Scottish institutions.

The initial findings from Heron's (2006) study provide a nice introduction to questioning if students are truly understanding 'race' as an element of anti-oppressive social work practice. Although an objection is raised in his study over the use of the term 'anti-oppression' to encompass 'race' issues, which others argue has encouraged the marginalisation of 'race' issues (C. Williams & Parrott, 2013), where the issue of 'race' is one identity marker of many markers that can be placed under the umbrella of anti-oppression. Therefore it is necessary to not fall into the trap of creating a false 'hierarchy of oppression' as discussed earlier (Graham, 2000; e.g.Mclaughlin, 2005), by focusing on 'race' and racism as the most important issues, rather adopting an intersectional approach to the way that the various social forms of oppression are taught on social work courses in HEIs.

This point is made explicit in Chand and colleagues' (2002) reflections addressing some of the complexities in arranging the content for teaching anti-oppressive practice on the Diploma in Social Work (DipSw) course at the University of Central England. The anti-oppressive module comprised of five forms of oppression: sexism,

heterosexism, ageism, racism, and disabilism (Chand, Clare, & Dolton, 2002) (Chand, Clare, & Dolton, 2002). Like Heron (2006), they used feedback from the students on the course to gauge the effectiveness of the teaching and learning of each form of oppression in turn. Some interesting points emerged from their findings, which involved redressing the balance to focus away from racism as the first form of oppression to be taught to students, and towards a more holistic approach to anti-oppressive social work practice (Chand et al., 2002). The decision by the researchers, as lecturers, to commence the module with sexism as a form of oppression instead of racism reflected the demographic of the class room (80% were female, 20% male), as they believed that there would be a greater chance that students would understand oppression through potential lived experiences on a personal level. This reasoning can also be seen as controversial as it almost negates the legitimacy and equal importance of other social forms of oppression, such as disability, religion and sexuality for example, however Chand and colleagues (2002) found that students were able to engage and better understand the material for that section of the module.

However, research by Dustin and Montgomery (2009) is an example of another anti-oppressive social work module called 'critical perspective on diversity' that was used to support anti-oppressive theory in how it is applied to practice. The elements of teaching within the model involved topics such as: human rights; 'ways of knowing'; essentialism vis-à-vis the social construction of identity; and analysis of power in personal/professional relationships, through which students were expected to apply to case studies in their qualifying year of their BSc social work programme. Data was

collected from excerpts taken from student essays and they found that it was possible for students to demonstrate awareness, understanding and application of anti-oppressive theory to practice in ways that are consistent with social work ethics and codes of practice (Dustin & Montgomery, 2009).

While there is evidence of holistic anti-oppressive knowledge acquisition in the classroom, the understanding of specific forms of social oppression such as 'race' remains unclear. The feedback from BME students in Chand, Clare, and Dolton's (2002) research found that students perceived the racism section of the module as being poorly received by white students as they were disengaged with the content and participation in class discussions, despite the demographic of the class being 50% white, 46% African-Caribbean, and 4% other background. This finding raises more questions regarding why white social work students, in this instance, disengaged with the content during the racism section of the module. It also raises the wider question if this disengagement is more generalizable across white social work students within various HEIs. In considering this last question, it is also important to acknowledge the methodological limitations with these types of module evaluation studies where the evaluations are completed by the lecturers themselves, which opens the research to levels of overt and covert biases. Additionally, demographics of the sample class and the lecturers themselves in Chand et al's (2002) study, in many cases, would not be representative of 'typical' classes in Scotland, for example.

As argued previously by Jeffery (2005) if it is the case that the day-to-day practices of the social work profession reproduce whiteness, then the suggestion that the

framework for social work education outlined in the curriculum in social work education by bodies in Scotland (SSSC), England, Wales (GSCC) etc. also produce these standards of whiteness. More contemporary research has shown that BME students find the social work curriculum has the tendency to draw from theoretical frameworks that were Eurocentric in nature through drawing upon a Western perspective with regards to the curriculum that negated black perspectives in terms of the value-base and traditions, therefore promoting the exclusion and marginalisation of black students (C. A. Bernard, Fairtlough, & Fletcher, 2011). This finding is supported by Peter Hillen and Susan Levy (2015), as reported from the experiences of BME social work students from five Scottish universities as well as lecturers. They argue that the creation of a culturally diverse workforce that mirrors anti-discriminatory and anti-oppressive social work education will allow for practitioners to engage with Scotland's society that is culturally diverse. Additionally, other findings have shown that white social work students tended to have a more positive experience while on practice placements and excel in completing their degrees faster than Black students (C. Bernard, Fairtlough, Fletcher, & Ahmet, 2014; Tedam, 2015). The 'racial disparities' present in society is something that the social work curriculum needs to acknowledge (Masocha, 2015) but research is necessary to contribute towards developing social work curriculums at the HEI level (Hardwick & Worsley, 2007). The 'Western perspective' reflects normalised world views of European superiority in theory, practice and interventions (Jeffery, 2005), therefore not fully understanding or acknowledging the role that subjective cultural capital and professional experiences take in BME students feeling excluded, marginalised and

lacking self-confidence (Penketh, 2000). It could be suggested that perhaps the introduction of the concept of oppression across ethnic identity markers collide with the undertones of a Western social work curriculum, so much so that white students disengage with social forms of oppression across ethnic markers. Other findings included self-segregated sitting within the classroom based on ethnic groupings, in some instances, while other BME students echoed the preference to have more BME lectures within the learning environment (Bernard, Fairtlough, Fletcher, & Ahmet, 2014).

A notable point of interest in Chand et al's (2002) findings was the feedback by social work students who showed a preference for 'firsthand' experience of each form of oppression, e.g. Where disablism was taught by a disabled colleague. Although this finding cannot be generalised, it appears that within the context of a classroom environment, the presence of a range of lecturers that reflect or have experienced one or more forms of oppression appear to engage students more in understanding oppression. This suggestion is further supported by Bernard et al's (20014) findings that most complaints from disabled social work students were regarding the physical environment. Disabled students felt that the environment and peer attitudes towards their disability created a hostile environment (NUS, 2011) which encouraged feelings of being "invisible, silenced and undervalued" (C. Bernard et al., 2014, p. 1944).

With these findings in mind, perhaps this occurrence is something that may be reduced, if not removed, with a stronger presence of teaching from a 'lived

experience' perspective within the classroom environment without creating a hierarchy of oppression. The creation of an inclusive and multi-faceted understanding of a diverse environment, such as classes within social work programmes, is a delicate process that should be approached without ranking oppression. However, the issue of creating a hierarchy of oppressions can also be viewed as necessary to highlight both the similarities and differences in identity markers, between and within different groups. It is also possible to say that Williams and Parrott's (2013) argument that 'race' has been marginalised in terms of the focus on anti-racist content within a social work curriculum, is almost too focused. A reason for this is that it fails to fully acknowledge and make room for the inevitable: the intersectionality of each form of oppression within society that has a deep history of inequality, injustice, and is therefore of equal value. The needs of BME disabled children will differ from other disabled service users (Channer & Doel, 2009), which makes it more important to acknowledge these needs when both identity markers are discussed and intersect in the thesis.

What can be taken from some of the issues with acquiring anti-oppressive social work knowledge within HEIs courses is that there are many complexities that come with teaching and learning anti-oppressive practice on a social work course. Additionally, there are questions over the reproduction of whiteness at the core of the social work curriculum; the subsequent impact of this reproduction on BME students within the classroom; and the marginalisation of disabled social work students within the classroom environment. Jefferey's (2005) argument that there is a paradox in the understanding of 'being' and 'doing' social work among students from the

perspective of social work educators is justified. The subsequent section will review literature in relation to anti-oppressive social work practice, specifically training and assessment of social work students, to identify if there is a discord between being a social worker in terms of knowledge acquisition and doing social work in the application of that knowledge.

Social Work Practice: Training and Assessment

The second issue lies with the application of anti-oppressive knowledge in practice through training and assessment. Within the context of Scotland, research has found that training for social work on issues of 'race' does not feature within student assignments in Scotland (Heron, 2006) as well as placement portfolios (Collins & Wilkie, 2010). In line with these findings, Charlotte Williams and Lester Parrott's (2013) paper also captured the nature and extent of training on issues regarding 'race' equality and cultural diversity on a social work programme in Wales. They found that practice assessors experience difficulties in bridging the gap between theory and practice, assessing competency in this area, "failure to engage with BME users and user organisations in planning and delivery of the curriculum" (Williams & Parrott, 2013, p. 1206). This finding strengthens the arguments made by Gavin Heron (2006) reflecting the experiences of social work students in the field. Williams and Parrott (2013) argue that there has been a move away from specific training on race equality/ cultural diversity to a more generic stance that does not take into consideration students' personal exposure or experience of training regarding these issues in a systematic way (Williams & Parrott, 2013). They found that social work

programmes in HEIs in Wales did not have formal institutional systematic partnerships with BME organisations, and that in instances where partnership was required it was more on an ad-hoc basis. Williams and Parrott's (2013) argument is reflective of the low profile given to race equality issues in the curriculum. While 'race'-related oppression is not the only form of oppression within society, research such as this is still a necessary literary contribution to the issue of anti-oppressive training in social work practice.

As 'race' is one form of social oppression, it is difficult to discuss literature involving holistic anti-oppressive training within HEIs without unintentionally creating a hierarchy of oppression. However, the literature reviewed has a heavy focus on 'race'-related issues as a primary example of anti-oppressive practice which is reflective of the very hierarchy of oppression that critics have indicated needs to be avoided. Given the evidence thus far from the review of literature, it is questionable as to whether qualified social workers can demonstrate their recognition of 'anti-oppressive' social work practice and apply it in their interactions with BME families raising disabled children in Scotland.

Cultural Competence

The snapshot of racism in history outlined earlier raises questions surrounding the notion of cultural competence in social care and healthcare practice in America which in the late 1980s was described as: "A set of congruent behaviours, attitudes and policies that come together in a system or agency or among professionals that enables effective interactions in a cross-cultural framework" (Cross, Bazron, Dennis,

& Mareasa, 1989, p. 4). More recently, the concept of cultural competence has developed in how it is understood, simply as: "providing culturally responsive services to a multicultural clientele..." (Harrison & Turner, 2011b, p. 334) . There is a level of emphasis that is placed on the effectiveness of support services in being culturally responsive to situations and circumstances. This is an aspect that was identified early in the usage of the term in the 1980s by Cross et al, (1989), but appears to play a lesser role in terms of where the responsibility rests. Responsibility is now understood to be within the collective actions of policymakers, organisations, and service users, not simply based on the individual practitioner's ability to apply cultural competence in their interactions with minority families. Harrison and Turner (2011) argue that cultural competence is particularly important as an essential part of social work and support services' role, especially when working with diverse communities. However, the ability to identify and understand cultural competence conceptually does not actually reflect a fixed state in what is meant by the term itself, and how it is understood by professionals in practice (Casado et al., 2012; Harrison & Turner, 2011b; Rothman, 2008). At the core of cultural competence within modern society, is the incorporation of all groups who are at risk of social exclusion across various identity markers, such as disability, sexuality and ethnicity (Harrison & Turner, 2011b). As expressed in literature about services for BME families raising young disabled people, the lack of cultural competence demonstrated by social workers from the perspective of BME families is evident from studies reflecting the families' experiences. Within the body of research regarding cultural competence, there are

some who hold the opinion that the term is vague in theory and practice (e.g. Davis, 2009; Staudt, 2011).

However there are aspects that complement social work practice and reflect the perception and expectation of the characteristics that BME families expect social workers to exhibit, as cultural competence involves respect for difference, which incorporates the inclusion of marginalised groups and individuals (Teasley, Archuleta, & Miller, 2014). These characteristics sit alongside an understanding of the complexities associated with each BME family that social workers engage with. A valid point raised focuses on cultural competence and the tendency for policy and literature to "down play the impact of the organisational context on service delivery, and instead present cultural competence as predominantly a product of individual behaviour" (Harrison & Turner, 2011b, p. 347). This is very much apparent within literature regarding how social work and support services engage with BME families in raising young disabled family members, therefore overlooking resource constraints, the roles of the services and broader systems (Harrison & Turner, 2011b).

In the case of Scotland, it appears to be a double edge sword when cultural and religious issues intersect with disability issues. One of the few pieces of research involving BME young disabled people in Scotland was reflected in Flynn and Patel's (2003) research. Their research focused on access to short breaks/respite services, with a specific focus on black disabled children as service users and their families. They observed a lack of understanding between disability organisations in terms of religious and cultural knowledge of issues attached to some BME communities,

similarly, they also asserted that ethnic minority organisations could be argued to lack understanding of disability issues. The observation can be further analysed as a reflection of the power dynamics that occur at a structural level, where there is a reluctance to embrace change and diversity to an institution that has a fixed mentality and approach to supporting families with disabled children and young people, so much so that there is a separation of services for families and disabled children and young people, when they should be approached as a unit (Flynn, 2002). And due to the multiple intersecting facets associated with service provision for BME young disabled people and engaging with their families, a wider view of structural systems as argued by Harrison and Turner (2011) is justified. This point is further reinforced with the growing awareness of exclusionary processes that are consciously or unconsciously enacted within everyday interactions, such as failing to recognise the potential for discrimination to occur through lack of knowledge, making assumptions or fear of offending. These biases in practice cannot be ruled out as they operate within structural barriers in the form of organisational frameworks. The suggestion that recruiting a wider ethnic range of social workers would alleviate some of the uncertainty associated with discussing cultural competence (Harrison & Turner, 2011b). This suggestion has also been put forward in discussions surrounding anti-racist and anti-oppressive practice and considering solutions to negative service user experiences (C. Williams, 2013). The next section will draw upon some research that includes the experiences of BME social work students while on placements.

The assertion that the ultimate move towards anti-racist practice requires the recruitment of Black and Asian workers to not only counteract the status quo, as far as social work practice is concerned, but bring about a transformation of the presiding culture of social work organisations (C. Williams, 2013) provides the argument for this section. This assertion put forward by Charlotte Williams, a black social worker and academic, leads to questions of whether the diversity and ethnic make-up of social workers that reflect the communities they seek to serve is an effective solution (Flynn & Patel, 2003). It also leads to additional questions about whether the supply of qualified BME social workers and students can meet this type of demand on a pragmatic level.

Looking at the percentage of full-time equivalent children and families' social workers in England as an example, there are approximately 28,500 practitioners, of which 66% are White, 9% Black or Black British, 4% Asian, 3% Mixed, 1% Any other ethnicity. Despite the collection of ethnicity being mandatory for the first time this year, 18% of practitioners refused or did not provide this information (Education, 2018). Nonetheless, this subsection of children and families' statistics in England are still proportionately higher than the total social work workforce reported by the SSSC (2014) workforce data report. This report showed that 82% of staff by ethnic classification were white, ethnic minorities 3% collectively, of which 1% of the

workforce were black[9]. The report also states that the social work workforce in Scotland is "mainly white and that ethnic minorities seem to have a higher representation in the private sector [10]" (SSSC, 2015). Looking at Williams and Parrott's research in Wales, they reported an apparent underrepresentation of BME social work staff hired within HEIs in Wales, reporting no full-time BME staff while undertaking their investigation, and few BME social work students (Williams & Parrott, 2013). These findings are not new or surprising, as this case of BME practitioner underrepresentation has been reported across the UK more generally (Fletcher et al., 2015).

Both qualitative and quantitative research have reported that BME social work students in comparison to their white counterparts make slower progress in finishing their degree programme in England (C. Bernard et al., 2014; C. A. Bernard et al., 2011; Hussein, Moriarty, & Manthorpe, 2009; Masocha, 2015) despite the high intake of BME applicants for social work in the UK (Fairtlough, Bernard, Fletcher, & Ahmet, 2014). Additionally, the slower progress appears to be consistent, irrespective of the variation in terminology used to identify ethnic groups (Hussein et al., 2009). Fairtlough and colleagues' (2014) qualitative study involved 75 social work students who identified as coming from a BME background across eight universities in England. Students identified three aspects that contributed to the slower progression of BME students, cutting across three areas: The students' individual characteristic e.g.

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[9] Within the report the use of the term 'Black' combines the new census categories, 'African' and 'Caribbean' or Black (SSSC, 2015).

[10] However, 15% of staff identified as unknown, or preferred not to disclose their ethnicity, making it difficult to intercept the data (SSSC, 2015)

language, culture, the social work programme, and the Higher Education Institution's (HEI) practice learning environments. Firstly, characteristics such as British English not being some students' first language, and negative educational experiences affected students' confidence on their courses (ibid). These issues along with cultural and access to economic capital posed as a "barrier to success", as identified by key students to "explain how educational disparities could manifest within practice education" (Fairtlough et al., 2014, p. 611). Secondly, the issue of allocating BME students who were on the social work programme to placements was also problematic, particularly in instances where few places were available and students had to compete for places, BME students were "disadvantaged in securing placements" (p.114). This issue is systematic, affecting programme convenors, students and practice assessors or agencies.

Finally, they also identified a link between all the HEIs and BME students' experiences in practice learning environments, where some students reported that institutional racism, as well as cultural differences and individual characteristics as being key issues. Fairtlough et al. (2014) indicated that from the experiences of predominantly female (69 out of 75) BME social work students from across eight universities, students expressed negative experiences of discrimination while on placement. The evidence that Fairtlough et al (2014) provides supports the argument that institutional racism is evident in the practice-learning field. They report BME students being compared to or confused with other BME students, which is suggestive of a stereotypical perception of people from BME backgrounds. In other instances, having an African accent was reported to be perceived negatively among colleagues on

placement and by services users refusing to engage with Black African students once accents were detected. Students also reported being used at times as "racial, cultural or religious experts" (Fairtlough et al., 2014, p. 617). This finding can also be supported in Prospera Tedam's (2014) small-scale study drawing upon the experiences of two BME social work students from West Africa and Bartoli's (2008) investigation of 15 social work students' experiences as Black African social work students in practice placements, where the over scrutiny of students work in Tedam's paper, and the close monitoring of BME students in comparison to white students made students feel "covertly discriminated against and oppressed" (Bartoli, Kennedy, & Tedam, 2008, p. 11). The issue of negative experiences appears to be heightened for BME students when placed in agencies where white staff members and service users were largely present. This is reflected in one programme which reported it only placed BME students in agencies that positively engaged with them (Fairtlough et al., 2014), and is also a strategy for obtaining more positive placements reported in the experiences for Black African social work students (Tedam, 2015). This negative experience is also reflected by Williams and Parrott (2013), where "BME students and service user groups are assumed to fit or required to fit within the predominant white paradigm as marginal rather than integral to training" (C. Williams & Parrott, 2014, p. 305). In completing practice learning placements, the progression rates have also been poorer for BME students than their white counterparts (Dillon, 2011; Moriarty & Murray, 2007). Some of these findings are consistent across other sectors such as mental health. Martys Staudt (2011) investigated the issue of bias among practitioners as a contributory factor in the disparities in service use in children's

mental health and found the bias to be unconsciously based on stereotypes in nature. Hu and Taylor (2016) found African Americans to be more ethnically aware during social interactions and in relation to mental health, in comparison to white adults in America. Irrespective of curriculums being designed to challenge social work students' own stereotypical biases against other groups (Wahler, 2011), bias still remains (Staudt, 2011). Fairtlough et al's (2014) findings (see alsoC. Bernard et al., 2014; C. A. Bernard et al., 2011; Hussein et al., 2009; Tedam, 2014), therefore have implications for social work education in the acquisition of knowledge and application of this knowledge in the specific context of interest within this thesis of BME families raising disabled children in Scotland.

Despite measures being taken to ensure that BME social work students are treated in an equitable manner while on placements, as a group, BME students are still reported to be more vulnerable in terms of being failed by practice educators (C. Bernard et al., 2014), without consideration of the extenuating factors that may negatively affect students' completion of their programme, removal or withdrawing from their placements. Fairlough et al (2014) identified some interesting sub-factors, which were identified by social work students themselves; disadvantaged educational backgrounds, economic pressure and other caring responsibilities were also in operation. These factors are not exclusive to BME students, however, the possible reasons for these unfavourable outcomes at times are socio-economically inequitable in nature, such as; not having access to a carer, having to work alongside study, and additional care responsibilities. The repercussions of these outcomes occurring are far-reaching, in that BME social work students either become delayed

in completing their programme pending successful completion of their placements, or see no other option but to voluntarily withdraw from their degree programme, therefore disproportionately affecting the progression rate for BME students within national statistics. Despite the availability of progression rates for BME students, Fairtlough et al, (2014) also indicated that it is possible that discriminatory practices in the allocation and matching of placements based on racial profiling of students is not being identified as the collection of data on placement allocation systems on a national scale, is not routinely undertaken. It appears that the tendency for BME groups to be ignored in research (Matthews et al., 2012), policy and practice is compounded by the methods and practises used to collect data in the first instance (Iriss, 2011). Although the barriers reported by Fairlough et al (2014) reflect the experiences of some BME social work students, it is not exclusive to only BME students, as there are far reaching socio-economic, political, and health inequalities that make it possible for both white and BME groups to be disproportionately affected.

Given that there is a slow progression of BME students completing their degrees, coupled with the difficulties on placements as reported, what is becoming more evident is that it seems too easy to say that the increase of black workers in this scenario will have a positive effect on the current situation when engaging with BME families. The reality is that white social work practitioners, as the majority ethnic population working in social work, may continue to have issues in the field irrespective of the increase of BME practitioners or more opportunities to engage with families they work with. This appears to be the case with migrant social workers,

taken from one-hundred and one respondent who reported experiencing bullying and mistreatment (Hussein et al., 2011). It is apparent that by no means are Williams (2013) or Flynn and Patel (2003) suggesting that having more BME social workers is a blanket solution, particularly in the case for Scotland, but there is a level of caution needed in implementing BME social workers to 'fix' the issues that occur when the basic framework of equality and diversity and cultural competence within social work practice becomes problematic or fails. This point is important given the measures taken in social work to incorporate culturally competent practice (Casado et al., 2012) to signpost families to adequate services in the first instance. Therefore, the curriculum and training of all social work students, irrespective of ethnicity, requires more scrutiny as the training for social work on issues of oppression across various identity markers is complex, thus anti-oppressive social work practice appears to be the most useful tool to consider these wider complexities.

Anti-oppressive Practice: Effective Outcomes

The third and final issue relates to outcomes: essentially how the knowledge and application in the training and practice assessment of social work students at the HEI level is demonstrated in practice with BME communities post qualification by practitioners. The provision of empirical evidence in literature and the study's findings will illuminate the effectiveness of anti-oppressive social work practice, in how it resonates with BME communities in practice. On the issue of how relevant anti-oppressive social work practice is in relation to BME communities, it has been argued that the anti-oppressive approach to social work practice may not resonate

in its effectiveness with service users when placed within the context of social workers, who are more often than not working through a heavy caseload (Moriarty et al., 2010), utilising the little time and access to little resources that they have (Collins & Wilkie, 2010). This turns attention to the experiences of statutory social work services from the perspective of BME communities, families, and specifically Black African mothers raising disabled children, which will be discussed in the next section.

3.4 BME Experiences of Statutory Services

Research investigating how social workers engage with BME families and disabled children in Scotland is limited (Flynn & Patel, 2003; Ali et al., 2001; Stalker & Moscardini, 2012). However, within the last two decades, there has been an increase in research regarding BME families' experiences of social workers in England in supporting disabled children and young people (such as Chamba, Ahmad, Hirst, Lauton, & Beresford, 1999; Hussain, Atkin, & Ahmad, 2002; Hatton et al, 1998, 2002; Flynn, 2002; Barn, 2007). In Chamba et al's, (1999) early survey of BME service users the issues identified placed emphasis on the social disadvantages and exclusionary elements to service provisions that is experienced by BME communities and majority populations (Burchardt, 2005; Beresford & Cavet, 2009; Hatton, Collins, Welch, Robertson, Emerson, & Wells, 2011). Much of the literature that features elements of social exclusion in relation to BME communities tends to focus on the structural changes that occur within society and have a negative effect on BME groups. Evidence from research indicates that the experiences of BME families appear to be

more difficult than for other populations (Fisher & Dean, 2011). Simpson and Parsons' (2016) national report identified gaps in existing social service provisions for ethnic minority communities in Scotland. The report evidenced that some of the barriers that BME communities face across a range of engagements with social work and or social care services involved a lack of knowledge of services' existence and limited access to services and information. A common theme in the report was the power of 'word-of-mouth recommendations, which may have been linked to the language barriers and feeling left out of decisions, as reported to have been experienced by some within the community. The report also identified a lack of culturally appropriate services and an aversion to asking for help out of fear that attitudinal barriers linked to beliefs about BME communities that are stereotypical might be a barrier to accessing services (Simpson & Parsons, 2016). These issues are not new or exclusive to Scotland, but England and Wales also (see Chamba et al, 1999; Hatton et al, 2002; Hussain, Atkin, & Ahmad, 2002; Katbamna et al., 2004; Bowes & Sim, 2006; Hubert, 2006; ARC, 2011).

Within the last two decades, there has been an increase in research regarding BME families' experiences of service provided by social workers in England in supporting disabled children and young people (such as Chamba, Ahmad, Hirst, Lauton, & Beresford, 1999; Hussain, Atkin, & Ahmad, 2002; Hatton et al, 1998, 2002; Flynn, 2002; Barn, 2007). In Chamba et al's, (1999) early survey of BME service users the issues identified place emphasis on the social disadvantages and exclusionary elements to service provisions that are experienced by BME communities and majority populations (see also Burchardt, 2005; Beresford & Cavet, 2009; Hatton,

Collins, Welch, Robertson, Emerson, & Wells, 2011). Much of the literature that features elements of social exclusion in relation to BME communities tends to focus on the structural changes that occur within society that affects BME groups. The BME groups that this term refers to within the literature are those of African, Caribbean, South Asian, and in some cases Chinese as well as other minority groups within the United Kingdom. Much of the literature that was published in the late 1990s to early 2000s tends to label these BME groups as 'black' to reference them as belonging to the same ethnic group, as indicated previously Flynn, 2002, 2006; Bignal & Butt, 2000; Singh, 2005 for example). Evidence from research indicates that the experiences of BME families appear to be more difficult than for other populations (Fisher & Dean, 2011).

Using the barrier of access to services in general as a starting point, it is important to demonstrate the progress that has been made since identifying that there are needs particularly within BME groups, which have not always been recognised and met when compared to non-BME children and families. In 1999, Rampaul Chamba conducted a study that involved 600 BME families with disabled children of African, Caribbean, Indian Pakistani, and Bangladeshi origins. Considering that Chamba's work "represents a comprehensive study of Black families with a disabled child to date" (Flynn, 2002, p. 2), at that time. The issue of unmet needs, and difficulties accessing services for BME families was initially brought to attention in Beresford's study in 1995, and almost two decades later continues to be an ongoing issue, particularly when attempting to access information about services. There have of

course been other contributions in relation to social work involvement with BME families with regards to the benefits of family group conferencing and cultural competence in Liverpool (O'Shaughnessy et al., 2010) and in Scotland (Valenti, 2017). Having provided an outline of some of the issues of service use reported to be experienced by BME families and the wider communities, there appears to be more emphasis on the services that are not used by wider BME communities and BME families raising disabled children, than the services that are being used. This suggests that there is a level of exclusion (self or socially imposed) in operation for BME communities that is implicit in BME service users' experiences of social work and the wider social services. This gap in the literature is an interesting area for further exploration by addressing the underlying factors that dictate Black African mothers, as a subset of wider BME communities' experiences in their interactions with social workers. It is asserted therefore, that there is much to be gleaned from how these mothers engage with practitioners and services to explore the potential underlying reasons as to why they would shy away from other services and practitioners.

BME Service Users: Harder to Reach or Easier to Ignore?

Studies involving South Asian families raising disabled children and young people are generally more prevalent (see Hussain et al., 2002; Katbamna et al., 2004) than studies that focus on other ethnic minority groups, most notably Black African or Caribbean communities (Hubert, 2006a; Munroe, Hammond, & Cole, 2016). What is salient within the literature is the existence of diverse experiences within BME communities and families that are not always fully realised and the tendency has

been for academic research to amalgamate the concept of BME communities as if these experiences are homogeneous (Ali et al., 2001; Hubert, 2006; Islam, 2008). An example of this is that experiences within South Asian communities have also been grouped together when in actuality there are diversities within and between each of these cultural groups (Hubert, 2006a). The same can be said with regards to the homogenisation of African families. In Kemi William's book: 'African Parents Must Know: Child Protection and Welfare Issues in the United Kingdom (2013), she acknowledges the criticism that there is a tendency to homogenise African experiences. Williams recognises her own positionality of being of West African origin with a Western upbringing, and that the narrative may present in a binary way. However, the book speaks to African parents who are new to the UK, with the aim of increasing parents' knowledge and awareness of navigating life in the UK. The potential for social workers to also find value in the book as a resource further emphasises the need for shared understanding of families' experiences, and the recognition that this understanding may be lacking by some social work practitioners.

This last point is also echoed in research focusing on social care with African families (Nzira, 2010) with 34 present and past social work students and professionals from various African countries. Each participant was living in the UK but had experience of being raised in their respective African countries. The issue of "cultural differences in child rearing practices were noted as aspects that caused real difficulties" (Nzira, 2010, p.5) for practitioners to understand, partly due to the gender specific roles within African households, where men were considered the head of the households.

Alongside the "lack of opportunities for good jobs limiting [families'] chances of advancement" (ibid), Nzira found that "Practitioners do not have a sound knowledge base about the diversity of African child rearing practices. Students are encouraged to draw on first-hand practice experience, as a basis for critiquing existing literature on approaches to childcare" (p.9). This finding confirms the observations Bernard and Gupta (2008) outlined in their literature review surrounding the many challenges faced by practitioners of working with Black African children within the child protection system. The key observation being that "African families, with varied cultural and religious backgrounds and diverse circumstances, will draw on their cultural frame of references very differently to make sense of their parenting" (Bernard & Gupta, 2008, p. 484). Additionally, social workers feel overwhelmed by the complexity of working with African Families: "There is some evidence in the literature to suggest that social workers and other professionals struggle to manage the complex needs and social circumstances of many African families" (Bernard & Gupta, 2008, p.484). Also observed was "the fear of being racist, combined with cultural stereotypes, can lead to a failure to make judgements and intervene appropriately regarding practices that are clearly harmful" (Bernard & Gupta, 2008, p.486). Bernard and Gupta (2008) call for "more research into the particular needs of different groups of African children, if their experiences of the child protection system are to be fully understood" (p.489). This thesis, in part, speaks to this request for more research through considering the lived experiences of Black African mothers raising Black African children on the autism spectrum within the context of Scotland. Ultimately, there is a gap in the literature and a need to recognise the diversity within

and between subsections of wider BME communities. This is one justification as to why Black African mothers are a focus within this thesis. This will be discussed further in the next section.

African Mothers Experiences

In this thesis, the lived experiences of Black African mothers raising their autistic children in Scotland will be draw upon to gain an understanding of their experiences in the first instance because research investigating the experiences of African and Caribbean groups within the Scottish population, particularly in relation to social work services and related disability issues is limited (Munroe et al., 2016). As outlined in chapter two, African and Caribbean groups are the second largest minority ethnic group in Scotland after Asian groups, and significant increases in this population size are expected by 2031 (Walsh, 2017). Therefore with this increase, the implications for various areas of social life in Scotland such as health (Walsh, 2017), employment (Kamenou et al., 2013), minority women's issues (Casserly, 2014), housing (Netto et al., 2001), and children and family social work services (Valenti, 2017; Nzira, 2010; Bernard & Gupta, 2008; Williams 2013) will be the recognition of various subsections within the wider BME communities' 'banner' of understanding these issues in research and in application to society. The argument that research regarding the experiences of both Asian and African groups should be a priority, particularly in relation to disabled children, is further supported when the experiences of Black African mothers raising children on the autism spectrum is drawn upon from the discipline of psychology. Munroe, Hammond and Cole's (2017) research involved

using interpretative phenomenological analysis (IPA) to investigate the experiences of six African mothers living in the United Kingdom with a child with an autism spectrum disorder. They too assert that research exploring the experiences of South Asian families of children with various disabilities has been investigated (e.g. Bywaters et al. 2003; Croot et al. 2008; Heer et al, 2012), however research involving African immigrant families has been very limited (Munroe et al., 2016). As indicated in chapter two the move away from a medical model and towards the social model of disability in discussing autism in particular places more emphasis on " ...'neurodiversity', which indicates that many people diagnosed with ASD consider themselves neurologically 'different', as opposed to having a disorder or a condition in need of treatment" (Munroe et al., 2016, p. 798; Ortega, 2009). The stance taken within their research, summed up in the previous quotation regarding autism, to an extent, mirrors that of this research. In Munroe et al's (2016) research, the participants involved were six African mothers with autistic boys who had been living in the UK for at least ten years. All the mothers had a high level of education and spoke English. The approach taken by the researchers was that of interpretive phenomenological analysis (IPA). The researchers identified four themes that emerged from the mothers' experiences which were: 'caring for a child we did not expect' and the 'all consuming' feeling of being worried and stressed with juggling their responsibilities. 'The pain of stigma and rejection' from those in their communities, church and families; 'frameworks of meaning' through the way that the mothers coped with understanding autism and how it will affect their and their children's lives. Finally, 'negotiating conflicting cultural beliefs' as well as religious

beliefs when engaging with western services was particularly interesting as the mothers felt conflicted in their personal upbringing versus this newly found understanding of autism, which caused dissonance in their thinking and attitude towards people and services that related to their children (Munro et.al, 2016). This finding is also a recurring theme across literature involving social worker's interactions with Black African Families (see Nzira, 2010; Bernard & Gupta, 2008; Nzira & Williams, 2009). The researchers also found that barriers to accessing services could be reduced by tailoring services to meet the needs of immigrant and ethnic minority groups. They also found that the demonstration of cultural competence needed to be practiced by clinicians as there were instances in the mother's experiences where the language used to explain autism medically within their interactions was not handled sensitively at times on clinicians' part, causing the mothers to feel distant from clinicians. What they considered cultural competence involved being mindful of and interested in the wider cultural factors which affect families' 'lived experiences', thus mirroring this in how services are provided. There are some criticisms of this research, surrounding the small sample size of six mothers, however the researchers argue that IPA allows for smaller samples in order to obtain rich and detailed data. Additionally, the researchers also note that experiences of fathers as carers was not explored and would have made for a more 'rounded' approach to their reports of parental experiences. Nonetheless, this particular piece of research provides a solid basis for choosing to focus on the experiences of Black African Mothers raising children on the autism spectrum in Scotland, and has

informed the methodological stance of phenomenology to be taken, and to a degree the approach in the design of this research.

Summary

In sum, what has largely been taken from the discussion within this chapter is that by adopting an anti-oppressive practical approach with wider BME communities as a social work practitioner this idea of a "hierarchy of oppressions" (Mclaughlin, 2005, p. 288), may be removed allowing for more effective practice. This thesis will therefore add to the discussion surrounding the conceptual understanding and use of the term 'anti-oppressive practice' in social work education through considering the perspectives of social work, educators, students and practitioners in Scotland. Additionally, in line with the SSSC's (2016) review of social work education in Scotland, this research includes an ethnically diverse and seldom heard community, Black African mothers' perspectives, which is advantageous within the context of Scotland. Finally, when autism is understood within the concept of neurodiversity and the subjectivity of disability and coupled with the experiences of African mothers as carers, a justified foundation for understanding how the demonstration and resonance of anti-oppressive practice in social work can be explored. The gap in the literature points to a need for more ethnically specific voices. In this thesis an African voice and perspective, on issues that relate to ethnicity, disability, and anti-oppressive practice in social work in Scotland, is currently not present. This thesis can establish a discussion and in other instances add to the current debates regarding anti-oppressive practice in social work with Black African mothers raising children on

the autism spectrum in Scotland. Although not generalisable to all BME communities'
in Scotland, the findings will also have implications for how practitioners approach
the idea of working with wider BME communities in their practice. The justifications
for undertaking this research, as outlined in this chapter, informed the research aims,
objectives and research questions, which are set out and made explicit in the next
section.

3.5 Research Aims, Objectives and Research Questions

Overall, the aim is to develop an understanding of social workers' interactions with
BME families in Scotland. This is achieved through considering: the concept of anti-
oppressive practices within social work education; within the experiences of social
worker to BME community interactions in the field generally; and the experiences of
Black African mothers raising children on the autism spectrum more specifically. The
aims will be fulfilled through the following research objectives:

- To determine how social workers, social work students, and educators
  conceptualise and understand 'oppression' and anti-oppressive practice.

- To understand how social workers, demonstrate anti-oppressive practice in their
  experiences with BME communities in Scotland.

- To illuminate Black African mothers raising children on the autism spectrum's
  experiences of interacting with social work services in Scotland.

3.6 Research Questions

Each of the three objectives contributes to the overall aim of the research, which in turn is reflected within the following research questions:

1) To what extent do the concept and characteristics of anti-oppressive practice emerge for students and educators within social work degree programmes in Scotland?

2) To what extent can social workers identify instances of anti-oppressive practice in their lived experiences of interacting with people from BME communities?

3) Does the demonstration of anti-oppressive practice in social work resonate within the lived experiences of Black African mothers raising children on the autism spectrum in Scotland?

Chapter 4 – Methodological Approach

Research Aims and Objectives and Research Question

Chapter two and three, the literature review, provided a large range of arguments and debates relating to the usefulness of anti-oppressive social work practice, and in its application to interactions between social workers and BME families with disabled children in Scotland. To refresh and provide some focus to Chapter four - the methodological discussions that underpin, shape and inform the rest of the thesis – a reminder of the research question is required. Each of the three objectives contributes to the overall aim of the research, which in turn is reflected within the following research questions:

1) To what extent do the concept and characteristics of anti-oppressive practice emerge for students and educators within social work degree programmes in Scotland?

2) To what extent can social workers identify instances of anti-oppressive practice in their lived experiences of interacting with people from BME communities?

3) Does the demonstration of anti-oppressive practice in social work resonate within the lived experiences of Black African mothers raising children on the autism spectrum in Scotland?

4.1 Introduction

In order to answer the research questions and contribute to the existing body of knowledge about anti-oppressive practice in social work education and practice, this chapter will discuss and define the theoretical influences on the methodological

stance of descriptive phenomenology taken. This will be discussed to understand and justify the use of methods adopted for this phenomenological approach. Firstly, the comparison of positivist and interpretivist theoretical influences about the qualitative and quantitative nature of research will be critically discussed, drawing from research studies related to social work practice with wider BME communities. A constructivist stance will then be discussed as the stance taken for adopting qualitative methods. This discussion will also be used to justify the use of a descriptive phenomenologically informed qualitative approach to the study considering discussions surrounding the unsuitability of some of the features in interpretive phenomenology.

Positivist Influences in Social Research

Positioned within empiricism, the fundamental and at times exclusivist principles of positivism maintain that the only acceptable knowledge of external reality is acquired through the senses (Heshusius & Ballard, 1996). This scientific method of inquiry involves a process of reason and rational thought that when applied to social sciences, would uphold that individuals are subject to fixed laws that interact and can be objectively understood, directly predicated and measurable through sequential behaviour (Hughes & Sharrock, 1997). Positivism does not attempt to explain the causes of phenomena, rather it aims to explore the "the circumstances in which phenomena are produced and link them to one another via forms of succession and similarity" (Comte cited in Benton T., 1978, p. 32-33). One critique of Comte's assertions is that to some extent the objectivity of positivist research underestimates characteristics of human behaviour within society such as autonomy, free will,

fortuity, morality and emotions (Hughes & Sharrock, 1997). What can be surmised from this valid critique is that these human characteristics also interact to not only produce but change these sequential behaviours that within positivism are so heavily relied upon. Within positivist research there is a distinct separation of objectivity that is testable, and subjective value and belief-based statements which are not regarded as genuine knowledge (Benton & Craib, 2001). One of the most influential claims within positivism is that these subjective values and beliefs held within society can be logically studied, using the methods of inquiry employed within natural science (Hughes & Sharrock, 1997). This assertion is very much linked with the underlying features of positivism: the scientific method and the importance of hypothesis testing.

Where positivist research can be able to make the claims it does to a wider population particularly within social science, is in the validity and reliability of the method used that seeks to measure the phenomenon that it is intended to and does so consistently (Hammersley, 2008). This statement contributes to the advantage of adopting an approach which is rooted within positivist claims: the sample is much bigger than that typically rooted within the interpretivist end of the spectrum, therefore findings are generalizable to a wider population. Three pieces of empirical research have adopted quantitative approaches to gather data in relation to anti-oppressive social work education (Hussein et al., 2009; Moriarty et al., 2010), and practice (Hussein, Manthorpe, & Stevens, 2011) such that claims can confidently be made regarding phenomena that occur on a national level. For example, Moriarty and colleagues (2010) captured data via 195 postal responses to a questionnaire from social work

practice assessors across nine HEIs in England. Similarly, Hussein, Manthrope and Stevens' (2011) study reflected the experiences of one-hundred and one migrant social workers, where the data from this larger sample of respondents was collected via online-survey.

If the current research, investigating anti-oppressive practice in social work and Black African experiences, adopted a positivist approach, the methodological stance taken would be that human characteristics are not necessarily outside the measurable remit of scientific understanding (Hughes & Sharrock, 1997). An example of this response in action can be drawn from Chamba et al's (1999) empirical study that used a quantitative survey to investigate the needs and circumstances of 600 minority ethnic families caring for a disabled child. This was the first time that a study like this had ever been conducted in the UK with BME families. In Chamba et al's, (1999) study of BME families' needs, the survey was able to bring to light questions surrounding *'what'* the issues were by identifying concerns that range from social disadvantage and social exclusion, to lack of support and effective communication experienced by BME families. The survey was also effective in providing evidence for 'where' and 'when' these groups were being affected, and *'who'* was being most affected by these issues through drawing on data regarding living circumstances, family income and employment trends across periods of time.

Critically, what tends to be missing from an exclusively positivist approach to research is the implicit collection of evidence of the questions surrounding *'why'* specific issues are arising for families over others. This observation is further supported in Chamba

et al's (1999) study where they acknowledge that although the survey is quantitative, the inclusion of a number of open ended questions to BME parents to write additional comments on the final page of the survey was necessary, and often credited for being "poignant comments throughout the report to illustrate the quantitative data" (Chamba et al, 1999, p. 2). This suggests that qualitative approaches are effective when used alongside quantitative methods to further illustrate measurable generalisations among populations. Therefore, a strong basis for adopting qualitative methods that reflect the unpredictable human nature, such as social worker to BME family interactions, rather than quantifiable generalisability is necessary, so a positivist approach was not used.

Interpretivist and Constructivist Influences in Social Research

Interpretivism provides a different angle to investigate social issues, while being firmly rooted in an epistemological standpoint. A good starting point in understanding the features positioned within interpretivist research, such as phenomenology and the influences of hermeneutics is with Max Weber's conception of Verstehen (understanding). The term Verstehen involves understanding the thoughts of the actor and the logical and symbolic systems that occur within the culture that the individual lives as a subject rather than object of the researcher's observations (Benton & Craib, 2001). Therefore, individual lives are "of meaning, of language and reflexive thought and communication" (Benton & Craib, 2001, p. 75) have the capacity to reflect on behaviour within various social situations and possess some form of self-consciousness in that respect. In this case, it is necessary for

interpretivist research to mirror the fluidity and flexibility of thought and behaviour process i.e. social action (Schwandt, 2007).

When applying Verstehen to social research, the approach used in the interpretivist position lies in the overt intention to seek the deeper meaning of human experiences, essentially the "subjective meaning of social action"(Bryman, 2008, p. 694). In this sense, the objectivity of the researcher is flexible; acknowledging that his or her overall perspective, opinions and values have a part to play - particularly when interpreting data. With the coupling of self-consciousness and reflection, there is an added element of the interpretation of meaning given to the behaviour. In looking at Weber's arguments, two key points provide the structure through which this coupling within the features of symbolic interactionism and phenomenology can be further understood. The first point focuses on individual meaning and the second on the importance of "shared cultural meaning" (Benton & Craib, 2001, p. 76) which ultimately affect the actions.

Briefly, within the constructivist position, symbolic interactionism emerged from interactionist social psychology developed by George H Mead and his student Herbert Blumer who coined the phrase (N. Williams & Correa, 2003). Within this stance, the individual does not construct and impose meaning upon the world in an isolated manner, but within a society that provides a stock of meanings of self with respect to others, which in turn has an impact on the individual's social behaviour (Denzin, 1992). Essentially, the individual is conceptualised as the 'meaning maker' continuously creating and modifying meaning for a physical world that lacks meaning

(Benton & Craib, 2001). When set within a context of the collective environment such as society, this construction is subject to change and continuously in need of affirmation. The individual therefore is constantly negotiating their reality (inter-subjectivity) and the remit of the symbolic interactionist is to understand how individuals relate and co-exist with each other using symbols to organise meanings. In grasping that individual interaction is central, the overarching social structures of for example: power, class, ethnicity, gender are essentially eliminated "there is no knowledge apart from that known by the people studied by the social scientist"(Benton & Craib, 2001, p. 87). The interpretivist perspective allows for deeper understanding about the social world through the meanings and interpretations of the individual and researcher. However, it is the last point made in the discussion surrounding symbolic interactionism: where Benton and Craib (2001) stress that knowledge and meaning rests in the hands of the individual as studied by the researcher that is influential in this thesis. A constructive approach sets the correct conditions for understanding the theoretical approach of phenomenology, which underpins this thesis, and therefore will be the stance taken in the discussion about phenomenology in the next section.

4.2 Phenomenology

The epistemological journey taken from positivism through to constructivism within this chapter, in the first instance, demonstrates consideration of the philosophical presuppositions underpinning these approaches in the design of this study. Yet, it also illustrates the development and move away from a positivist approach, into a

constructivist philosophical thought about how individuals' experiences of instances within daily living can be viewed; and how researchers can research this empirically. This justification underpins the decision to take a constructivist position and use descriptive phenomenology specifically to inform the theoretical thought in this chapter, and methodological decisions outlined in chapter five.

Phenomenology therefore is the approach which underpins this thesis both philosophically and theoretically, but it also shapes the design of the study. The linguistic origin of the word phenomenology stems from essentially two words: 'phenomenon' and 'logos', which when transliterated means 'the science of phenomena' (Heidegger, 1962). In 20th century Europe, the philosophical ideas of Edmund Husserl (1970) regarding transcendental phenomenology provided the creation of descriptive phenomenology as an approach to inquiry. Phenomenology focuses on the 'object' of human experiences i.e. on persons who have experienced a phenomenon, and develops a composite description of the essence of the experience (Creswell, 2012). The outcome is that the composite description is rich because it consists of the 'what' and 'how' of the experience (Lopez & Willis, 2004). This focus on the 'what' and 'how' within phenomenology as an approach is what makes it particularly influential across multiple disciplines; such as psychology (Giorgi, 2009; Keen, 1975; Moustakas, 1994), Nursing (Bradbury-Jones, Sambrook, & Irvine, 2009; Dowling, 2007; Lopez & Willis, 2004; Pascal, Johnson, Dore, & Trainor, 2011), education (Gould & Harris, 1996), and social work (McCormick, 2011; Pycroft, Wallis, Bigg, & Webster, 2015) to name a few.

4.3 Descriptive Phenomenology versus Interpretive Phenomenology

Reflective of the influence across multiple disciplines, there are many variations of phenomenology that have been developed since it originated. However, there are two main types of phenomenology that will be referenced within this chapter: descriptive phenomenology, which is linked with the philosophical influences of Edmund Husserl (1970); and interpretive phenomenology, led by Husserl's student and critic Heidegger. Descriptive phenomenology rather than interpretive phenomenology will be the methodological approach taken to inform the methods of inquiry employed within this thesis. In order to justify this decision, this section will briefly: lay out just three of the many fundamental philosophical presuppositions of both descriptive and interpretive phenomenology relevant to this thesis; subsequently identify where both approaches converge and diverge; and the technical implications on some of the stages of data collection.

Descriptive Phenomenology

The beauty of phenomenology is the strong philosophical presuppositions upon which almost everything else rests. The first philosophical presupposition held by Husserl (1970) within descriptive phenomenology relates to the issue of human consciousness, placing value on subjective experiences. Husserl believed that there was an important need for a scientific approach that brought to the fore the "essential components of the lived experiences specific to a group of people" (Lopez, 2004 p.727). Although these lived experiences influence human behaviour and

perceptions of social reality, these very experiences are seldom reflected upon each day (Husserl, 1970; Lope, 2004).

Building on the first foundational philosophical premise of an unreflective human consciousness, the second presupposition of descriptive phenomenology is that within the individual strands of lived experiences, there are features of commonality within any lived experience that are mutual to all who have lived the experience, otherwise known as a 'universal essence' (Lopez, 2004 p. 728). The achievement of scientific rigour that Husserl (1970) is influenced by plays out in the assertion that the identification of these essences reflects the crux of the phenomenon under inquiry and the generalisability of the experiences to a degree to specific concepts or groups is therefore made possible (ibid). In practice, "a phenomenological study describes the meaning for several individuals of their lived experiences of a concept or a phenomenon" (Creswell, 2007 p.57). The focus therefore is on "describing what all participants have in common as they experience a phenomenon" (Moustakas, 1994 p. 14). Data is then collected by the researcher from the individuals who have experienced the phenomenon and develops a composite description of the essence of the experience for all of the individuals involved comprising of 'what' they experienced and 'how' they experienced it (Creswell, 2007; Lopez, 2004: Moustakas, 1994).

Descriptive phenomenology, as it is understood today is heavily influenced by the initial philosophical reflections of 'transcendental subjectivity', where "inquiry is constantly assessed and biases and preconceptions neutralised, so that they do not

influence the object of study phenomenology" (Lopez, 2004 p. 728). Transcendental phenomenology draws on the Duquesne Studies in phenomenological psychology (see Giorgi, 1985), which demonstrated the original applications of empirically based phenomenological research in terms of the theoretical, conceptual and procedural development in how data is analysed (Van Kaam 1966; Colaizzi,1978). The studies comprised of four volumes of operationalised empirical phenomenological research in psychology published between 1971 – 1979, by Giorgi and colleagues (Moustakas, 1994). The process of capturing the essence of experience by looking beyond one's own prejudices and preconceptions about a phenomenon was understood by Husserl as epoch (1970), but is also known now by a variety of interchangeable terms such as: phenomenological reduction, or bracketing (Tufford & Newman, 2012). By engaging in bracketing the researcher is making a conscious and deliberate intention of identifying, acknowledging, and laying to one side preconceived biases (Moustakas, 1994; Tufford & Newman, 2012; Bradley-Jones et al, 2009). During this process, it is expected that the researcher demonstrate a level of "honesty and vigilance about her own perspective, pre-existing thoughts and beliefs, and developing hypotheses … engage in the self-reflective process of 'bracketing', whereby they recognise and set aside (but do not abandon) their a priori knowledge and assumptions, with the analytic goal of attending to the participants' accounts with an open mind' (Starks and Trinidad 2007, p. 1376).

However, within the descriptive approach, there are some differences in opinion held about the point in the research when the researcher should engage in bracketing. Some researchers maintain that in order to stay true to the philosophical

underpinnings of descriptive phenomenology, bracketing should be present before undertaking the study, therefore not engaging with literature about the phenomenon (see Streubert & Carpenter, 1999). Yet, others such as Giorgi (1998) advocate the limiting of bracketing to the explicitation phase of data collection. What can be understood from Husserl's thinking, is that the process of epoch or bracketing is fundamental to undertaking of a descriptive phenomenologically-informed piece of research, irrespective of the debate surrounding the point in the research that the researcher should engage in bracketing their preconceptions of the phenomenon (Bradbury-Jones et al., 2009; Lopez & Willis, 2004; Pascal et al., 2011). This feature of bracketing influenced the approach to undertaking the literature review. It was not possible to bracket before undertaking the study as suggested by some researchers because an understanding of the current and ever-changing landscape within social work education was necessary to ensure that this research would make a relevant and worthwhile contribution to the existing discussions surrounding anti-oppressive practice in social work. As well as this contribution, the research also provides a platform for the discussions of the experiences of Black Africans as a specific minority group in Scotland to come to the fore in relation to social work practice. It was also not possible to engage in bracketing at the data explicitation stage because the decision to engage in literature surrounding oppression, ethnicity, and disability placed within the context of Scotland was confronting. My positionality as a researcher, who is of Black African descent and born in Scotland meant that bracketing preconceptions while grappling with the issues in the literature view and

ultimately the rest of the research was an ongoing process. This point will be discussed further in chapter five.

The issue of bracketing represents the distinctive tipping point between descriptive and interpretive phenomenological approach. Engaging in bracketing is influential in uncovering how common sense understanding of a phenomenon by the researcher is created, normalised, and influential in the choices regarding methods of inquiry. According to Alfred Schutz, the notion of building typifications of the social world in *The Phenomenology of the Social World* (1972) occurs in stages where experiences occur more often and the actor becomes more conscious of this, specific discrepancies begin to carry a deeper meaning than what is merely perceived. Once created, this typification is affirmed within phenomenology as a 'natural attitude' that guides everyday actions and experiences, which in turn provides individuals with common sense knowledge of e.g. certain types of people. Within descriptive phenomenology it is expected that researchers would engage in bracketing and go through a sequential process of how meaning is given to the world we interact with on a daily basis (Benton & Craib, 2001). The use of ideal types of social action in social research is a rational construction that can be used to compare with, for example, practices that are already in place within society: Schutz calls this 'second – order typification'. This last point clarifies first and second order constructs in research; where second order construct involves the awareness of the researcher's prior knowledge and the necessity in placing this to one side when understanding the deeper meaning behind the actions of others. The strength in this latter point of a second order construct in research was very much influential in the decisions and

methods used to carry out this research. Through having an awareness, as the researcher, of prior knowledge about the phenomenon, but making an active decision to bracket this to understand the meaning behind the experiences of social work educators, students, practitioners and Black African mothers raising children on the autism spectrum in Scotland is the justification for using descriptive phenomenology.

Interpretive Phenomenology

The philosophical assumptions upon which interpretive phenomenology rests is that within the study of the lived experiences of individuals, these experiences are indeed conscious experiences (Creswell, 2007). This assumption is where both descriptive, interpretive, and indeed other variations of phenomenology converge, as it is rooted within Husserl's original philosophical assumption of 'intentionality of consciousness' (Husserl, 1970). This idea revolves around the assertion that there is no duality between subject and object within reality, rather an intrinsically relational existence within the consciousness of the individuals' experiences of the object, therefore giving the experience meaning (Creswell, 2012; Reiners, 2012).

Yet there are points of divergence between both approaches, starting with Martin Heidegger's (1889-1976) development of a variation of Husserl's descriptive phenomenology, which is known as interpretive phenomenology. As a student of Husserl, he was critical of the epistemological stance (theory of knowledge) that his teacher had taken, opting for an ontological approach based on the 'science of being' an extension of hermeneutics as a philosophy of interpretation (Reiners, 2012). The

hermeneutics influence of interpretive phenomenology expands on specific ideas within what is known as the 'hermeneutic spiral': the continuous search for deeper understanding, interpretation and the interdependence of being in the world, rather than having knowledge of the world (Denzin, 1992). Thus, there are three presuppositions of interpretive phenomenology which will be briefly outlined and compared to descriptive phenomenology.

The first presupposition of interpretive phenomenology is on understanding meaning within individuals' everyday experiences, intertwining the researcher's prior knowledge of the phenomenon, and subjective rather than objective interpretations of these experiences at all stages of the research (Lester, 1999; Lopez & Willis, 2004; Reiners, 2012). The second philosophical presupposition of interpretive phenomenology builds upon the first, as Heidegger emphasises the context through which individual interactions take place, socially, politically and culturally (Heidegger, 1962), rendering the individual and the meaning within the experience inseparable. The third and final presupposition of interpretive phenomenology rests on the central question of: to bracket or not to bracket? What can be gleaned from the development of arguments within this discussion around interpretive phenomenology is that it is almost impossible to achieve a truth that has not been interfered with by human perspectives (Polkinghorne, 1983). Therefore the meaning of an individual's lived experience can only be understood and achieved through interpreting the phenomenon along with the interpreter's own lived experience (Dowling, 2007; Heidegger, 1962; Houston & Mullan-Jensen, 2012; Lopez & Willis, 2004; McCormick, 2011; Pascal et al., 2011; Tufford & Newman, 2012). Due to the

stance taken by Heidegger (1962), it is impossible to negate one's own lived experiences as an interpreter of the phenomenon under study (Reiners, 2012). In order to philosophically fulfil this assumption, the integration of prior knowledge of the phenomenon would have to be welcomed at all stages of the research (Lopez & Willis, 2004), therefore truth is then constructed co-constitutionally between the interpreter and individual. The final outcome of engaging in interpretive phenomenology is that ultimately the interpretation of meanings are developed further in the application to policy, education, and research which has the potential to inform current knowledge when applied to social work services (Lopez & Willis, 2004). Although the first two presuppositions are aligned with capturing the lived experiences of the respondents within this thesis, the last presupposition is problematic because there is the potential for the phenomenon under investigation to be lost among layers of meaning that are almost manufactured and influenced by the researchers' lived experiences. Capturing respondents' reports of their lived experiences, and not the researcher, is one of the most important features of this thesis, therefore justifies why interpretive phenomenology is not appropriate within this thesis. The next section, therefore, looks at the implications for taking a descriptive phenomenology approach to the method of inquiry within this thesis.

Research Methodology: Implications for inquiry

The philosophical discussion surrounding descriptive and interpretive phenomenology uncovers the necessary theoretical foundations by which the methods of inquiry are anchored. Therefore, taking a phenomenological approach,

which is descriptive in nature, to the method of inquiry has important implications for how the collection of data will be taken and decisions implicitly justified. To revisit the crux of the discussion within this section, the key presuppositions can be summed in the following way:

"Interpretive phenomenology is used when the research question asks for the meaning of the phenomenon and the researcher does not bracket their biases and prior engagement with the question under study. Descriptive phenomenology is used when the researcher wants to describe the phenomenon under study and brackets their biases" (Reiners, 2012, p. 119).

The direct implication of taking an interpretive phenomenological approach is that the interpreter would need to acknowledge and be aware of their own positionality: identity markers such as ethnicity, disability status, occupation or role within the research. Conversely, with descriptive phenomenology, the interpreter would use the awareness of one's own positionality to frame how respondents' lived experiences are interpreted. What can be surmised from the discussion is that the positionality and reflexivity of the researcher provides an additional and equally interesting dimension to the research. However, the premise of the study focuses on the essence of the phenomenon: considering the concept of anti-oppressive practices within social work education; within the experiences of social worker to BME community interactions in the field generally; and the experiences of Black African mothers raising children on the autism spectrum in Scotland more specifically. The additional dynamic of the researcher's interpretations would allow for the essence of the phenomena to be lost, irrespective of measures taken to

uphold the researcher's accountability in interpreting the data. Therefore, descriptive phenomenology has been chosen.

With the understanding that descriptive phenomenology focuses on 'what' was experienced and 'how' it was experienced, a return to the phenomenon in question places the discussion back into the context of what particularly abstract philosophical concepts are. The experiences are grounded in the development of individual descriptions of these experiences, capturing the essence of the phenomenon, rather than attempting to explain or 'analyse' them (Moustakas, 1994). Subsequently, this unique lived experience deserves attention to fully understand what is transpiring within the individual's interpretation of their own lived experience (as recounted in *their* descriptions) without further interpretation by a researcher.

4.4 Summary

The decision to take a descriptive phenomenological approach within this study is preferred, with justifications for this choice explained within this chapter. To sum up this section of the discussion, there are facets of both descriptive and interpretive phenomenology that converge. However, the practice of bracketing one's preconceived understanding of the research in descriptive phenomenology, versus the integration of the researcher's experiences throughout the study, is where the two approaches diverge. The implications for decisions surrounding methods of inquiry within descriptive phenomenology become defined and legitimised as a rigorous qualitative method, with the use of traditionally accepted qualitative methods, such as interviews, focus groups etc. The decision to "place to one side any

prejudgments about the phenomenon being investigated in order for the researcher to be receptive and naïve in listening to participants as they describe their experiences of the phenomenon" (Moustakas, 1994 p.127), is beneficial in addressing the researcher's positionality and reflexivity. Specifically, it is important that initial preconceptions that originate from personal experience with the research content and material are made explicit prior to undertaking the research project; and scrutinised throughout the research process, viewed both as a form of insight and obstacle to engagement with the research data (Tufford & Newman, 2012). This point will be discussed in chapter five. As the researcher engages in this level of continuous awareness and scrutiny of presumption at each stage, a descriptive phenomenological approach to inquiry is almost always grounded in sound philosophical foundations that hold the researcher accountable for decisions in the method of inquiry chosen in a transparent manner. These decisions will be discussed in the next chapter.

Chapter 5: Research Method and Design

5.1 Introduction

To reiterate the theoretical discussion from the fourth chapter and the implications for this chapter, descriptive phenomenology underpins the research methodology, which is defined as: "the strategy, plan of action, process or design lying behind the choice and use of particular methods and linking the choice and use of methods to the desired outcomes" (Crotty, 1998, p. 3). This definition outlines the function of this chapter. Phenomenological research is a model that sits alongside other approaches such as ethnography and case studies, which utilise qualitative methodologies. What makes phenomenology different is that the aim is to "…collect and understand meaningful relations that are implicitly embedded with the original context, through which the experience was first described and bringing it to the forefront in an explicit way" (Moustakas, 1994, p. 12). A key focus for the design of the research was to use the principles of descriptive phenomenology to frame the research design, data collection and explicitation. Through following this approach, the design of the study involved capturing the essence of experiences, reflected in the descriptions and explicitation of individual experiences. Therefore, it was my responsibility as the researcher to capture the underlying 'who' and 'what' within experiences through the explicitation of the respondents' descriptions.

The decision to choose descriptive phenomenology as the philosophical underpinning of the research, that informed the researcher's attitude towards

design, data collection, and explicitation methods will be outlined. Given the qualitative nature of the study, the next section of this chapter addresses some methodological issues regarding the use of the term 'lived experiences' within the context of this research as opposed to within social work discourse, as well as sample size. Following this, the use of semi-structured interviews, written responses, documentary materials, and group interviews with the three respondent groups will be outlined and justified for each respondent group. The respondents were qualified social workers, social work educators and students, and Black African mothers raising children on the autism spectrum in Scotland. The aim of the research was to develop an understanding of how social workers work with BME families raising children with disabilities in Scotland. The phenomenon, central to the design and procedure of this study, was to consider the concept of anti-oppressive practices within social work education; and within the experiences of social worker to BME community interactions in the field generally; drawing upon the experiences of Black African mothers raising children on the autism spectrum more specifically.

5.2 Using the term 'lived experiences'

The use of the term 'lived experiences', as used within social work discourse describes the experiences of service users (Davies & Gray, 2015; McLaughlin, 2009). However, the use of the term 'lived experiences' relates to social workers' involvement in the field within this and subsequent data chapters. The decision to use the term lived experiences in this way derives from two presuppositions within descriptive phenomenology, and the methodological approach underpinning the research

design. The first philosophical presupposition held by Husserl (1970) within descriptive phenomenology relates to the issue of human consciousness, placing value on subjective experiences. Although these lived experiences influence human behaviour and perceptions of social reality, these very experiences are seldom reflected upon each day (Husserl, 1970; Lope, 2004). Building on the first foundational philosophical premise of an unreflective human consciousness, the second presupposition of descriptive phenomenology, is that within the individual strands of lived experiences, there are features of commonality within any lived experience that is mutual to all who have lived the experience, otherwise known as a 'universal essence' (Lopez, 2004 p. 728). Therefore, the term 'lived experiences' is better understood, in keeping with descriptive phenomenology as the methodological approach within this thesis, than attempting to navigate through each chapter with an understanding of the term lived experiences that derives from social work discourse and perspectives.

5.3 Addressing the Issue of Sample Size

As one navigates through this and subsequent data chapters, what cannot be emphasised enough is the acknowledgement that the lived experiences of the six social workers are to a degree limited and not reflective of all social workers' experiences, therefore is not wholly generalisable to all social workers. One of the ways in which the six social workers' lived experiences may be limited in the application to banal instances within society is due to sample size. Equally, it is also recognised that that drawing on the experiences of four Black African mothers limits

the ability to generalise to all Black African mothers raising children on the autism spectrum in Scotland or even wider BME communities. However, referring to the methodological approach, descriptive phenomenology, which underpins the research design and data collection, the sample size is adequate for research of this type. Hycner (1985) suggests that questions or uncertainty may arise about the sample size used within one's research, but he argues that the data generated even from one interview is sufficient due to the richness in the descriptions reported by an individual. Given that the interviews with respondents took a semi-structured approach to the collection of data, the sample size for the interviews with qualified social workers was equally important for the explicitation of the data later in the process. Within phenomenological studies, there are some wide-ranging, and at times contradictory, suggestions on the issue of respondent sample sizes. For example, Greg Guest and colleagues' (2006) extensive investigation into the problem of working out "how many interviewers are enough? [when] guidelines for determining no probabilistic sample sizes are virtually non-existent" (p.60). They found that for the researcher to reach an optimal level of saturation, where there are no new themes emerging from the data, the research would need to engage in twelve interviews. In gauging a minimum number of interviews, Morse's (1994) guidelines on this issue of sample sizes, suggests that researchers engage in at least six interviews. Finally, John Creswell (2007), recommends that a total of between five and 25 interviews be conducted within a phenomenological study. These differing perspectives, were treated as suggestions that informed the current study, acting as

a guide on boundaries to facilitate the data collection process across all the respondent groups.

This research is not looking to make grand claims, rather grasp an understanding of social workers' interactions with BME families in Scotland. The lived experiences of the six social worker educators and ten social work students, six social work practitioners, and four Black African mothers were reported, bringing the total respondents to twenty-six (n=26). Therefore, providing this research adheres to the suggested parameters of between 2 – 25 respondents (Creswell, 2012; Guest, Bunce, & Johnson, 2006) within phenomenological studies, which is in itself very wide parameters, it can be confidently affirmed that the data generated from these interviews was sufficient for a phenomenological study such as this.

Table 5.1 Summary of Respondent Groups, Size and Recruitment Methods

Respondent Group	Sample Size	Recruitment Sites	Data Collection Technique
Social Work Educators	6	- Five Higher Education Institutions	Individual Interviews
Social Work Students	10	- HEIs, Social Work Forums Online /Social Media Platforms	1 Group Interview with 2 students) 8 Written Responses
Qualified Social Workers	6	- Local Authorities - Charities	Individual Interviews
Black African Mothers	4	- Charity Organisations	Individual Interview

Practical Approach to the Study

The aim of the research, along with the theoretical underpinnings and objectives influenced the choices in design and methods that were used in this study. The research objectives were used to frame and justify the use of semi-structured interviews, group interviews, written responses, and documentary materials, with three specific groups of participant samples. The initial step as outlined by Moustakas (1994) involves identifying the phenomenon central to this study: consider the concept of anti-oppressive practices within social work education; within the experiences of social worker to BME community interactions in the field generally; and drawing upon the experiences of Black African mothers raising children on the autism spectrum more specifically: The three overarching objectives of the research were to:

- Determine how social workers, social work students, and educators conceptualise and understand 'oppression' and anti-oppressive practice.

- Understand how social workers demonstrate anti-oppressive practice in their experiences with BME communities in Scotland.

- Illuminate Black African mothers raising children on the autism spectrum's experiences of interacting with social work services in Scotland.

Therefore, by presenting the views and experiences of qualified social workers, social work educators and students, and Black African mothers raising children on the autism spectrum in Scotland, the identification of the phenomenon- anti-oppressive practice - and its centrality to the research allowed for structure in meeting the set

research objectives. The next section addresses the three objectives set out and how employing a descriptive phenomenological approach of inquiry, practical methods of data collection and explicitation in-line with this approach, allowed for each objective to, in turn, be fulfilled.

5.4 Objective 1: Social Work Educators and Students' Understanding

The first research objective within this thesis was to determine how social work students and educators conceptualised and understand 'oppression' and anti-oppressive practice. Giorgi (1985) argues that there are two features that inform descriptive levels of phenomenological design and approach: the first level of data involves … "naïve descriptions obtained through open-ended questions and dialogue" (Giorgi, 1985, p. 69). The second level involves determining what the experience means for the person who experienced it through further explicitation of the data. Both levels were applied to each objective of the research and thus each study within this thesis.

Study Design

The research was designed to capture the lived experiences of social work students drawing from one group interview with two students and eight written responses from students to questions related to their understanding of and attitude towards anti-oppressive social work practice (See Table 5.2). The eight written responses were captured by sending out these questions to the students via e-mail. The students were encouraged to go into detail about their responses, and these written responses

were returned to the researcher. A total of ten social work students' experiences were captured through a mixture of one group interview with two students, eight written responses from two postgraduate, and six undergraduate social work students who were representative of four Scottish institutions.

Table 5.2 Social Work Students' Pseudonyms, Characteristics, and Recruitment Methodology

Social Work Students (N=10)	Degree Course	Year of Study	Gender	Ethnicity/ Nationality	Recruitment Sites (HEIs Represented N=4)	Data Collection Method
Nora, UG Student	Undergraduate	3rd	Female	Black (British)	Social Media	Written
Lily, PG Student	Postgraduate	1st	Female	White (Scottish)	Social Media	Written
Eleanor, UG Student	Undergraduate	2nd	Female	White (Polish)	HEI	Group
Nova, PG Student	Postgraduate	1st	Female	White (Scottish)	Social Media	Written
Audrey, UG Student	Undergraduate	4th	Female	White (Scottish)	Social Media	Written
Zoe, UG Student	Undergraduate	4th	Female	White (Scottish)	HEI	Group
Hazel, UG Student 7	Undergraduate	3rd	Female	White (Scottish)	Social Media	Written
Bella, UG Student 8	Undergraduate	2nd	Female	White (Scottish)	Social Media	Written
Lucy, UG Student 9	Undergraduate	4th	Female	White (Scottish)	Social Media	Written
Naomi, UG Student 10	Undergraduate	4th	Female	White (Scottish)	Social Media	Written

The premise for this being the ability to capture students' experiences of social work education from within the learning environment of a Scottish Higher Education Institution (HEI). The questions posed to social work students, educators and qualified social workers focused on sharing their experiences of demonstrating – in knowledge, understanding, and application of - anti-oppressive social work practice both in general, and specifically with BME families with disabled children (See Appendix 4). The context of the questions asked to the students were adapted, dependent upon the respondent group. For social work students, the questions

focused on their experiences while out on practice placements. Likewise, for social work educators their experiences were drawn upon the structure, content, and teaching of their courses, in addition to their lived experiences, understanding, and conceptualisation of oppression. Much of the practical techniques used within this study are drawn from descriptive phenomenological design as illustrated by Thomas Groenewald (2004), which informed how the data was collected and to an extent explicated.

Respondents

To meet the first objective, the research was designed to capture the responses of a total of six social work educators from five institutions, and ten social work students from across four HEIs in Scotland. Two of the educators (Ava and Olivia) interviewed represented one institution and provided data from either their experiences of developing and teaching on an undergraduate social work course, while the other educator provided insights into the postgraduate curriculum respectively. The remaining educators were based in various HEIs across Scotland (See Table 5.3 for additional characteristics).

Table 5.3 Social Work Educators' Pseudonyms, Characteristics, and Data Collection Methodology

Social Work Educators (N=6)	HEI Type (HEIs Represented N=5)	Number of years in HEI Teaching	Gender	Ethnicity/ Nationality	Data Collection Method
Isabel, Educator	Russell Group	30 years +	Female	White (Scottish)	In person Interview
Noah, Educator	Research Intensive	15 years +	Male	White (Scottish)	In person Interview
Olivia, Educator	Post 1992	2 years	Female	White (Canadian)	In person Interview
Ava, Educator	Post 1992	20 years+	Female	White (Scottish)	In person Interview
William, Educator	Post 1992	20 years+	Male	White (Irish)	In person Interview
James, Educator	Distance Learning	15 years +	Male	White (English)	Telephone Interview

Finally, undergraduate and postgraduate student handbooks along with two pieces of course materials were also collected from seven universities offering a Scottish BA and/or MSW social work degree. A total of three of these documents (two undergraduate and one postgraduate handbooks) were mainly drawn upon within chapter six to aid the interpretation of the data.

Purposive Sampling Strategy

Purposive sampling techniques were used to identify and recruit respondents. Purposive sampling involves the demonstration of reflexivity by the researcher who then makes decisions on respondent recruitment in response to empirical findings and theoretical developments that occur in the study (Emmel, 2013). The choice of

sample technique within this study was very much influenced by the objective of the research and the HEI environments where social work educators and students would most likely engage with the phenomenon. Creswell (2013) presented three considerations of the purposeful sampling strategy: deciding the participants or sites, selecting the sampling strategy, and determining the sample size. In line with Creswell's strategy, the interviewing social work educators from five institutions in Scotland allowed for a foundation to be laid in understanding the practical outworking of the curriculum for social work education in Scotland.

The decision to involve social work students in the research was a way of providing another layer of depth to the experiences that social work educators brought to the research. The parameters set by the researcher for the recruitment of social work students were that they be in their second to fourth year, postgraduate years of study in social work, or had recently graduated university. These parameters were based on the premise that within Scotland, the Framework for Social Work Education in Scotland requires all honours and postgraduate social work students to undertake 200 days of practice learning, of which 160 days should be under direct supervised practice. The expectation for honours and postgraduate social workers is that the following criteria be undertaken to be met:

- "Statutory social work tasks that involve legal interventions
- Working in at least two contrasting service delivery settings (for students entering through work-based routes, at least one of these should be out with their employing agency other than in exceptional circumstances).

- Providing services to at least two user groups

- Providing services in a way that takes account of and values diversity" (Carson, 2010; Executive, 2003; Scottish Government, 2011)

Given that it is compulsory for all honours and postgraduate social work students to undertake a specific number of days of placements that provide services to at least two user groups, and that takes account of and values diversity, allows for respondents who have experienced interactions with BME families and or BME children with disabilities during practice placements to be recruited. Also, capturing the lived experiences of second year students who had experience of interacting with BME communities added an untried element to the data because they had not yet been exposed to formal placements on their courses, but had lived experiences with these communities related areas of their lives. Through recruiting respondents who had experienced working with BME families and BME disabled children during their placements, a link back to the teaching of and attitude towards anti-oppressive social work knowledge, and the translation into practice was, as expected, a point of exploration during the explicitation process.

Sampling Sites

The social work educators and students were recruited based on their association with their respective Higher Education Institutions (HEIs) that offered social work courses at an undergraduate and postgraduate level within Scotland, or as a distance learning option. All six of the respondents were recruited directly through HEI sites.

For the recruitment of social work students, attention paid to recruiting students who were representative of the HEIs located around the central belt of Scotland, with attention paid to the regional areas of Glasgow and Edinburgh. The reason being that the city of Glasgow had seen a 12% increase in the ethnic minority population, Edinburgh was close behind with an 8% increase, followed by Dundee and Aberdeen with a 6% increase (Scottish Government, 2014b). While the recruitment of two social work students took place through a HEI referral, the subsequent contact with students, however, took place through online forums and private group pages on one social media platform in particular (Facebook). Overall, the geographic location for recruitment of social work students from Scottish HEIs was justified because the statistics reported focus on the substantial increases within the central belt. During this process I found these statistics also married with the social work educators' perception of their HEIs establishing professional relationships with the voluntary sector that worked with BME communities, organisations, charities and city councils within the central belt for student practice placements.

Access to Social Work Educators and Student Respondents

In recruiting social work educators, and initial e-mail was sent out to seven of the HEIs' heads of department or senior lecturers for social work requesting permission to approach and recruit social work educators. The main criteria for the recruitment of social work educators was based on their creation, development, and/or teaching of the social work curriculum at their respective HEI's. The other criteria was also that they had lived experiences of interacting with BME communities as social work practitioners or educators.

In recruiting social work students as respondents for the study, access occurred through two approaches: a top down approach by gaining permission to recruit social work students through the social work educators within each HEI; and from the bottom up, where students were recruited initially using advertising from social work department notice boards within various HEIs across the central belt. This latter approach was not particularly effective, as no students were recruited through this approach. Additionally, informal platforms such as targeted social work forums online, and specific closed groups on social media platforms also allowed for access to social work students. Access was given to join these close groups through contacting the respective group administrators and posting within their discussion spaces. This approach was particularly effective for engaging students who met the recruitment criteria to discuss their experiences, away from the closed group environments. Through using a top down approach to access students, the ability to directly recruit and interact with the two specific students who had experience with the phenomenon under study in a group interview, was one benefit that was noted. This opportunity was only made possible through the recommendations and signposting from one social work educator who was aware that the research was taking place and was able to recommend initially four students particularly due to their experience of engaging with BME communities on practice placements. Two of these students went on to take part in a group interview with the researcher. Accessing social work students via online forums and closed groups proved to be more fruitful in terms of ascertaining which students met the criteria because the students were presented with the information sheet and consent forms and

responded to myself directly if they believed they met the criteria. Due to the difficulty in arranging group interviews with the students who met the criteria, eight of the students were sent the interview questions and given time to provide written responses. Not having uniformity in how the responses were collected and the benefit of tone and body language, associated with engaging in face-to-face group interviews, was a detriment of the data collection. However, collecting data from the respondents in this way was also beneficial, because the students provided some in depth responses, and in some instances referenced their arguments with sources in order to justify their position or understanding of oppression conceptually. This observation about the usefulness of students' written responses in this thesis is reflective of an observation made in chapter 4, where Chamba et al's (1999), where they too acknowledge that, although the survey was quantitative, and the inclusion of a number of open-ended questions to BME parents to write additional comments on the final page of the survey were credited as being poignant additions to their discussion.

Recruitment Challenges: Phenomenology and group interviews

On the issue of having a rigid structure and approach to collecting data within the research, it is important for the researcher and prospective readers to understand that: "each research project holds its own integrity and establishes its own methods and procedures to facilitate the flow of the investigation and the collection of data" (Moustakas, 1994, p. 104). Although phenomenological research provides the guidelines for data collection, there are no 'hard' rules about bringing in other methods of collecting data such as; interviews, focus groups, and field notes

(Holloway, 1997). Conversely, if a strict Husserlian viewpoint is taken, then to integrate group experiences to data collection within Husserlian (descriptive) phenomenology may be "skating on thin ice" (Bradbury-Jones et al., 2009, p. 666), if the argument that the method through which the essence of the phenomena is captured rests in the capturing of data from one individual at a time. However, drawing from the discussion in chapter 4 about the necessity in bracketing, as highlighted by Giorgi (2000): "it is the researcher, not the participants who brackets, which calls into question the need to separate participants at all for the purpose of data collection" (Bradbury-Jones et al., 2009, p. 667). This key argument allows for the data to be collected through group interviews, therefore justifying the congruence of group interviews with phenomenology.

Gatekeepers and Anonymity

The prospect of facing barriers to accessing respondents was a reality when adopting a top down approach to recruitment. I viewed the social work educators to be almost gatekeepers, protecting their students, colleagues, and the integrity of the social work courses offered at their respective HEIs. It was acknowledged by the researcher that the role of the gatekeeper is essential in order to gain access to participants and further contacts (Groenewald, 2004). In the initial communication with the social work educators, it was stressed that the intention of the study was to investigate individuals' lived experiences of the phenomenon under study: anti-oppressive practice in social work. Because the respective HEI social work courses, curriculum, and learning environments shaped individuals' lived experiences, the decision to anonymise all distinctive information was taken to secure interviews with some of

the social work educators. Distinctive information such as the real names of respondents, HEI, courses, and lecture names were pseudo-anonymised in the thesis. Although a challenge, the process of anonymising this information removed barriers to accessing social work educators and, in some instances, social work students.

5.5 Objective 2: Qualified Social Workers' Understanding and Practice

Objective two of the research was twofold. The first aspect was to determine how social workers identify oppression in operation in their interactions with BME families raising disabled children. The lived experiences of these interactions were captured in face-to-face interviews. The second prong of the objective focused on the demonstration – in the form of knowledge, understanding, and application - of anti-oppressive social work practice in the field generally and with BME families raising disabled children specifically.

Study Design

In order to also meet both parts of the second objective, the lived experiences of qualified social workers were also captured in semi-structured interviews. Social workers' understanding and attitude towards anti-oppressive social work practice in the field, professional development and in their lived experiences with BME families raising disabled children, were central to the discussion. With the aim of meeting this second objective, again descriptive phenomenology underpinned and informed the study design, and I engaged in Giorgi's two-level approach of data collection: which involved … "naïve descriptions obtained through open-ended questions and

dialogue" (Giorgi, 1985, p. 69). The second level involved determining what the experience meant for the person who experienced it through further explicitation of the data (ibid). The levels involved in this methodological approach informed the purposive sampling strategy, and justified the use of semi-structured interviews with qualified social workers in this part of the study.

Purposive Sampling Strategy

Once again purposive sampling was used to recruit social work practitioners who had direct and relatively recent lived experiences of engaging in anti-oppressive social work practice in their interactions with BME communities, or BME families raising disabled children no more than five years ago. The social workers were recruited through various sampling sites and sources: local councils across the central belt of Scotland; snowballing techniques based on recommendations within the voluntary sector staff; and finally organisations' networking events that focused on qualified social workers from the central belt of Scotland, and were related to the phenomena of anti-oppressive practice. An example of such an event would be social work networking events that had a theme related to children and families, as well as certified events that offered qualified social workers the opportunity to add their attendance and learning for their continuous professional development (CPD) in line with (SSSC) requirements.

Once again, the sampling techniques illustrated by Thomas Greonwald (2004) were used to inform the recruitment of qualified social workers. In accessing qualified social workers, the sample strategy was also purposive, reflecting the target sample

of qualified social work practitioners who had direct and relatively recent lived experiences of engaging in anti-oppressive social work practice, and had experience of engaging with BME families with disabled children. In line with Creswell's (2013) purposive strategy, the opportunity to engage in snowball sampling also took place in the recruitment of four of the social workers (Debbie, Amy, Grace and Patricia). Snowball sampling increased the number of respondents that were initially recruited by asking the respondents to recommend others for interviewing (Creswell, 2007). This process of snowball sampling allowed for the recruitment of respondents to be refined through the initial referrals from other respondents who may or may not have direct experience with the phenomenon under study. These considerations will be discussed to provide a fuller understanding of how the data was collected from qualified social workers.

Semi-Structured Interviews

Semi-structured interviews took place with all six qualified social workers, which was in keeping with the phenomenological approach (Moustakas, 1994). The aim of the interviews was to ask questions that encouraged the respondents to describe their lived experiences as practitioners within their interactions with BME families raising disabled children. Therefore, using Groenwald's (2003) work to guide the formulation of questions that were posed to respondents, the questions reflected on experiences: "How would you describe your experiences of …?" Followed by questions relating to attitudes, or changes in attitude towards the phenomena or experience. Through formulating questions such as this, a definitive separation between the research questions and interview questions was created by demonstrating the depth, of the

descriptions, ultimately cultivating rich data that emerged from the interviews with respondents.

The essence of conducting semi-structured interviews in this way was in keeping with the 'free-flowing' manner of dialogue that is expected to take place between the researcher and respondent within descriptive phenomenology (Hycner, 1999). Within phenomenology the semi-structured approach to conducting interviews is viewed favourably, as it allows for the essence of phenomenology, the interaction between the interviewer and respondent, to capture the subject's lived experience of the respondent within their interaction (Englander, 2012). A semi-structured approach to conducting interviews was appropriate for this study, as there was an emphasis on comparing emerging data that provided the framework for continual rediscovery and engagement with the data. Although Kvale and Brinkmann (2009) support the use of semi-structured interviews within phenomenological studies, the fine line between preparing questions related to the phenomenon and avoiding the trap of 'leading' participants with questions (Giorgi, 2009) is also an important point that was placed at the forefront of the researchers mind during the interview process. An interview schedule was used to combat the trap of leading the respondents, however it was merely used as a reference point for the researcher within the conversation rather than a rule book manufactured by the researcher. Given the potential for unstructured dialogue, it was expected that the interview duration would vary from one respondent to another but ranged from a minimum of 50 to 90 minutes, which was adequate without being excessive for the respondents and the

researcher. The next section will brief outline the number of social workers interviewed, before discussing accessing the respondent groups.

Interview Sample Sizes: Qualified Social Workers

As discussed earlier in the chapter, given the wide ranging differences in opinion regarding sample sizes within phenomenology, the recommendations of between 2 – 25 (Creswell, 2007) was used as a guide. Therefore, six semi-structured interviews with six social workers was considered as adequate by the researchers within this phenomenological piece of research. It is quite possible that the point of saturation of themes (Greonwald, 2004) may not have been achieved within this respondent group according to Guest et al (2006), however the data was still rich enough to bring to the fore some important and interesting initial discoveries.

Access to respondents

The strategy employed for accessing and recruiting qualified social workers, was based on a three-pronged approach. Top down was the first approach, through first seeking permission and ethical approval from local authorities within the central belt of Scotland, before approaching social workers to participate in the research. This involved initially contacting nine local authorities and completing three ethics forms outlining the intentions of my research. My applications were reviewed by the heads of social work of the respective local authorities, and in one city council psychological services also, before approval was granted. The second approach was a bottom up, through gaining permission from charities, and organisations that employ social workers and, or engaged with social workers who may have lived experiences of

working with BME families raising disabled children. The third approach was via Black African mothers raising children on the autism spectrum, based on their recommendations or referrals of social workers that would be suited for this research.

With the first and second approaches, the use of snowball sampling (Creswell, 2013), after recruiting three social workers using the top down and bottom up approach, proved to be extremely beneficial and was heavily relied upon to gain access to and recruit the remaining three social workers. The third approach, of recruiting social workers through the four Black African mothers was not viable due to the nature of three of the mothers' lack of relationship with their social workers, and the fourth mother did not feel it would be appropriate to introduce me to her social worker.

In order to gain access to respondents, internet-based searches were used to locate organisations within the voluntary sector and local government projects, located across the central belt of Scotland that BME communities were likely to engage with. I found that charity organisations took on multiple functions within the research. Firstly, three voluntary organisations were sites for recruitment of social workers. However, when the recruitment of social workers was unsuccessful, they acted as sign posters for other services and organisations that were able to locate qualified social workers. One social worker (Mercy) who met the criteria was recruited through and worked for one of the voluntary organisations (see table 5.4).

Table 5.4 Social Worker Pseudonyms, Characteristics, and Recruitment Methodology

	Social Worker*	Experience	Gender	Ethnicity/Nationality	Recruitment Method
1	Amy	NQSW, year 2	Female	White, Scottish	Recommendation via Charity
2	Debbie	NQSW, year 2	Female	White, Scottish	Recommendation via Amy
3	Elizabeth	NQSW, year 1	Female	White, English	Online Group/Social Work Forum
4	Grace	15 years	Female	Black, African	Recommendation/ Local Authority
5	Patricia	8 years	Female	Black, African	Recommendation/ Local Authority
6	Mercy	3 years	Female	Black, African	Social Work Event/ Voluntary Sector

Social Work Practitioners

The social workers'[11] professional experience ranged from being a newly qualified

social worker (NQSW) to up to fifteen years of experience (see Table 5.2 above). At

the time of collecting the data, social workers (1 & 2) Amy and Debbie had completed

one year of experience with a local authority, as practitioners, and were looking to

take up new job opportunities in other parts of Scotland. Amy was initially recruited

to the study through the recommendation of a charity organisation, and Debbie was

recruited through a recommendation made by Amy. Social worker Elizabeth, just

qualified as a practitioner who had not yet taken up a position with a local authority

but was still able to share her lived experiences of working with an ethnic minority

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[11] Permission from all the social workers and permission from their Local Authorities was sought through completing their respective Ethical forms and following their procedure. Once approval was granted, permission from the social work team managers were then sought in accordance with University and funding body, Economic and Social Research Council's (ESRC) ethical guidelines and approval.

family who had just arrived in the UK from Portugal as part of her training. Elizabeth was recruited through an advert posted via social media. Social workers (4 & 5), Grace and Patricia are Black African social workers with, respectively, fifteen and eight years, of social work experience. For both practitioners, they trained in England, but moved and gained experience of social work practice in Scotland. Social worker (6), Mercy was also a Black African social worker, who had previously worked in residential care in England, before moving up to Scotland and qualifying, two years earlier, as a social worker from a Scottish HEI. Mercy was recruited through a social work event and the voluntary sector organisation that she worked for at the time of being interviewed.

Anonymity

The main justification for pseudo-anonymising the names and distinctive details about the qualified social workers was based on the SSSC's Report on the 2014 workforce data. This report showed that 82% of staff by ethnic classification were white, ethnic minorities 3% collectively, of which 1% of the workforce were black[12]. The report also states that the social work workforce in Scotland is "mainly white and that ethnic minorities seem to have a higher representation in the private sector [13]" (SSSC, 2015). This report was the main reason as to why the names and references to specific locations were changed to protect the anonymity of all the social workers, social work educators and students, the HEIs, local authorities and voluntary sector

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[12] Within the report the use of the term 'Black' combines the new census categories, 'African' and 'Caribbean' or Black(SSSC, 2015).
[13] However, 15% of staff identified as unknown, or preferred not to disclose their ethnicity, making it difficult to intercept the data (SSSC, 2015).

organisations that may be associated with them. It is also standard practice in most social work research. Additionally, where the identity of the Black African workers had the potential to be revealed due to the small number of BME social workers practicing in Scotland, was particularly important for their details to remain pseudo-anonymous. This last point was also the catalyst for pseudo-anonymising the names of all four of the African mothers, this will be discussed in objective three.

5.6 Objective 3: Black African Mothers' Lived Experiences

Study Design

The third research objective was to illuminate Black African mothers raising children on the autism spectrum's experiences of interacting with social work services in Scotland. Once again descriptive phenomenology underpinned and informed the study design, and I engaged in Giorgi's two-level approach of data collection: which involved … "naïve descriptions obtained through open-ended questions and dialogue" (Giorgi, 1985, p. 69). The second level involved determining what the experience meant for the person who experienced it through further explicitation of the data (ibid). The levels involved in this methodological approach informed the sampling strategy, and justified the use of semi-structured interviews with Black African mothers in this part of the study. Through following the two levels of descriptive phenomenological approach outlined by Girogi (1985), this third objective was achieved through collecting data in the form of face-to-face interviews with the mothers as the primary carers of their children (See Table 5.5 for further characteristics). The data collected through this method yielded, not only rich data,

but allowed for natural dialogue between the mother to take place within an environment that was familiar for the respondents, thus remaining close to the essence of descriptive phenomenology during data collection.

Table 5.5 Black African Mothers Pseudonyms, Characteristics, and Recruitment Methodology

Social Worker*		Age	Gender	Ethnicity/Nationality	Children	Recruitment Method
1	Annabelle	30	Female	Black, (DRC)	Fatima & Mariam (7)	Recommendation via a Charity
2	Justine	Mid 30s	Female	Black, (Ghana)	Stella (7)	Recommendation via a Charity
3	Emmi	Late 30s	Female	Black (South Africa)	Issac (6)	Recommendation from Justine
4	Chibuye	44	Female	Black, (Tanzania)	Thomas (5)	Recommendation from Annabelle

Respondent Sample

The sampling strategy that was employed for recruiting Black African mothers raising children on the autism spectrum in Scotland followed the similar steps taken in the recruitment of the other respondent groups. The sample strategy employed was also purposive, targeting BME communities first, then refining the search to BME families raising disabled children in Scotland who had lived experiences of interacting with qualified social work practitioners. However, it was necessary to define and have a clear understanding of who the target sample of BME families raising disabled children would include specifically. This group of respondents had a dual layer of complexity in terms of criterion development. In the first instance, the definition of BME needed to be clear for both the researcher and for potential respondents. In the second instance, a clear understanding of what constituted a disabled child in the

context of disability was fundamental. In the opening sections of this thesis, attention was paid to the use of the term BME, and how it will be used to reflect the within-group differences present when discussing a wide range of ethnicities, therefore acknowledging "the significance of sub-groups, cultures, and class in shaping intra-group variations" (Masocha, 2015, p. 2). In referring to the definition of BME, and application of the term to the recruitment of Black African mothers specifically, respondents were recruited using purposive sampling that was based on the criteria: one or more of the parents were of e.g. African and other mixed backgrounds considered to be a minority ethnicity within the context of Scotland. The recruitment, via a charity recommendation, of the first Black African mother raising an autistic child was evidence of the use of a purposive sampling strategy, however the use of snowballing techniques in addition to this strategy during the recruitment process facilitated the recruitment of more Black African mothers, who met the criteria, based on recommendations from the respondents themselves as well as voluntary organisations. This refined the research and focus of recruitment, based on the experiences of this subgroup within the wider BME community in Scotland. The limitations of including only this group of African mothers is that the perspective of fathers and the wider family network is not present. The strength, however, in recruiting these mothers to the study allows for commonalities and differences in their experiences to be explored considering a smaller sample size initially, which allows for further exploration and developments in research to be forged.

To understand what was meant by the expression 'disabled children' for the purpose of recruitment, the definition of disability used in the Equality Act 2010 was followed:

"A person has a disability...if he or she has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities."

Within the Children and Young People (Scotland) Act (2014), a "child" means a person who has not attained the age of 18 years. Similarly, a "young person" is a person who:

a) attained the age of 18 years while a pupil at a school, and

b) has since attaining that age, remained a pupil at that or another school.

For outlining the respondent sample, this basic level of information informed the criteria for recruitment, however, more detailed definitions, exceptions and justifications surrounding the recruitment criteria particularly of disabled children and consent will be discussed within the ethical considerations section of this chapter. As stated in chapter two, there are individuals who argue that autism should not be regarded as a disability, and wish to "present an alternative construction of autism as a difference rather than a deficit or deviance, and to examine the negotiation of a place for a person with autism within a neurologically typical dominated society" (Brownlow, 2010, p. 10), often referred to as neuro-diversity. The exclusion of mothers who do not view autism as a disability is a limit to the study. However, this research criteria were influenced by the stance within this thesis that autism is a disability and recruited mothers who viewed autism to be a disability.

Recruitment Criteria

Using the definitions outlined within the discussion thus far, a criterion was used to ultimately recruit Black African mothers raising children on the autism spectrum as

respondents. Parents as primary carers were able to participate in the research if the following criteria was met:

- One or more parent (carer or guardian) is of Black and Minority Ethnic (BME) background

- Currently and has resided in Scotland for at least two years

- Raising a disabled child/children or young persons in their care/guardianship between the age of 5 and 18 years of age

- Can understand and feel comfortable speaking English as a means of communication

Access to Black African Mothers Raising Children on the Autism Spectrum

Based on the criterion outlined, four Black African mothers raising disabled children were recruited to participate in face-to-face interviews with the researcher, lasting forty-five to 90 minutes long. Parents who also wanted siblings or close relatives to be present during the interview if they wanted their support were free to do so, however the mothers were happy to be interviewed by themselves.

Previous research investigating issues surrounding BME communities within the UK have in many instance have argued or suggested that BME communities are 'hard to reach', or 'seldom heard', therefore difficult to recruit for research (Casado et al., 2012; Hoppitt et al., 2011; Matthews et al., 2012). In order to gain access to wider BME communities, the respondents were recruited across the central belt of Scotland, with focus placed on the cities of Glasgow and Edinburgh, due to the higher numbers of ethnic minorities within these cities (Government, 2014b). The strategy

employed for recruiting the mothers as respondents was based on a two-pronged approach. The first and primary approach was through charities, and organisations that provide services for, support or work with wide-ranging BME communities in Scotland, family services, and disabled children and young people services. The second approach came through the recommendations, referrals or signposting from charities, or from other families who knew of BME families raising disabled children that would be suited for this research.

A snowball sampling approach was also incorporated to gain access to wider BME communities and specific BME families who fitted the research criteria (Creswell, 2013). Snowball sampling proved to be useful for engaging smaller-sized samples that were well-informed about engaging with social work services, which supports the argument that "snowball sampling is often used to find and recruit hidden populations, that is, groups not easily accessible to researchers through other sampling strategies"(Mack, Woodsong, MacQueen, Guest, & Namey, 2005, p. 6). In the recruitment of two of the mothers (Justine and Annabelle), one charity organisation acted as an introducer for the researcher to meet with them, as the mothers already used the organisation's services. These initial introductions facilitated in building trust between potential respondents and the researcher, such that these two mothers were able to recommend two more mothers for recruitment.

As the researcher, I observed that establishing trust with all four mothers was key to achieving natural dialogue within interviews. Englander (2012) encourages meeting with respondents one week prior to the interview to "establish trust with the participant, review ethical considerations and complete consent forms" (Englander, 2012, p. 27). He also suggests that during this initial meeting the main research question should be reviewed, allowing for the respondent to think about their experiences before discussing it in the interview one week later, allowing for the potential for 'richer descriptions' to come to the fore during the meeting (Englander, 2012). I found that Englander's suggestion was consistent with descriptive phenomenology and meeting the respondents more than once in informal environments, such as an event or in public spaces, was an opportunity to meet with the mothers and their families prior to the interview. This was invaluable, as during the initial meeting, I was able to establish some form of common ground with the mothers and their children. Although I was able to engage with their children, for three of the mothers who were married, I was not able to meet their husbands, as they were not comfortable with their husbands or children being interviewed or recorded. It was during the second informal meeting that I was able go over the information sheet regarding the research, ethical considerations so that the mothers could ask any questions and sign the consent form if they wanted to go ahead with the interview. In one subsequent meeting with all four of the mothers, I made it a point to spend time with the mothers informally, before arranging the face-to-face interviews. These informal meetings involved hair braiding with them, going food

shopping, and attending a birthday party. These informal moments provided respondents with time to think about their responses and allow for more natural dialogue to emerge that may not have been present if the respondent did not have time to reflect on their experiences.

The aim within the interview was to ask questions that encouraged the mothers to describe their lived experiences as the main carer of their autistic child, and their interactions with social work practitioners. Although, the mothers were not aware of anti-oppressive practice conceptually, the premise of the interviews involved investigating social work practices within interactions with the mothers and their children. Therefore, using Groenwald's (2003) work to guide the formulation of questions posed to the mothers, the questions surrounded their experiences: how would you typically describe your experiences of interactions with your social worker? Followed by questions relating to their attitudes towards e.g. disability or their social worker, such as: "could you tell me more about your feelings towards the social worker now, in comparison to the first time you met with them?" These are examples of questions that were posed to the mothers at the recorded interview, ensuring that equal time and space was given to all respondents to answer freely during the sessions. Once again, an interview schedule was created with topics and question related to the phenomena under investigation as a loose guide and point of reference. The interview schedule was merely there, to develop guidance for the interview within the conversation or to 'guide the respondent back' to the initial question. When the respondents migrated to another related part of their

experience, a note of the unfinished point was made and referred to later in the interview.

Language and Communication

Given that the interviews were heavily reliant upon dialogue with the researcher in an unstructured manner, it is expected that the interview duration would vary from one interview session to another. The interviews ranged from a minimum of 40 to 90 minutes. The issue of duration was not compounded by the level of English spoken by any of the respondents, irrespective of respondent grouping, i.e. qualified social worker, social work students and BME families with disabled children. The recruitment criteria were that the mothers be comfortable communicating in English. However, it was communicated that where a respondent would prefer a translator present for the interview, the researcher would organise this for them. This allowed for respondents, that may otherwise have been labelled 'hard to reach'/'seldom heard' due to barriers in language (A. Chand, 2005) to be included within the research. However, each mother preferred to communicate in English. Similarly, provisions were made in the event of the mothers' children being allowed to participate in the interview. If the child had speech impairments and difficulties with communication, every effort would have been made, on the researcher's part to ensure that the young person's individual communication needs were met within reason. The financial and resourcing constraints regarding the availability of hiring e.g. sign language/ interpreters, should these services be required, was an issue that I was fully aware of. Should I have required this service guidance from the University's disability services would provide contact information of e.g. Interpreting Services that

I could use in the first instance or use services that the family were already familiar with to accommodate the child. Irrespective of this point, the research aimed to be as inclusive as possible, which was reflective of the recruitment criteria for the carers and children, as indicated previously.

Interview Sample Sizes: Black African Mothers' Interviews

Given that the interviews with respondents would take a semi-structured approach, the sample size for the interviews with the mothers was equally important for the explicitation of the data later in the process. As highlighted previously, within phenomenological studies, there are some wide-ranging, and at times contradictory suggestions on the issue of respondent sample sizes. However, Creswell (2008) advises conducting long interviews with between two to ten participants, which is consistent with the aims of phenomenological approach. Due to the potential for the interview sessions to last between 40 to 90 minutes in duration, where necessary, Creswell's (2008) suggestion to conduct long interviews was adapted into two shorter interviews up to 45 minutes. The decision to conduct the interview in two sessions was offered to the mothers by the researcher in the initial meeting, especially in instances where, for the sake of respondents' and children's comfort, it may have been necessary. However, the respondents were happy to attempt the full interview in one go.

5.7 Ethical Considerations

The university ethics committee stresses the importance of the following ethical issues which should underpin any piece of research, e.g. confidentiality, risk, consent.

These issues were of equal importance and were addressed within the information sheet and consent form that were given to potential respondents. The demonstration of complete understanding about the freedom to participate, or withdraw, by potential respondents was of great importance (Creswell, 2012, 2013).

Confidentiality

A great deal of importance was placed upon upholding confidentiality about respondents' identity and maintaining honesty with respondents about the nature of the study. Respondents were reassured that no individual or organisation would be named or identified in the thesis or other forms of dissemination. This was done to encourage open responses and not to foster an environment of suspicion and uncertainty about the genuineness of the study and its methods.

Data Collection and Storage Methods

The data collected by respondents were pseudo-anonymised in notes made by the researcher during interviews, and within interview schedules. The data collected from university educators, and across university documents were replaced with numbers. Each interview with social work educators, Black African mothers, qualified social workers and one group interview session was audio recorded using a Dictaphone recording device. The permission to audio record and transcribe the interviews was explained in the information sheet, sought at the time of the consent form being signed, and again verbally before the interview. During each of the interviews, notes were taken to facilitate the data explicitation process. Regarding safe storage, any hand-written notes along with the audio recordings were

transcribed and transferred on to an encrypted folder located on the university's secure central server, using the researcher's password protected computer. Any further paper documentation was kept in locked cupboards within the university. Only the researcher had access to this information. Handwritten notes that had been transformed into electronic files were shredded and placed in confidential waste. Electronic data was stored within the university's secure central server. The researcher had sole access to the data, and in instances when the data needed to be accessed remotely, files were only saved on the University server, and accessed using the university's laptop. The data will be stored until it was necessary for the data to be destroyed. To ensure that this process was completed successfully, appropriate guidance was sought from the University's HASS IT Services.

Risks

There were no immediate risks or hazards to the mothers, their children, social workers or social work educators and students. However, the awareness of the potential for the research issues to evoke emotions attached with e.g. sadness or frustrating instances within their lived experiences was present. In such instances the researcher would encourage the participant to seek further support from charity organisations, statutory services or service users. The respondents were also made aware useful contact numbers and resources could be provided to them should they require it, although none of the respondents used this resource. Once again, the limits of confidentiality, in instances of risk of harm were made clear to participants in all instances.

Working Alone

To ensure that I did not put myself in any dangerous situations as the researcher, the following arrangements, which meet an adequate standard of health and safety were made. The following protocol was agreed with the supervisor before engaging in any field work. The researcher provided details of proposed meetings with respondents for interviews, and the expected duration of the meetings once confirmation of a meeting had been arranged (via e-mail). The researcher ensured, therefore that a fully charged and functioning mobile phone was always with the researcher during the field work process to facilitate communication between the researcher and respondent(s), as well as the researcher to the designated contact in an emergency. The researcher also ensured that first meetings with respondents took place in public spaces such as the university, office, or a public event. Once trust was established, particularly with the mothers and their children, the researcher and respondents felt comfortable enough to speak with them in their own home. During these home interview sessions, the protocol was still in place had an emergency occurred. Finally, the protocol was concluded with time set aside to debrief with the supervisory team after an individual meeting or cluster of interview sessions for feedback, updates and further discussion, which aided the explicitation of the data.

Informed Consent

The consent form was given to each respondent at the beginning of each interview and respondents were reminded that they were free to withdraw from taking part in the study at any point. Regarding interviews with Black African mothers raising

children on the autism spectrum, provisions had been made to ensure that consent was obtained for their respective children to be interviewed, as the research design had the potential to involve children below the age of 16 years old. However, the mothers declined to give consent for their children and other members of the family to be interviewed.

5.7 Approach to Data Explicitation

In keeping with the philosophical presuppositions of descriptive phenomenology as the methodological approach underpinning this research, the use of the term 'analysis' poses a problem. The justification as to why the term explicitation is preferred instead of analysis to describe the process of scrutinising the data will first be discussed. This discussion will then be followed by detailed stages of how the researcher approached the explicitation of the data within the research.

The issue that emerged regarding the use of the term 'analysis', has been echoed by Hycner (1999), who maintains that there is a difficulty in using the term 'analysis' to describe the process which takes place when scrutinising the data, namely because the "term usually means a 'breaking into parts' and therefore often means a loss of the whole phenomenon" (R. Hycner, Bryman, & Burgess, 1999, p. 161). Additionally, the term analysis can also be viewed as being reflective of a dominant positivist approach of collecting and understanding data within research. With reference to chapter four's discussion of the philosophical roots within positivist research, there is a distinct separation of objectivity that is testable, and subjective value and belief based statements which are not regarded as genuine knowledge (Benton & Craib,

2001). One of the most influential claims within positivism is that these subjective values and beliefs held within society can be logically studied, using the methods of inquiry employed within natural science (Hughes & Sharrock, 1997). This assertion is very much linked with the underlying features of positivism: the scientific method and the importance of hypothesis testing and analysis. An example of this may be to analysis the frequency that a word occurs in comparison to another word to determine its significance.

However, according to Hycner (1999) the term 'explicitation' implies that there is an "investigation of the constituents of a phenomenon while keeping the context of the whole" (Hycner 1999, p. 161). When this understanding is juxtaposed with the actual process of data explicitation within a phenomenological approach the essence of phenomenology - the study of human experience of a phenomenon that is consciously perceived by conscious beings - is maintained. A brief example of explication from the transcripts of Black African mothers was observing common turns of phrases used by respondents to describe their intentions and actions within a lived experience. A phrase that was common in relation to three of the Black African mothers was "I had to fight…" in relation to services for their children. This phrase not only describes the mothers' intentions in itself, but when the phrase was explicated in context, the feeling of having no other option but to act through persevering, pushing for, or resisting the obstacle that was presented before them provides "the constituents of the phenomenon, while keeping the context of the whole" (Hycner 1999, p. 161). Hycner's objection of the term 'analysis' in favour of 'explicitation' is also supported within phenomenological research texts (Moustakas,

1994), and in more recent empirical works (Freund & Band-Winterstein, 2015; Groenewald, 2004; McCormick, 2011; Pascal et al., 2011). Therefore, the term explicitation will be used for the remainder of this chapter and subsequent chapters.

5.8 Explicitation Stages

The discussion now looks to the series of steps that were taken by the researcher to make explicit the data using a descriptive phenomenological approach. The researcher understood that:

"Unlike other methodologies, phenomenology cannot be reduced to a 'cookbook' set of instructions. It is more an approach, an attitude, an investigative posture with a certain set of goals" (Keen, 1975, p. 41).

While it was the intention of the researcher to remain true to descriptive phenomenology within the data collection and explicitation stages within this thesis, the researcher relied on the guidance notes from Hycner's initial paper 'Some guidelines for the phenomenological analysis of interview data' (1985). This paper illustrates how to undertake data explicitation, thus the steps taken drew heavily from the simplified steps outlined by Hycner (1999), in addition to the methods employed by Thomas Groenewald (2004) in his illustration of phenomenological research design.

It was essential, as Hycner (1985) pointed out, that the researcher was sensitised to the explicitation process, which allowed for a move away from an arbitrary application of any given procedure to the research. In closely keeping with the

research methods drawn from Hycner's simplified (1999) process of explicitation, the following five steps were taken:

1) Bracketing and phenomenological reduction

2) Delineating units of meaning

3) Clustering of units of meaning to form themes

4) Summarising each interview, validating it and where necessary modifying it

5) Extracting general and unique themes from all the interviews and making a composite summary

Each step will be discussed in turn to illustrate how the explicitation process was undertaken and applied to the respective groups of respondents. For an example of these stages as applied to an excerpt from Justine's (a mother) transcripts, see appendix 2.

Stage 1: Bracketing and Phenomenological Reduction

The first step returns to the topic of bracketing and phenomenological reduction as discussed in chapter four. The bracketing process that took place at this stage involved the intentional and continuous suspension of prior views, theories and presumptions that hindered the understanding, interpretation of the respondents' subjective experiences (Creswell, 2012; Moustakas, 1994). At this stage it was necessary for me as the researcher to continuously engage in bracketing as it shaped so many aspects related to the practical approach of research design, data collection, and explicitation within this thesis. One suggestion made by Hycner (1985) is to provide evidence of ongoing bracketing by initially writing down or listing

presuppositions that the researcher is consciously aware of and engage in this process with the supervision team to uncover potential unconscious presuppositions that the research may possess. Hycner's (1985) suggestion was integrated in the current research throughout the process, in the form of hand-written notes made in a journal, some relevant notes were then transcribed on NVIVO as memos later in the process. Engaging in this process assisted with maintaining the validity of this phenomenologically informed process of data collection and explicitation. On a practical note as suggested by Groenewald (2004), once the interview(s) were recorded, the research repeatedly listened back to the audio recording to become familiar with the words, and development of the respondents' experiences: "the here and now dimensions of those personal experiences gives phenomena existential immediacy" (Groenewald, 2004, p. 18).

Five of the interviews with respondents were transcribed by the researcher, and the remaining interviews were transcribed using a transcription service[14]. A margin of space was left to the right of the transcribed page to later make notes of initial and or general units of meaning from re-listening to the audio recordings. Through engaging in this practice, the researcher had an opportunity to engage with the data in a way that allowed for the voices of respondents' lived experiences to be heard by the researcher, especially in instances where the research had not engaged in transcribing the interviews. It must also be noted that the following stages were

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[14] The transcription service was offered as a recommendation through the University of Strathclyde Disability Services. The anonymity of the researcher, respondents and transcriber are upheld through using this service.

completed using a combination of manual and technology to aid the explicitation of the data.

Stage 2: Delineating Units of Meaning

The second step involved delineating units of meaning where the researcher would intentionally isolate the respondents' accounts that illuminate the central phenomena being researched. I consciously engaged in maintaining the process of bracketing while making "a substantial amount of judgement calls" in keeping with the bracketing process (R. H. Hycner, 1985, p. 294). A list of isolated statements from within the data were taken from the interviews and used to make up the units of meaning. Statements that were obviously non-relevant, or 'redundant' of other units were removed (Moustakas, 1994). Greonwald (2004) suggests that consideration of the literal content, the number of times the unit of meaning has mentioned should be sufficient to provide the researcher with an indication of significance of that unit. Thus, a clear separation in context between relevant and redundant units is created (R. Hycner et al., 1999). Alongside the number of times a unit was mentioned, two features of statements made were also highlighted as being of focus. Firstly, *how* the statements were stated in the form of non-verbal cues i.e. the observation of body language, intonations, pauses; or the use of popular phrases to explain feelings, experiences, and scenarios. Secondly, *how* the statement was made in context, for example the social workers' visits were "very short and sweet", which provided the basis for further scrutiny and the creation of a relevant or redundant unit of meaning (Ibid).

Stage 3: Clustering of units of meaning to form themes

The third step involved clustering units of meaning to form themes. During this time, the process of bracketing was still in operation. While redundant units of meaning were removed in order to focus on the phenomenon at hand (Groenewald, 2004). In order to group the isolated units into themes I attempted to "elicit the essence of meaning of units within the holistic context" (Groenewald, 2004, p. 19) , as a process of further examination. However, this was a process which I could not rigidly outline in a prescriptive manner, because I found that it involved an intense amount of creative judgement on my part. An example of this involved considering the literal, Westernised and (bracketed) West African cultural understanding of the word "Auntie" as an isolated unit, and the clustering this unit of meaning to form a theme. This was particularly difficult when to understand the unit of meaning, my previously bracketed understanding of the word "Auntie" from within a West African context was required of me in that moment when the respondent assumed mutual understanding of the term and implications within the context of engaging with Black African carers (see Appendix 2 for example). The themes were then 'clustered' together into significant topics, through returning back to the recorded interview and relevant units of meaning list (Holloway, 1997; R. Hycner et al., 1999). Clusters of themes overlapped, however this was expected (Groenewald, 2004). The key or central themes are determined by how they mirrored the essence of meaning, which were taken from the initial clusters of units.

Stage 4: Summarising, Validating and Modifying

The penultimate step involved summarising each interview, validating the accuracy of the experience and making any necessary modifications to the summary. In two instances, once the summaries had been established, a 'validity check' (R. Hycner et al., 1999) had to take place and two of the interviews modified, as I was not certain that parts of their summary had been correctly captured. I contacted two of the respondents (both mothers) via, telephone, and engaged in a brief conversation about what had been explicated thus far from the interview and verified the essence of the respondents' experience. Through engaging in this fourth step, a holistic context of each interview was established by incorporating a range of the relevant themes from the data. Following Hycner's (1999) guidance notes, steps one to four were repeated for each transcription and/ or group of respondents.

Stage 5: Extracting General and Unique themes

The final stage of the explicitation involved the creation of general and unique themes that ran across all the interviews, with a composite summary of these themes being the result or outcome of the process. The common themes that emerged across the interview data were then clustered together, only if the similarities between themes were significant. This is one portion of the process that was mainly carried out manually. The similarities were significant if they occurred more frequently across the interviews. However, the frequency of similarities in themes was not be the only criteria for recognising significance. Rather, variations from the dominant rhetoric were also of particular interest: the "unique or minority voices are important

counterpoints to bring out regarding the phenomenon researched" (Groenewald, 2004, p. 21). The final outcome of the process was the creation of a 'composite summary' (Moustakas, 1994), created out of the 'reflective units of meaning' and placed into contextual themes. To aid with the process of explicitation, NVivo 10 was used to assist with cross referencing, validating excerpts, and establishing general themes. However, the decision to use technology within a descriptive phenomenological approach was not taken lightly. The next section will outline the reasons as to why this was the case and justifications for utilising NVivo 10 software package to assist the data explicitation stages.

Technology and Software Packages: Hindrance or Helpful?

On the issue of the use of technology and software packages, such as NVivo for explicitation of the data, the general consensus among researchers is that packages such as this, are helpful in removing the load of 'analysis' (Groenewald, 2004). However, the use of NVivo software places much of the focus on coding the transcribed data, although helpful for the process of data analysis. However, for undertaking phenomenology and explicitation of the data, it can be a hindrance (Groenewald, 2004). The process of doing phenomenological research sits along the constructivist/interpretivist ends of the spectrum. The prospect of engaging in a piece of phenomenologically informed research that used methods typically considered to be out with traditional phenomenology such as NVivo for the analysis of data, has been executed in contemporary research (see Zuchowiski's 2014) but has both benefits and limitations.

In the consideration of using NVivo as the main method of data explicitation, alongside manual techniques, the benefits and limitations became more apparent in the usage and application of this software to the current research. The key feature of NVivo 10 is coding the data using 'nodes'. This code and retrieve function have the advantage of being referred to specific scenarios of the interview transcripts relating to concepts and themes for over twenty or more transcripts. However, the concern that Goble and colleagues (2012) discuss in their evaluation of using software packages, such as NVivo, within their phenomenological study is very relevant to the current research. They indicated that the ease of using the code and retrieve function distanced the researcher from engaging with the data (Webb, 1999) in the first instance; secondly, that there was the potential for coding to become the main priority to the researcher, rather than a means to an end (Johnston, 2006). Additionally, drawing from Goble and colleagues' experiences, they noted that the software limited their capacity to fully communicate the essence of the phenomenon as managed within the data (Goble, Austin, Larsen, Kreitzer, & Brintnell, ,2012). Thus, Goble et al (2012) concluded that "essences" are not codable…they cannot be thought of as codes, as the [essences] of a phenomenon is too large and encompassing to be able to be coded satisfactorily" (p. 10). One of the benefits of coding that Goble and colleagues (2012) found, was that NVivo served as an index of all references within the data made about a specific code. In the case of Goble and colleagues (2012), the total sample size of 53 meant that NVivo was effective for data management with an extremely large sample size for a phenomenological study.

Within this research having a sample size that exceeded 20 individual sources of respondents, meant that NVivo was beneficial for indexing. Irrespective of how useful NVivo is as an indexing tool, there are some aspects of the data within phenomenology that was rich and equally complex, such that manual explicitation became necessary as the only way to achieve an outcome that was reflective of the nuances of the phenomenon. Goble and colleagues (2012) found that "the data's strength was in participants' concrete descriptions and anecdotes, in the specificity of their stories" (p, 14). Within this research, the return to manual explicitation was also necessary to capture the essence of the phenomena under study. This was not possible to achieve through coding alone with NVivo, perhaps due to the distance that was forged between the researcher and the respondents' lived experiences, particularly when extracting general and unique themes within the respondents' lived experiences. Conversely the return to manual explicitation allowed for bracketing to be challenged, particularly in identifying themes, given that my position as a Black researcher of African origin had implicit and explicit influence in aspects of the face to face interviews with some of the respondents' interviews. This point will be further expanded upon later, as the methodological challenges are addressed.

In sum, through taking each point of discussion into consideration, this research utilised a mixed approach to data explicitation, where Hycner's (1999) manual simplified steps were used as a guide for the researcher to remain close to the data. However, coding using NVivo was used primarily for indexing specific or dominant relevant themes as a point of reference for the researcher. Overall, this mixed method of explicitation captured what this phenomenology-informed research

methodology was attempting to achieve in understanding the essence of the phenomenon, in both technique and depth of knowledge of respondents' lived experiences.

Validity and Reliability

For the research to demonstrate validity and reliability, as previously described, evidence of how the researcher engaged in bracketing throughout the data gathering and explicitation stages of the process will now be outlined. Although others may agree that a "bias free attitude is not guaranteed" (Giorgi, 2012), the awareness and subsequent references back to the philosophical presuppositions underpinning the research process, by the researcher, was considered to be the foundation of validity checking within this phenomenologically informed research. Fundamentally, the ongoing process of bracketing previously held knowledge about oppression and anti-oppressive practice in social work education and practice in Scotland was difficult. Equally taxing was the continuous bracketing of personal beliefs and prejudices. An additional layer of validity and reliability of the research was added through challenging of the researcher's presuppositions by the supervision team before, during and after the data collection phase. By engaging in discussion and critique with the supervision team about the methods of recruitment, and the capturing of respondents' lived experiences, allowed for the researcher to engage, be familiar and equally challenged by the data and the task of bracketing.

With regards to recruitment, the practice of ensuring that respondents across each respective group (i.e. educators, students, practitioners and mothers) met their

respective criteria set out by the researcher, ensured that the sources of the data were reliable and to an extent consistent, by comparing a reference against other students or educators' accounts if they are at the same institution. With regards to how the data was collected, the primary use of semi-structured interviews with the educators, social work practitioners allowed for initial emerging themes within the data to become validated. In other studies, the use of student essays have been supplemented alongside focus groups, surveys and interviews with students (e.g. Groenewald, 2004; Heron, 2006; Wahler, 2011). Therefore, the collection of data from social work students across Scotland allowed for the emerging themes about social work education to be validated against the educators' responses.

In the instances where the researcher met all four of the mothers individually on multiple and informal occasions prior to engaging in the semi-structured formal interviews, the richness and depth of the data collected allowed for a level of reliability in the candour of their lived experiences. It is asserted that this level of honesty may not have surfaced had the researcher and mothers only engaged with one another once. Additionally, it is also asserted that the candour of both the mothers' and, the Black social work practitioners' lived experiences may not have come to the fore during the interviews if the researcher was not also a Black person of African origin. This point will be expanded upon in the last portion of the chapter addressing methodological challenges of the research. In addition to the practical ways that the research was validated and considered reliable, the design of the research itself provided a sound foundation for the data collection and explicitation

to be built upon through the practice of triangulation, which will be discussed in the next section.

5.9 Methodological Challenges

Within any stage of research planning there were some foreseeable challenges in undertaking the research. The challenges faced within the research will be discussed briefly in addition to other practical challenges that arose.

A methodological challenge that arose regarding research design was reflective of the assertion that research was going to "pressured to validate qualitative research within a quantitative paradigm" (Goble et al., p. 12, 2012). Another example of potential questions that reflects this last argument was the issue of generalisability. Within this research, it is expected that the lived experiences of individual respondents cannot be generalised, however when combined with the experiences of others into more composite summaries and themes, the findings will be more valuable in illuminating the situations and circumstances that are catalysts surrounding human engagement, in this instance between a social worker and BME families. I had to remind myself that the research intent was not to generalise from a sample to a population, but to explain and describe the phenomenon (Maxwell, 2012), which in turn allows for findings to be used for the generation of practical theory, inform, substantiate, and challenge policy and action (Lester, 1999).

Bracketing

A distinctive quotation that epitomises most of the challenges faced in meeting the objectives set out, while remaining true to the essence of descriptive phenomenology is from Tufford and Newman (2012). In their investigation of 'bracketing' or epoch, and subsequently its implementation within contemporary multi-disciplinary social work research today, state the following:

"A researcher's ability to hear previously silenced voices and shifting centres of oppression relies on the ability to silence, for a time, his or her own voice and give precedence to the voice of the participant. Bracketing as a reflexive process can assist social work researchers to gain awareness of power differentials between themselves and research participants, to hear participant resiliencies in the face of classed and racialized challenges, to develop a new appreciation for the context or person in environment, as well as for their own social location and the impact of this location on research" (Tufford & Newman, 2012, p. 93).

Tufford and Newmans' (2012) quotation captures some of themes related to this research, such as oppression, 'race' and racism, and power. The researchers suggest that a journal should include issues and self-directed questions that involve: "the researchers' reasons for undertaking the research; assumptions regarding gender, sexual orientation, race/ethnicity, socioeconomic status; the researcher's place in the power hierarchy of the research; the researcher's personal value system" (Tufford & Newman, 2012, p. 93). A journal was indeed kept to actively attempt to remove the strong influence of the researchers' presumptions of the phenomena of anti-

oppressive practice in social work, in interactions between BME families with disabled children in Scotland.

I believe this research brings freshness to a narrative that has been very well rooted within social work, social policy, disability, and 'race' and ethnicity studies. However, I had trouble in carrying the belief that ones' own prior knowledge, presuppositions and biases can successfully be removed from the researcher during the research process. To overcome this, as indicated by Greonwald (2003; 2004) Mouton and Marias (1990) encouraged the researchers to "hold explicit beliefs" about the phenomenon being researched. However, as the researcher, my positionality at all stages of the research was important to successfully navigate my way through the research with regards to intersectionality of various identity markers.

As the researcher, I identify as Black, of African descent and I am female. These are identities that are acknowledged and discussed within this thesis in relation to the complexities of intersecting identities which can disadvantage BME communities generally, and specifically Black African mothers raising children on the autism spectrum in Scotland.   As a Black African female with an interest in the issues of ethnicity and disability, it cannot be denied that these interests shaped the focus of this thesis, and that there were presuppositions attached with my personal experiences of oppression and the acquired knowledge that had to be bracketed. Examples of my experiences of oppression which impacted me were instances of overt racism while growing up in Scotland in the early 90s, where I was called racial slurs such as 'tar baby' or a 'monkey', spat on by neighbours' children, and had a brick

thrown through the window of my family home. These experiences taught me from an early age that I was 'different', and not accepted by all in society. In another instance, people refused to sit next to me, rather stand, on a very full bus. It was noticeable that the seat next to me was the only one available on the bus. So, from a young age these instances of oppression due to my race/ethnicity shaped how I would go on to navigate life. The impact of these instances was evident in my growing awareness of the more subtle forms of racism and oppression that occur and intersect with the multiple identities I have, and this in turn affects how I navigate certain 'White spaces'. Additionally, as a Black female student researcher, who is not a social worker, I held an interesting position, which impacted how I negotiated these 'White spaces', with social work educators and equally both White and Black social work practitioners. However, these very presuppositions needed to also be made conscious in terms of its effect on respondents through first being aware of them during the process of journaling as a researcher, and in order to bracket these presuppositions throughout the process. This point is revisited in the methods chapter (5.9), where the challenges surrounding bracketing and the researcher's positionality in relation to data collection and analysis is discussed in more detail.

Researcher's Positionality: Challenges and Strengths

The other quotation from Tufford and Newman (2012) sums up the related challenges of the researcher's positionality and the strong possibility that this may subtly influence the respondent:

"Social work research mediates the private, sometimes tumultuous lives of individuals within the public structures of society; its close relationship to qualitative inquiry has positioned the qualitative social work researcher closer than ever to the participant…. Bracketing may assist with managing intense emotional reactions, for even subtle differences in the questions posed to informants or the interviewer's body language may influence the research" (Tufford & Newman, 2012, p. 93).

A social researcher is positioned by their own age, ethnicity, class gender, nationality and so on, whether this is implicit or explicit within their work, the extent to which these categories influence the process of reporting findings is important to note. This point is linked with my positionality as a researcher and interacting face-to-face with respondents as a Black researcher. I found that my identity was unintentionally influential in discussing issues relating to oppression and ethnicity and became evident in some of the transcripts. This, therefore made the ability to distance myself from respondents' lived experiences and subsequently identification of emerging themes almost impossible. An example of this can be taken from Grace, a Black African social worker's, transcripts where she referred to "we" and "us", in relation to engaging with other African mothers, and her preference for white social workers to work with Black African mothers, rather than her as a Black African practitioner. This use of inclusive language meant that Grace viewed me, not only as a researcher, but a person who shared a deeper cultural understanding with her. This further reminded me that I, as the researcher bracket, but the respondent does not have to bracket thus I am intrinsically part of their 'lived experience'.

Earlier in the chapter it was observed that the candor of some of the Black African mothers and three of the social work practitioners may not have surfaced had the researcher and mothers only engaged with one another once. On one hand having an almost 'insider perspective' is a strength of the research. Additionally, it is also asserted that the candour of both the mothers' and, the Black social work practitioners' lived experiences may not have come to the fore during the interviews if the researcher was not also a Black person of African descent. On another hand, these were also challenging realities of the research, which I was acutely conscious of and attempted to bracket. However, it was difficult to distance myself from this when respondents drew attention to the influence of my position as an ethnic minority in shaping how they related to me, or how much of their experience they shared. As noted in Zuchowski's (2014), what encouraged me during the research process was that she was mindful of her positionality as a researcher with ties to the aspects of the phenomena being researched. With the intent of keeping with the phenomenological approach at the forefront of the research, engaging in the practice of bracketing allowed for the phenomena to be approached and viewed through a unique perspective.

In conclusion, this chapter has detailed the research design, practical application, ethical considerations, and methodological explanation underpinning the data collection and data explicitation of this research. The chapter has also detailed the advantages, disadvantages and justification of the methodological decisions made for each respondent group, which is helpful for moving into the data chapters. Finally, the chapters close in outlining the methodological issues that arose within this

process. It was always clear that there would be some challenges in relation to the method of inquiry. Notwithstanding, some of the challenges that arose related more closely to ethnicity and identity, which are associated with the demographic of the respondents recruited. It is the nuances of these methodological challenges that add a level of interest. Additionally, these nauseas also position the reader for understanding the subsequent data chapters. The next chapter, six, is the first of three findings chapters, discussing the lived experiences of social work educators and social work students.

Chapter 6 – Social Work Educators and Students' Experiences

6.1 Introduction

This chapter is the first of three findings chapters outlining the emerging points of discussion, both similar and different, raised by key respondents and data sources. Additionally, this chapter will focus on the responses from six social work educator interviews, from five institutions. Two of the educators interviewed represented one institution, however, only provided data from either their experiences of developing and teaching on an undergraduate social work course, while the other educator provided insights into the postgraduate curriculum respectively. This chapter also draws upon the data provided by a total of ten social work students through a mixture of one group interview with two students and eight written responses from: two postgraduate, and six undergraduate social work students from four institutions. Finally, undergraduate and postgraduate student handbooks along with two pieces of course materials were also collected from seven universities offering a Scottish BA and/or MSW Social Work degree. These documents were mainly drawn upon to aid the understanding of social work education and curriculums within this chapter. Social work educators, social work students, and some SSSC resources (i.e. SiSWE) were key sources of data within this chapter.

Chapter Structure

The general structure of the thesis thus far has consisted of two broad aspects: anti-oppressive social work practice, and BME communities and families' experiences of

statutory services, both generally and in relation to social work. This chapter will be split into three parts and will consider the master themes of 'contextualising oppression', 'conceptualising oppression' and 'placement opportunities', along with nine of their respective subthemes (See Appendix 9). This findings chapter will outline the experiences that emerged from interviews with both educators and students related to the teaching and conceptual understanding of the term anti- oppressive practice, as well as and the potential to translate this understanding into practice during placements. Where social work students' responses are expressed within this chapter, it is because students were asked questions that mirrored some of the core questions asked to social work educators (see appendix 4). The findings and implications will be discussed within the chapter considering answering the first research question.

6.2 Research Question and Aim of the Chapter

The first research question which this findings chapter aims to answer is: To what extent do the concept and characteristics of anti-oppressive practice emerge for students and educators within social work degree programmes in Scotland? In order to answer this question, the aim of this chapter is to determine how social workers conceptualise and understand oppression, and how this translates into practice.

Rationale

As outlined previously, the data from the interviews with educators and social work students was used alongside the documents provided by institutions. The documents outlined the structure of their degree programmes and course content. The data was

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viewed as a 'snapshot', reflective of the respondents' experiences and material related to the degree at the point of explicitation. In addition to the documentary evidence, this findings chapter also draws upon the revised version of the Standards in Social Work Education (SiSWE) (2016) which is planned to eventually become part of the Framework for Social Work Education in Scotland (2018/2019). The evidence from stages one (2014-2015) and two (2015-2016) of the Review in Social Work Education (RSWE) contributed to the revised version of the Standards in Social Work Practice (2016) and was also drawn upon.

Therefore, the rationale for incorporating data from interviews, documentary evidence and changes to the Standards in Social Work (SiSWE), was to place the data collected into a context that reflected the ongoing changes to the social work landscape. Through outlining the master themes and emerging subthemes of interest from these data sources, the chapter will provide a context for the ways through which oppression is conceptualised, contextualised and understood. The data outlined in this chapter is foundational to the discussion and evaluation of how anti-oppressive practice in social work is conceptualised, as well as its practical application in Scotland, in this instance, the implications for the wider BME families raising disabled children as service users. The chapter is structured to reflect the core questions asked within the interviews with educators (see Appendix 6). Likewise, the core questions asked to social work students in relation to the later parts of the data chapter mirror questions asked to educators (See Appendix 4 & 5).

6.3 Theme 1: Contextualising Oppression

Within Scotland, various aspects of social work such as e.g. social work education, and practitioner training and development answer to the Scottish Social Service Council (SSSC) as the governing body. The master theme of contextualising oppression relates to the evidence within the SSSC framework, ethical principles, and value statement, which firmly frames the context through which the knowledge of anti-oppressive practice could be achieved. The social work educators referred to the SSSC guidelines when discussing the development of some of their respective social work curriculums.

Standards in Social Work Education

The two key components of the 'Framework for Social Work Education in Scotland' (2003) involved requirements relating to: the maintenance of standards in social work education, and ongoing post- qualification social work training and development (Scottish Executive, 2003). These ethical principles were outlined in the Code of Practice for Social Service Workers, published by the Scottish Social Service Council (SSSC), and carried the expectation that social workers must:

"Protect and promote the rights and interests of people who use services and carers:

- Create and maintain the trust and confidence of people who use services and carers.

- Promote the independence of people who use services while protecting them, as far as possible from danger and harm

- Respect the rights of people who use services, while striving to make sure that their behaviour does not harm themselves or other people

- Uphold public trust and confidence in social services" (SSSC, 2016 p.15-27)

For students to obtain an honours or postgraduate degree in social work, the Standards in Social Work Education (SiSWE) must be met. The documentary evidence from the Framework for Social Work Education in Scotland (2003), and the revised SiSWE (2016) from the SSSC Code of Practice for Social Service Workers 'value statement', places the concept of anti-oppressive practice into a tangible context. The master theme of contextualising oppression is therefore aptly suited to describe the context through which educators and students engage in understanding oppression as a concept and anti-oppressive practice. The reasoning behind this is that anti-oppressive practice 'ties' the framework for governing the social work degree together with the out working of social work practice at a structural level. It is through understanding this that the implications for practice with BME families raising disabled children in Scotland can be understood and explored further.

From examining the initial Framework for Social Work Education (2003) the characteristics associated with the concept of anti-oppressive practice does not stand apart from the framework of Social Work Education and practice, rather expectations that social workers should demonstrate anti-oppressive practice are implicit. This is outlined in this excerpt taken from the (2003) framework that practitioners should aim; "To treat everyone equally, and value their distinctiveness and diversity" (Scottish Executive, 2003. p3). However, what is more apparent in the draft revision

"1. Values statement

In all aspects of your practice you must adhere to the SSSC Code of Practice for Social Service Workers and demonstrate a commitment to practising in a manner which reflects, at all times:

- **social work values and ethical practice**
- anti-discriminatory and anti-oppressive practice, respecting diversity within different cultures, **ethnicities and lifestyle choices**
- **promotion of** equal opportunities, human rights, social justice **and culturally and ethnically sensitive practice**
- Honesty, openness, empathy and respect.

2. Overarching principles

In all aspects of your learning for the degree in social work you should:

- demonstrate ethical principles based on sound professional values
- **apply critical thinking and reflection to inform professional judgements and decision making**
- **demonstrate practice that is informed by applied knowledge, research and evidence**
- demonstrate awareness of your responsibility, **and take appropriate action,** to protect any adult or child at risk of harm or abuse irrespective of setting and situation
- **demonstrate** appropriate **use of self and** professional boundaries in relationships, including in the use of social media
- be aware of your personal and professional wellbeing and resilience seeking appropriate support **when necessary**." {SSSC, 2016)

Figure 6.1 The values statement and overarching principles outlined in the revised SiSWE draft (2016)

of the (SiSWE) (2016), is the explicit mention of anti-oppressive practice located in the first instance within the values, and overarching principles outlined in the SSSC Code of Practice for Social Service Workers. An example of this observation is outlined in Figure 6.1. The values statement and overarching principles outlined in the SiSWE draft, with revisions to the previous standards outline in red:

The elements outlined in red reflect the changes made to the SiSWE in the form of additions to the 2016 value statement that were not explicitly present before. An example of this point comes from the first statement relating to social workers'

demonstrating a commitment to practicing in a manner that reflects 'social work values and ethical practice', among other changes highlighted in red. Although the demonstration of 'anti-discriminatory and anti-oppressive practice, respecting diversity within different cultures' already existed within the value statement, what was apparent in the revised 2016 draft of the SSSC Code of Practice for Social Service Workers. In the first instance, the mention of anti-oppressive practice is the first and only mention within the twenty-three page document, which suggests that the demonstration of anti-oppressive practice is important enough to be in both previous versions of the value statement, but also remains relevant to the changes in social work practice.

The second observation from examining the value statement is that 'anti-discriminatory' and 'anti-oppressive practice' are both acknowledged, but almost viewed as separate elements that may be closely related or overlap conceptually. Notwithstanding, these two concepts are elements that make up the core values that social work practitioners must understand and exhibit. The additional characteristic of 'respecting diversity within different cultures, ethnicities and lifestyle choices' further emphasises the changes in Scotland's demographic particularly within BME communities. This assertion further supports the increases in BME communities in Scotland, particularly in specific cities, where 2.01% of Scotland's population are from BME groups and from the recent 2011 Census information, BME groups have almost doubled to 4% (200,000 people) (Government, 2014b). The cities in Scotland that have seen the most increase in minority ethnic groups since the 2001 census are in the city of Glasgow, where 12% of the population were from a minority ethnic group,

8% in Cities of Edinburgh and Aberdeen, and 6% in Dundee (Government, 2014b). Therefore, what can be taken from the explicitation of the SSSC values statement, are the changes to the value statement and principles is that anti-oppressive practice, conceptually will most certainly be reflected in the social work degree, where the themes surrounding oppression is present. However, this finding also suggests that the introduction of themes surrounding 'oppression' may be woven implicitly into the structure of the undergraduate and postgraduate degrees at an institutional level.

In order to determine how social workers conceptualise and understand oppression, it is necessary to better understand how social work degrees programmes are structured, given the subtlety of anti-oppressive practice conceptually. The next section will look at how the undergraduate social work degrees is structured, how educators create and develop their curriculum, and where anti-oppressive practice is placed conceptually within this structure

Structural and Experiential Influences

What emerged from the educators' responses was that there were at least three influential factors involved in the creation and development of the social work degree curriculum: the first being the guidance by the SSSC, the second being the policy and values of the respective HEI. Both factors represent the basic operation of influence at a structural level. The third factor outlined in the data was the influence of educators' lived experiences, in this instance coming from practitioner backgrounds,

therefore providing a personal level of influence through the interplay of knowledge and experience in shaping the curriculum collectively.

When asked about each educators' general background and experiences coming into their current role, the educators' experiences extended to developing the undergraduate social work course, be that from scratch as a distance learning institution in the experience of James (Educator), or being heavily involved in writing the curriculum over many years, such as with educators Isabel, Noah and William. Educators Olivia and Ava provided interesting perspectives of developing the curriculum for both Masters in Social Work (MSW) and undergraduate social work students from a relatively new educators' perspective, which was useful. Additionally, each of the social work educators interviewed found themselves in their current role by either teaching on, and/ or writing elements of the social work course at their respective Higher Education Institutions (HEIs). What was evident from their responses was that their experiences allowed for their knowledge and experience of policy and the legal framework governing social work education specifically in Scotland to be woven into the development of a curriculum. This point is shown in James's (Educator) experience of tailoring an undergraduate degree program for a distance learning HEI within the United Kingdom:

> "When I joined the [distance learning HEI] we were moving to a degree qualification and so I was involved in writing of the curriculum at first level for the degree. One of the things that we obviously have to do is as you were saying earlier, we have to meet the requirements with each care council so

the Care of Council of Wales, the SSSC and in England there isn't a care council in England now, but we have also got the Health and Care Professions Council in England that we have to meet those requirements as well." (James, Educator)

While the motivation behind the development of a curriculum varied across institutions, the process remained the same in that there were a team of educators specialising in various areas of social work, coming together to fashion a curriculum that was guided by bodies such as the SSSC, and their respective universities, and benefit students, as exampled by Isabel, (Educator):

"Well we've gone through a couple of reviews in the time that I've been here, the kind of four or five yearly review that Scottish Social Services Council does".

While Noah (Educator) recalled the importance of writing the curriculum as part of a team that was also guided by standards in social work education: "I mean developing a programme is not one individual and we obviously look at the standards of social work education". In addition to this point made by Noah (Educator), the influence of the HEIs and their values in tailoring how the course was structured was also noted by William (Educator):

"I mean the university as a whole is committed to you know sort of diversity and inclusion and widening access you know etc.; equal opportunities and the formal policies are there. There is no criticism there... We do have quite a bit

of interdisciplinary teaching, which is another area which is actually of relevance or interest".

Based on these findings, it could be argued that if educators' lived experiences does indeed affect the structuring of the degree, in part due to what each educator brings to the degree programme, then the conceptual understanding and subsequent working out of anti-oppressive practice will be evident in teaching, assignments and classroom discussions. However, at this point it is questionable if the demonstration of conceptually understanding anti-oppressive practice translates to demonstrating or even recognising anti-oppressive practice in the field.

A General to Specific Approach

In order to discuss the concept of anti-oppressive practice, an understanding of the educational context where the concept is being discussed, as well as the framework through which the concept is even being considered is important to outline. Educators were asked the core question - how are the undergraduate and MSW degree programmes structured? The responses across the five educators interviewed involved: the development of general knowledge and skills at the initial stages of the degree, which are then built upon through more introductory courses to social work in second year. What emerged from the responses was the development of the social work degree in general terms, due to the changing nature of social work, and the influence of those who were directly impacted by the teaching of the course, in this case the students. This general approach to social work in the initial stages was viewed as beneficial for many institutions, and upon further explicitation, was also

beneficial among most social work students' responses. However, one students' response upon reflecting on her first year on the undergraduate social work course, was that:

> "The way the course is structured is working for me although I wish it had practice placements from first year, this would give me insight into different fields other than what I am used to." (Nora, UG Student)

The give and take in the process of reshaping and developing the social work course within this institution was a facet of creating a social work curriculum that was acknowledged by Ava (Educator):

> "…but the change that we've made with new degree is, it used to be that their first social work specific course taught by us, was 'Introduction to Social Work', which they did in second year and the feedback we were getting from students was 'we would like to feel like we belong to Social Work earlier in our course' so we've changed it and we've now got two Introduction to Social Work modules; one they do in the first semester and one they do in their third semester and I lead on the first one ".

What is obvious in this excerpt is the change in thinking by the educators within the social work department at this institution was influenced by the students' request from students. The introduction of more 'social work related' components earlier on in the curriculum, such as in the first year of the undergraduate degree. Similarly within the distance learning institution, at the time of conducting the interviews, James (Educator), was looking to make some changes to the curriculum structure by

introducing students to thinking more about their practice as social workers in relation to service user groups much earlier in the undergraduate degree than at the third year of the undergraduate degree.

> "That's another area that I think is quite important as they begin to interrogate issues around anti-oppressive practice and disability. We are trying to thread those two areas throughout the curriculum, from first to third level, whereas at the moment they only sit at third level and I think that will enable students to be much more critical and reflective as we think about their practice and service user groups as well. " (James, Educator)

What can be drawn from both educators and students' responses are the ongoing processes of tailoring the curriculum. This was reflective of the rapidly changing nature of the social work curriculum, where the needs of students are also added to the list of influential factors in these curriculum changes. By the time students reached their third and fourth years of study, a more specialist and 'practitioner approach' was adopted by the HEIs. An example of this point was expressed by Noah (Educator):

> "…In the fourth semester, that's where we ... we call that the start of our professional studies and that's when traditionally they would join with the postgrads."

From the data provided by educators and the postgraduate students, the postgraduate journey does not appear to be too dissimilar from that of the

undergraduate students with regards to the general to more specific approach to structuring the social work course. This finding was also consistent within seven undergraduate social work student handbooks. Although the content in the handbooks differed in how they tailored their courses, this adoption of a general approach before introducing loftier concepts such as intervention and assessment in social work practice is a common pattern throughout the handbooks. In years two and three, investigation of the handbooks also indicated that there was a stronger expectation that students would have obtained a more detailed knowledge of social work theory and demonstrate critical thinking, reflection and awareness of their identities as social workers. This point links back to the overarching principles outlined in the SSSC Code of Practice values statement in Figure 6.1. In the final year of study, the expectation was that students would have developed the ability to link theories and demonstrate their knowledge in practice via their practice learning opportunities. Although, the mention of anti-oppressive practice is not outlined explicitly in the handbooks in the expectations of how students should demonstrate their progress. These findings suggest that anti-oppressive practice in social work would be better conceptualised and demonstrated at year three and four of the undergraduate degree. This suggestion is not a surprise when one draws from Young's (1990) definition of oppression, which rest upon the intertwining conceptual and operational theorisation of oppression in relation to anti-oppressive practice in social work. What this definition indicates is the necessity of understanding that anti-oppressive practice goes beyond surface level understanding, and the complexity of being reflective and aware of one's own positionality as a practitioner where their

practice has implications within the wider context of society, not just in individual interactions. These features can be found in the revised Standards in Social Work Practice (SiSWE): Section 1 Preparing for social work contact (see Table 6.1).

Table 6.1 Revised Standards in Social Work Practice: Section 1 Preparing for social work contact

1: Prepare for practice and work in partnership with, individuals, children, parents, families and extended families, carers, groups and communities			
	Knowledge	Transferable Skills	Competence demonstrated
1.1 Preparing for social work contact and involvement, including in the context of inter-professional and integrated services	Social processes such as racism, poverty, unemployment, mental or physical ill health, migration, asylum, ethnic segregation and disaffection, disability, lack of education, unemployment, substance and alcohol use/misuse unsuitable housing, victimisation and other sources of disadvantage that are associated with the risks of crime, marginalisation, isolation and exclusion Understanding of the lived experience of people using services and their experience of receiving services	Make active and effective contact with individuals and organisations, to achieve a range of aims, and by means appropriate to the circumstances including in person, by phone, via social media, in writing	Review agency notes and other literature that is relevant to the situation Engage and relate effectively with people who use services, with their families and other carers and with other professionals, maintaining awareness of their own style and approach and its effect on others

What these findings confirm is that anti-oppressive practice is an element within the values of SiSWE, however its importance for practice is implicit. This is evident from the documentary evidence that the institutions follow, which draws from the SiSWE,

thus supports the subtlety of oppression throughout the degree structure. These compulsory elements indicate the necessity for students to understand the structures within society, policy, legislation, theory and practice in the first instance, moving onto social work practice, risk harm and intervention. The implication for these revisions being how these concepts fit into the wider work as a practitioner and reflects the influence of the SiSWE in terms of working with various stakeholders and practitioners.

Prioritising the Curriculum and Staying Relevant

Regarding the teaching and structuring of the undergraduate and post graduate courses, the key feature across four of the educators interviewed identified two key issues. These issues were that prioritising the curriculum through allocating time, and at times 'cramming' content into teaching meant that focus on particular social issues and staying relevant within an ever-changing social work discourse due to changing social issues was an important challenge for educators. In four of the six interviews this was reflective of third and fourth year undergraduate and postgraduate classes being held together, and in other instances, represented a need for this to change:

> "…gosh there has been lots of changes, but I guess the main things that have happened in recent years are the University encouraging us to separate our Undergraduate and Post Graduate courses more because we teach them together quite a lot and a lot of, the assessments are at different levels, but the actual taught input was very similar, so we've been disentangling them a little bit over the last year…" (Olivia, Educator)

In terms of negotiating how much time was allotted to aspects of the social work degree at undergraduate and postgraduate level, this emerged as an issue for educators. One of the challenges on the degree programme, irrespective of the level, was staying relevant and negotiating what elements remained in the curriculum. Drawing from the responses from educators with respect to negotiating how much time was allocated to aspects of teaching on the postgraduate course, the following excerpt highlights this issue:

> "Having quite a critical view of some of the research, being able to read research critically, now when I say that I think it is really, really difficult, you have got so much to cram in to two years of social work education that I think it is well-nigh impossible to do that, it is very, very difficult for students" Noah (Educator).

William (Educator) stated:

> "And it really, to be quite frank, covers too much in the course I think, or it is a lot to cram in to quite a short time, because it only runs over five weeks, so it is very intensive for the students." (William, Educator)

Although it appears that teaching on anti-oppressive practice appears to be more implicit than explicit, delivering independent and significant time to teaching and assessment, as educators was not possible. Educators felt students would need more time, and deeper levels of understanding to grapple with more complex and critical discussions.

On the issue of educators staying relevant to the ever changing issues affecting society the emerging points from the data are in line with the argument made in the RSWE that "place new demands on social work education providers as each change to the professional landscape has to be accommodated in the curriculum" (SSSC, 2016 p.5). One educator's response regarding this point was almost cautions in answering the question about how anti-oppressive practice is built into the structure of the social work degree programme:

> "I suppose one thing that you haven't suggested that I thought you might, and I was hoping you wouldn't. But sometimes we'll get questions about what do you cover on this in the course? And, for example a recent one it was about substance misuse, it's a hot topic, where do you teach about substance misuse? Or it'll be something else, whatever's around and very current and the government is interested in it at the time. And it's almost like people are saying you need to put that in your course, put that in, put that in, put that in, it's like well where does all this stuff go? You know." (Ava, Educator)

Similarly, Noah (Educator) noted a very similar point to the issue raised by Ava (Educator):

> "I think one of our issues has been that we had too many credits so we ended up cutting out some of our teaching because the University was telling us 'you're over teaching for this degree', the dilemma you have when you do that, is what do you lose, so that's always a bit of a tension I think because there is always more that we would like to do with the students, but you just

can't squeeze it in" Noah (Educator). What this particular response suggests is that educators are under a level of pressure to provide social work education that reflects the changing nature of society's 'issues' arise and become more prominent. Educators struggle at times to juggle fitting enough of the 'hot' topics and content into their teaching. The expectation that anti-oppressive practice would feature prominently and perhaps more explicitly within course materials given to students, within teaching, and general structure of the degree programme was found to not be realistic. The ability to ensure that the curriculum content is well rounded given the nature of time versus relevance that has emerged as findings, this practice of teaching undergraduate and postgraduate students together makes sense.

6.4 Theme 2: Conceptualising Oppression in Social Work Education

The first issue noted within the literature review about conceptualising oppression revolves around knowledge. Additionally, the revised SiSWE, previously outlined in Table 6.1 provides further support to the importance of knowledge along with transferable skills and demonstration of competence in these areas. These elements prepare for contact with stakeholders, where the awareness of oppression is necessary across all stages of their requirements. The premise behind questioning the educators and students about their thoughts on the term anti-oppressive practice in the context of social work education, was based on the argument that social work students' knowledge of what anti-oppressive social work is, is conceptually

established within HEIs. One subtheme that emerged under the master theme of conceptualising oppression was negotiating complexities in the educators' approach to teaching about oppression. What also emerged as subthemes were the opportunities for discussion about oppression within classroom settings, and how educators utilised their relationships with external stakeholders to solidify students' understanding. It has already been argued within the literature review that there are multiple forms of oppression across various identity markers (Jane Dalrymple & Burke, 2006; Dominelli, 2002; Graham, 2000), and that these markers are fluid and therefore do intersect with each other (Mattsson, 2014) in complex ways. This premise alone allows for the conceptualisation of oppression and subsequently anti-oppressive practice to be met with challenges. Thus, the educators' responses about the tools and approaches used to grapple with the concept of oppression amongst other related concepts in social work education were reflective of these complexities.

One of the ways that educators negotiated the complexity of defining and to an extent justified the use of the term anti-oppressive practice was to ground the concept within the fundamental values of social work. The observation that the fundamentals of what social work is, was evident at the earliest stages of the course – in the first year. There was specific emphasis placed on the values of social work which were implicitly anti-oppressive in nature, as a method of teaching anti-oppressive practice conceptually, one educator explained:

> "…But we haven't got a written position in relation to that or clarity across the
>
> group as to what we do or what we think and that is recited in I think quite a

bit of teaching as well. For the undergraduate programme in first year we've got a module called "social justice, values and ethics" so there's a values module there. There's not a specific values module anymore with the master's programme there used to be, but it was a bit prior… you know things get 'prioritised out' *[laughter]*. And I have also introduced a session on 'race and racism and social work' which is by no means enough. But it's some kind of attempt to try and kind of you know sort of focus on the issues and concepts that are around. Meeting with different you know sort of groupings and communities to trace migration patterns and stuff like that and at least just broaden awareness." (William, Educator)

At this institution, concepts and issues regarding 'race' and 'ethnicity' were introduced at the earliest possible stages (first/second year) to expose students to concepts and broaden their awareness of issues. What can be gleaned from this excerpt are threefold. Firstly, the subtlety through which anti-oppressive practice was woven into the curriculum via the teaching of anti-oppressive practice could be taught together with other topics such as values and social justice. Secondly, there was an implicit point made by this educator (5) when he mentioned that the values model was 'prioritised out'. This point further supports the previous findings that, to a degree, anti-oppressive practice and other features expected to be grasped and demonstrated by social work students in the context of SiSWE is very much dictated by whatever topic is seen to be more relevant at the time e.g. as a reflection of the social, political, and economic climate, such that it can be 'prioritised out' of teaching. This was important enough for the educator to mention the influence that priorities

and agenda setting has on the teaching within social work education. Thirdly, in the opinion of this educator, he felt that there was not nearly enough emphasis on teaching related to oppression in the extract outlined.

Much like William's (Educator) response, the distance learning institution aligned social justice, values and ethics alongside the teaching of anti-oppressive practice, with a greater emphasis on a social justice agenda:

> "So for example, then at level two we have a block called working with communities and diversity and they are able to explore things there, but throughout it we are exploring much more importantly I think for us, issues around social justice and how anti-oppressive practice fits in to that as a way of working really." (James, Educator)

William (Educator) was also reflective about the structuring of the course to include teaching and exposure to communities, concepts and societal issues. In teaching about 'race', racism and migration, this educator said:

> "I think even by itself could be useful, just give them some kind of inkling you know into… But people kind of say, I don't know, it's a question of time and priorities and how best you try and deal with these things, but it's because that's not enough just to get a shock you know, you know half an hour PR as input. Rather it is to the detriment of other things, so actually bringing it you know in will just knock something else down the path and/or depends what's the kind of issue at the moment you know gets brought back up the agenda".
>
> (William, Educator)

What William (Educator) was saying in this excerpt was that much of what was focused on each year regarding the structuring of the social work degree was to an extent reliant upon being relevant to the issues that were higher up on the agenda. This statement was not too far off from similar arguments made regarding the shift within the reporting of anti-racism towards anti-oppressive practice in academia and the wider practitioner rhetoric in the late 1980s/ early 1990s. Within the context of social work, the anti-racism movement was started, specifically by social work students and practitioners who were discontented with their treatment on social work courses and in practice (C. Williams, 2013). Anti-racism and the subsequent restructuring of the social work profession at an institutional level was not high on the political agenda (Tomlinson, 2008; Wainwright, 2009). This point urged one to think more deeply in the explicitation of the data about who sets the agenda, and what other factors may influence the structuring of social work degree programmes across the various institution in Scotland.

This last observation suggests that anti-oppressive practice is being heard, understood at a basic level, and used. Once again, the ever-developing nature of the degree is an influential factor in these findings which is to an extent, alluded to in the response from Isabel (Educator), when asked about the structuring of the social work degree and course content:

> "I mean, I would say that the programme's always developing. A lot of what we do is suggested, or heavily pointed by the SSSC and obviously they're doing their review of social work education at the moment as well. But my view of

the course team we've got here is we're actually… we're quite a progressive team, we like to try and keep up with development in social work. And that was to do with recognition that the SSSC were looking at how we address community work. And we we're saying, well, we do at the far end of the course in fourth year… maybe there's a bit more focus on community work, but we need to get first years thinking about that as well. We try and use examples from our own practice as well, about working in that area. I suppose coming back to anti-oppressive practice, anti-discriminatory practice, I think there's always room to keep a check on what we're delivering here. With all our modules, we try and cram in so much, so we're trying to be aware that we're not overloading students as well. And some of these experiences have to be naturally experienced as well. So, yeah, we do what we can, but I don't think it's ever going to be absolutely perfect.   So, always room for improvement." (Isabel, Educator)

The educators' responses point to a determined, yet subtle approach to the teaching and prominence of anti-oppressive practice within the classroom environment. As exampled in the educators' responses the experiences of engaging with service users was important to students' overall understanding of anti-oppressive practice, rather than only relying on what was taught in the classroom.

Negotiating Complexities: Approaches to Teaching about Oppression

In addition to the core question about whether anti-oppressive practice features at all within various facets of academic life at undergraduate and postgraduate level,

educators were asked about their thoughts and approach to teaching about oppression. The findings showed that educators engaged students in thinking about oppression, even if implicitly, by grounding the oppression within the context of social work values as well as the interplay between structural and personal influences. This excerpt from Noah (Educator) focused on themes surrounding anti-oppressive practice, and were engrained in courses covering values, identifying and being aware of issues regarding discrimination and inequality:

> "I think being very aware, really trying to help students to understand the impact of poverty and inequality and seeing how that relates to individual lives, so looking at the sort of structural issues and to try and help people not to get into a sort of blaming culture, because I think it is quite hard when you are working with individuals you can be aware, of course, of the kind of issues of discrimination and inequality, but you then have to work with the individual in front of you and I think all social work students struggle with that."(Noah, Educator)

What also emerged was that the challenges faced by educators and students in pinning down what anti-operative practice means conceptually. Further explicitation of the data revealed that part of the difficulties faced in conceptualising anti-oppressive practice, or oppression, was that there were other key terms that could be used interchangeably. Within social work discourse the central values of ethics, respect, non-judgemental attitudes and equality frame social work education. There are various aspects related to the knowledge, skills and values that the HEIs

interviewed wanted to instil in their students and it was evident that it guided how respective educators from HEI's interviewed and structured their courses.

> "So I suppose those are the kind of over-arching themes I think are important for Social Workers to understand when they go out, or Social Worker Students to understand when they go out into practice so a good solid set of skills in communicating and working with people." (Ava, Educator)

It was found that social work students recognised anti-oppressive practice and the importance of the concept within social work practice. For one undergraduate student when was asked about her understanding of anti-oppressive practice in social work, this individual stated:

> "Yes I remember the term, anti-oppressive practice, yeah we learnt in uni and the way that I understood it is when, going in and working, as a social work student, we have to treat each client equally and not discriminating against age, race, gender, sexuality and so when practising, bearing in mind that whatever we do we have to practice in a way that is not discriminatory towards the client that we work with" (Eleanor, UG Student)

Student responses showed a pattern surrounding key words such as 'exclusion' and 'respect' to define their understanding of anti-oppressive practice in social work. Three of the ten responses from social work students focused on the element of exclusion, discrimination and equality:

"It's a practice that aims to stop certain social groups being excluded, it aims to create an equal and fair environment without racism, discrimination and oppression" (Bella, UG Student).

However, three student respondents provided very basic views of anti-oppressive practice in social work, which suggested that discrimination would end, prevent, or resolve the socioeconomic oppression in society. An example of this appeared in the following responses:

"To help resolve socioeconomic oppression in order to stay away from any discriminatory issues within society". (Zoe, UG Student)

The findings also showed that a conceptual understanding of anti-oppressive practice was something that students struggled with. An example of struggling to define anti-oppressive practice was evident in one of the undergraduate responses: "Treating service users in a non-oppressive manner" (Nora, UG student), without going into significant detail about what this may mean to suggest a deeper understanding of the term. Conversely, the response from one another post graduate student provides a more in depth understanding of anti-oppressive practice in social work:

"As a social worker I have a moral, ethical and legal responsibility to challenge inequality and disadvantage. I need to have an understanding of the use and abuse of power within various relationships" (Nova, PG Student)

What was apparent from the postgraduate response was the move away from objectifying anti-oppressive practice as a catalyst or stop-gap that was used when engaging with service users as a practitioner. The demonstration of a second level of

understanding moves beyond the object and towards the subjective by recognising the role of self within the complex social interactions is a key indicator of more sophisticated understanding. In addition to the role of self, the recognition of power dynamics which also influences these interactions with social work practitioners on an individual, social and international level (Mattsson, 2014) is key.

It also emerged that the use of case studies and role play were employed by educators to place the students into quite real scenarios, in order to see where these abstract concepts would come into play. Within these scenarios, students began to think about experiences of communities that they may not have interacted with before. This provided an opportunity for students to widen their perspectives as well as challenge students' views of communities of people that they may interact with in the field. The latter point was made by Isabel (Educator):

> "So, they're thinking about well if I'm a black social worker and this is a white service user what might that mean? Or if I'm a black service user this is what ... do you know? So, we don't say it's this background because we want them to think about if it were them in that position".

In terms of how educators on the social work course begin to introduce concepts related to oppression, there were various approaches to introducing the discussion of, in some instances, difficult or controversial subjects such as ethnicity, disability, religion and so on within a teaching context. The use of the PCS model (Thompson, 1997) was also found to be used by two educators to help unpack the process of introducing the interaction (personal, cultural, structural) that social workers will

have with people. These interactions meant having to place oneself into different situations and scenarios that would be challenging. However, it was also an opportunity to be reflective about their positionality as social workers, the cultural implications for both themselves and the communities they engaged with, in additional to social influences that were at play. However, from the experience of one of the educators, understanding the PCS model in theory and applying it as a social work practitioner to various scenarios was something that students grappled with and, much like the student's experiences, at times may not have always fully understood. In this excerpt, the educator talks about introducing the PCS model to social work students in their second year of undergraduate study:

> "I would use things like, and I know it's a bit overused, but Neil Thompson's PCS model is still something that I would teach, and I would get students to apply, to think about. And I don't think students always get it fully but that's something I use in theory and practice." (Ava, Educator)

In these instances, the use of the PCS model was a useful aid for students to be introduced to complex concepts that can then be placed into practical scenarios encountered in the field.

The findings showed that grappling with abstract concepts such as anti-oppressive practice in the classroom and application in the field allowed for educators to think about their experiences of bridging the gap between theory and practice. This is exampled in one excerpt by another educator:

"I think the risk is how you maintain the kind of anti-oppressive practice within a more kind of thematic approach can be more challenging I think in how you help people to maintain the focus on values as well and that tension between what we teach and sometimes what happens in the field " (Isabel, Educator).

According to the latest revised draft of the SiSWE, many of the educators' experiences reflected the changing landscape of social work practice in Scotland. With regards to the points regarding anti-oppressive practice.

As discussed earlier, Table 1 outlines one facet of the revised SiSWE outcomes in terms of knowledge, transferable skills and practice. An important point to note in the revisions was the inclusion of concepts such as ethnicity, race, asylum and migration identified in the document as an addition in red. These revisions, highlighted in red font, emphasise changes in focus of social issues in Scotland. The significance of the educators and students' responses in light of the research question, is evident in the need for an understanding of the complexity and multiple forms of oppression within society across various identity markers (Jane Dalrymple & Burke, 2006; Dominelli, 2002; Graham, 2000). These markers are fluid and therefore do intersect with each other (Mattsson, 2014) in a complex way, that both students and educators alike grapple and question if they truly understand anti-oppressive practice conceptually.

Oppression and opportunities for discussion

Another subtheme that emerged from social work students and educators surrounded the opportunities to discuss oppression and anti-oppressive practice. The findings showed that themes surrounding oppression occurred the most in class discussions, and that students drew upon their lived experiences to engage in these class discussions. This finding emerged from nine responses from social work students. The responses also indicated that anti-oppressive practice featured in teaching and to a lesser degree in assignments, which suggested that students were, at a basic level, aware of anti-oppressive practice and recognised it enough to discuss it with their classmates. These discussions took place in: "formal and informal discussions with colleagues and during supervisions" (Nova, PG Student). These students recognised that anti-oppressive practice was a: "Huge issue, that must be demonstrated on placement and woven through portfolio" (Lucy, UG Student).

However, upon asking the social work educators, they reflected upon their varied lived experiences of students' engagement with oppression and related concepts. The educators were divided in their experiences. Some felt the opportunities for deeper discussions related to religion, ethnicity and white privilege challenged their students to think about themselves as social workers practicing within their social environment. What emerged from some of the educators' experiences of engaging students in class with these 'big concepts' was the reluctance to contribute to discussions surrounding 'race'. On remembering some of the group-based discussions on white privilege, identity and 'race', Olivia (Educator) recalls:

"That was some of the most awkward teaching I have ever had in my life. So it's called the white privilege back pack and so I brought it out and there were a few BME, I think there were three BME students in our class Yes the white privilege back pack is old and dated but it is still very relevant and these students struggled, really struggled. They are like 'oh this doesn't happen', I was like, 'ah no'. And yet not wanting to call on the BME students saying well we'll talk about your experience because that would be terrible. But one of them [BME students] is quite vocal and she did have a bit of a conversation saying 'no, some of these things still happen' and they [white students] would not talk about it, they would not engage with some of these bigger issues and the fact that these things still happen. I was like you guys, like I'm glad that you're awkward and I'm glad that you're uncomfortable because it is uncomfortable, you can't get away from the fact that this is a thing that nobody likes talking about, but you have to think about it and people that you come in contact with do have these experiences of not being able to buy something in the skin colour that they need or being the only member of colour in a big room of… you know? Oh, they struggled." (Olivia, Educator)

Interestingly, findings showed that educators were also cautious in ensuring that the lived experience shared by BME students were not viewed as being tokenistic, in the case of Ava (Educator). When justifying the need for all students to engage in more discussions like this within the lectures, she said:

"I can think of an example just last semester where we were talking about the impact of religion. And it was the black students who put their hands up, predominantly. It wasn't like 'BME students tell me about your religious beliefs'. It was 'who is it important for?' And it was the BME students who acknowledged it and talked about it. My impression is that for a lot more, within black minority ethnic communities it's much more the norm that people have a faith and are practicing Christians. Whereas here, especially amongst the younger generation, it seems a bit odd when people do [have faith] which is ... do you know?" (Ava, Educator)

Conversely, two of the educators felt that there was not enough adequate time and opportunity to engage in issues related to anti-oppressive practice deeply, as exampled in this excerpt:

> "But personally I find that I have had limited opportunities within my teaching to focus specifically on BME issues and what I tend to try and do instead is whatever the scenario is, get the students to think about what are the issues of potential oppression and discrimination. So, whether it's disability, poverty, ethnicity, religion, whatever it is and so discussions in class come up as well (Noah, Educator)

Olivia (Educator) had very similar feelings with regards to the essence of the term anti-oppressive practice in social work, in that: her own understanding of the term, the reality of the deeper thought processes required to recognise oppression, and the complex interplay of related concepts in practice felt unachievable at times, but necessary:

"Third year social work students you can only expect so much, so they've got the basis of it for sure. But like we were talking about I don't know if everyone fully understands what that is, I mean I'm sure there are times when I don't fully understand what it is and I think people want it to be a bit of a check box activity when it can't be, its ongoing, it's going to be different with each different population you work with, with each individual and I think that its way more fluent of a concept than people want it to be necessarily." (Olivia, Educator)

Similarly, Noah (Educator) shared a similar perspective:

"But I suppose you would have a more deeper sense of the experience of racism for example and be more sensitised to what that might feel like, than a sort of intellectual understanding of it. Because you will have, as a white member of society, observed racism or if you have BME friends or family maybe have observed how they have been treated. As I say, a kind of intellectual awareness of it, which is not the same as having had the experience." (Noah, Educator)

These examples from educators two and three touch upon micro and macro social work to aid the understanding of anti-oppressive practice at the personal, societal and international level (Young, 1990), thus was also found to be an important point for educators. Olivia (Educator) identified that the students' geographical location also had an impact on students' awareness of the diversity of the world around them:

"It can be really difficult for the students to get their head around that, it's really difficult especially with some of our… I think with the rural population of students. Being in the city of Glasgow or Edinburgh it would be different because they are just used to more diverse places, whereas these guys a lot of them commute from small towns, small villages and are not used to having those experiences, just happening in your face kind of." (Olivia, Educator)

Given the difficulties that students face, the implications of these findings lend itself to the development of a more refined and advanced conceptual understanding of anti-oppressive practice as social work students and eventually as qualified practitioners, as expressed by Noah (Educator):

"I think often what happens is peoples' understanding becomes more sophisticated. You know the starting point would be a fairly simplistic understanding of 'it's wrong to be a racist'. To a gradual realisation of the impact of society and the fact that we're all part and parcel of what happens." (Noah, Educator)

These findings speak to a wider context that goes beyond the individual social worker practicing in Scotland as a way of challenging mind sets and highlights the benefit of engaging in discussions about oppression and anti-oppressive practice in social work education.

Engagement with External Stakeholders

Another interesting subtheme related to students' engagement with stakeholders is the importance of establishing, developing and maintaining professional relationships with a 'core set' of social work professionals, service users, practice educators and external service providing agencies as a social work department. From the experiences of both educators and students, this was viewed as being invaluable for students' learning.

> "So, we have very strong active involvement from our unity group which is a real strength of our programme, I think. They're such a committed group of people, they're fantastic. So, they come in and they do role-play with the students about real issues for them, things from the past. But the students get a huge amount out of that and that's, I think, really powerful in terms of their learning about how to relate to people and how to start to develop their assessment and engagement skills." (Olivia, Educator)

One of the responses captured from an undergraduate student regarding their reaction to the use of external stakeholders in teaching was that:

> "I really appreciated the opportunity to meet with lecturers and discuss ideas and issues that we students had during our time. I feel that service user, carer and project worker involvement was very useful." (Audrey, UG Student)

In terms of the function of these core sets of professionals and agencies, they were invited by programme coordinators to come into the students' learning environment. The educators utilised various methods of teaching to provide the students with 'real

life' scenarios, experiences and perspectives that perhaps otherwise may not have been brought to students' attention based on theory alone.

These external stakeholder engagement opportunities allowed for students to interact with key stakeholders, over and above the placement opportunities. The implication of knowledge intersecting with lived experiences in teaching can be applied to the teaching of anti-oppressive practice and related topics within a learning environment. The second point in highlighting this method of teaching is that this also provides a tangible link between theory and practice. This point is useful for the next section on practice placements.

6.5 Theme 3. Placement Opportunities

Despite the strength that the programme co-ordinators and educators have with these stakeholders, what was evident within the interviews with educators was the difficulty in exposing students to placements where they would have an opportunity to work with BME communities. As exemplified in this excerpt from Isabel (Educator), there appeared to be a particular organisation in the east coast of Scotland that was mentioned as a 'go to' organisation for social work students to undertake some of their placements in an environment where they could engage with issues that may arise for BME service users. This placement organisation also provided mentoring for BME social work students should they require it. Within Isabel's HEI student handbook, specific mention of this was made with regards to the agency being able to assist BME and international students to:

"To offer mentoring for Black and Minority Ethnic and International students of Social Work to gain support when undertaking professional training in social work. There might be opportunities to share their collective experience at group meetings, if there is enough demand for this forum… To work with the students and universities to develop a dialogue about the meaning of anti-oppressive practice in social work education" (Isabel's Institution Student Handbook)

Naturally, educators are aware that it was necessary to keep a strong professional relationship with this particular agency, as they provided services for majority BME service users, while understanding that there were limited placement opportunities for social work students to take due to the strong competition for places among the universities with that particular organisation:

"And we have that relationship with quite a lot of agencies up here. But I'm aware in the central belt that's more of a challenge, because there's a lot more competition for placements. But I would love to see a position where more agencies are competing to have students that would be great. That would be really good that we have to then turn them down, but maybe that will happen someday." (Isabel, Educator)

In terms of the responses from social work students, when asked about their experiences with BME communities or people from diverse groups, students were able to recall working with at least one BME service user or individuals with disabilities while on their placements. Student 1, as a BME social work student,

recalled her experience of going out on her second placement, after having a difficult time on her first placement, which involved working with children and families, of which there was one BME family that she engaged with.

> "So when I went into my second placement with the children and families' team I actually really enjoyed that placement. I actually learnt so much. The mentors were, they were really good, like they were really helpful, like they helped me get through it and I actually really enjoyed the placement, the children and families placement". (Nora, UG Student)

UG student one's experience was more positive than the experiences of other BME social work students in other studies (see Fairtlough et al., 2014; Tedam, 2014) with regards to engaging with service users and practice educators. The responses of undergraduate students provided a very positive picture of their experiences on placement and engaging with both BME communities and individuals with disabilities while on placement. One student stated: "My first placement was in a local ethnic religious voluntary placement, it was excellent" (Lucy, UG Student). For other students they shared their experiences on placements:

> "I worked with people with learning disabilities from varying ethnic backgrounds. I worked with a young man who was quadriplegic in his own home. I have also worked with dementia clients and my own personal experience with autism and vascular dementia" (Naomi, UG student).

In sharing their lived experience on placements, many students were keen to also draw on their personal experiences, while speaking about their experiences on placements, as exampled in the next two excerpts:

"I have engaged in both BME and people with disabilities within a voluntary workplace" (Audrey, UG Student).

While another stated: "However, I have a disabled member of the family that I deal with every day and also have BME family relations." (Hazel, UG student)

The significance of these lived experiences of engaging with BME communities and people with disabilities is an indication that, although limited, there are opportunities to engage with a variety of service users. The observation that students drew from their lived experiences at home and in their working life suggested that students were actively making valuable linkages that stretched beyond their academic opportunities. This is asserted because the value, for the students, appeared to come from a more personal and subjective place, rather than attempting to piece together very abstract concepts about where oppression may exist within these interactions.

The findings also showed overall positive changes in their attitudes towards service users. Eight of the students felt that their attitudes about services and services users had developed, two students felt that their attitude had remained the same. However, two of the students who felt that their attitudes had developed stated: "I feel I have gotten to understand myself better in relation to supporting others better" (Zoe, UG Student).

While Audrey (UG Student) stated:

"My attitude has changed a lot since beginning my studies, even within my everyday routines I am reflecting on my responses and attitudes to things I wouldn't have even second guessed. It has had a positive impact on me" (Audrey, UG Student).

An interesting observation about the two responses from students who felt that their attitude had changed was the demonstration, in both cases, about being reflective about their role and future identity as a social worker. Also, student six's response indicated a grasp of the fundamentals of understanding anti-oppressive practice and the translation of this in practice because she mentioned the 'everyday' banal interactions that she may have overlooked previously. These responses are indications of the usefulness of understanding oppression and demonstrating this deeper understanding through anti-oppressive practice that can be applied, for example, when working with BME families raising children with disabilities.

Despite the positive experiences of students on placements, in terms of setting up these placement opportunities, Isabel (Educator) recognised that it was important to establish a good balance without 'overloading' the agencies or affecting the service that they provide for their service users. Isabel (Educator)explained:

"I see the most glaring gap in placement provision. That's where the big gaps lie, I think. And I would like to see the SSSC maybe being more helpful with agencies and their… maybe make it more of a responsibility for them to take students into settings, rather than make it just a choice. Because I think there's that continued fear of responsibility for developing the future

workforce. And so we can teach the theories and we can tease out case studies and scenarios, but the real learning's done in practice. And I think maybe that's where the SSSC could be a little bit more firm and provide those experiences."

Contrary to the experiences of Isabel (Educator) outlined in the last section, in arranging varied placements for students, the emphasis within the interviews was not focused as much on placements in the case for the distance learning institutions. The distance learning institution did not have this issue of competing for placements:

"So it's actually the employer or sponsor who finds the placement and organises the placements and they provide the practice educator, but we provide the link if you like, the programme tutor." (James, Educator)

This aspect provided a unique perspective from that of the other institutions.

Isabel's (Educator) thoughts are reflected in the Review of Social Work Education (RSWE), who identified the need for consistency "in addressing practice learning availability and quality assurance through a national framework" (SSSC, 2016 p5). On the issue of practice placements and the fight for places: "some of the progressive partnerships upon which professional learning depends are showing signs of significant strain (practice based learning in particular) and new opportunities for post-qualifying learning, research and knowledge exchange are constrained by fiscal cuts and broader public sector priorities" (SSSC, 2016 p.5).

Perceived Inexperience versus Life Experience

The sub theme of perceived inexperience versus life experience emerged for both educators and students when discussing the issue of diversity in social work student cohorts. On the issue of diversity in social work education, the second phase of the Review of Social Work Education (RSWE) within the SSSC Statement of progress (2015) raised questions related to the design and delivery of the post/qualifying degree programmes. The question raised within their report was: "How can universities best select the right people for social work programmes?" (RSWE, 2015, p16) What was also evident from the (RSWE) Statement of progress 2014-2015 report was that access to social work education was perhaps not wide enough and needed to be. What was also evident from the progress report was that further exploration of the then selection process and practices of the various universities offering social work degree programmes in Scotland, which required further exploration to identify best practice.

The responses from educators 5, 1, and 2, with regards to their typical undergraduate cohorts, identified that the classes were mainly made up of white Scottish social work students, with varying lived experiences, who typically come from the local region. In the case of Isabel (Educator) only. These characteristics are exampled in the following excerpts:

> "It seems the cohorts of students we tend to get are vastly, in the vast majority you know sort of like white Scottish. So actually there is not enough diversity there. So that in itself is a factor, so we're talking about students with

varying degrees of experience but reasonably limited experience of diversity".

(William, Educator)

Similarly,

"We're looking at school leavers, we're looking at 18-year-olds who have got very little work experience, work ethic. But some of them come with quite a lot of life experience. And I would say, ethnically, we don't have a huge amount of variety up here in [this region] of Scotland." (Isabel, Educator)

From observing the comments made by Isabel (Educator) about the lived experiences of some of the younger undergraduate social work students, it was as if the younger students were expected to struggle to grasp complex concepts that related to their everyday lived experiences. However, as outlined by William (Educator), this was not the case in his view.

With regards to post graduate cohorts, educators William, Ava, and Olivia, shared similar experiences of having more diversity in the postgraduate than undergraduate cohort, they said:

"The majority of them are women and the majority of them are, as I say already, in practice and the majority are white. I think that we have a more diverse population in England than we do in Wales and Scotland." (William, Educator)

Olivia (Educator) stated:

"And in terms of the ethnic mix. I think on our current, the most recent intake, there's about 30 postgrads, of them one's European and I think there may be about seven black minority ethnic students. Which is still not a high proportion but it's higher than it has been." (Olivia, Educator)

In light of the postgraduate student make-up on the course, educators four and one were eager to discuss the benefits of having a diverse class, especially for the discussions surrounding anti-oppressive practice. However, Isabel (Educator) also highlighted that the quality over the social work student will always be sought over a room full of diverse faces, he stated:

"So to select somebody based on their ethnicity might not produce the best social worker because we're looking at the core values. Having said that, I think that we're still driven by the type of social work that we teach here. And I think if we were wanting to look at a diverse, a more diverse student population, would we be better looking at doing an international student qualification rather than just purely a Scottish social work qualification?" (Isabel, Educator).

Similarly, Ava (Educator) said:

"And I'm thinking of examples from the postgraduate side of things. Like I say, we're trying to produce critically curious social workers. And I think you get that more with a mixture of students. And that's about cultural awareness and sensitivity and the kinds of things that we're talking about in terms of recognising anti-oppressive practice.   I think what's tricky though is,

depending on where in Scotland you're working, you might have quite limited opportunities to work with BME families." (Ava, Educator)

On this point made by Ava (Educator), what is clear is that the recognition that anti-oppressive practice in action is an indicator of social work students' attitude towards their prospects as a qualified practitioner. The social work students' response to the question about feeling ready to engage with a wide range of service users as a qualified practitioner specifically with BME communities, was very positive:

"Yes, as I have not had much experience in this sector so it will be a learning curve… I would need to know more about their culture and understanding" (Lily, PG Student)

Another student felt ready because she identified herself as coming from an Eastern European Community, but also felt prepared because she felt more informed about migration and immigration as being one aspect, among others, of engaging with BME communities that she may encounter, she answered:

"Yes I belong to an Eastern European Ethnic Community"… lectures dedicated to immigration/migration were really useful as they provided an insight into lives of asylum seekers etc." (Nova, PG Student)

However, only one student said no in terms of being ready to practice with BME communities, on the grounds that she felt that she had not fully experienced "many cultural differences yet" (Eleanor, UG Student).

The significance of asking educators about the demographic of their students was two-fold. The findings assist in understanding if some students find it difficult to fully grasp the concept of anti-oppressive practice as a result of their lived experiences. The findings from the educators also showed that geographical location, exposure and engagement with BME communities, is influential in how oppression is understood. However, it is also recognised that age and lived experiences are not exclusive indicators of ones' ability to understand anti-oppressive practice both conceptually and in practice. What is apparent from these findings is that the student make-up in a classroom setting provides an opportunity for individual value systems, be it acceptable or controversial, to be challenged. It appears that when there are open discussions about oppression, the ability to ask questions, without fear, challenges one's value system and contributes towards determining how social workers conceptualise and understand oppression.

BME Social Workers for BME Communities

All six of the educators were overwhelming in their agreement that assigning more BME social workers to BME related cases was not a blanket solution in influencing the selection of potential students for the social work courses, arranging placements, and in practice more generally. The educators agreed that although the sentiment of identifying issues that occur within BME communities is necessary, taking this approach suggested is very dangerous, as it encourages division and to a degree lazy social work as noted by Ava (Educator):

"To some people I think it will be important but I think it's quite a dangerous kind of argument to go down because certainly when I was in practice we had a couple of BME social workers in our team. And what would happen is every BME case that came through the door there was an expectation that they would be an expert on that just because they also were BME. So I suppose my argument would be yes I'd like to see more diversity amongst the social work profession, but equally I think white social workers should be able to work effectively with black families." (Ava, Educator)

The same sentiments are also noted by Noah (Educator), with an emphasis on the need for awareness and to a degree a level of confidence to ask the appropriate questions, regarding e.g. particular cultural practices and attitudes etc. without fear (Harrison & Turner, 2011b), which is a demonstration of anti-oppressive practice in action. (Noah, Educator) stated:

"And you know sort of non-diverse. I think there is a need to change the kind of demographic and culture within social work and that would improve things. What you do need is I think you know is the awareness and ability to work with, you know people across communities and have that you know; the kind of things you were mentioning as well as not being scared." (Noah, Educator)

These two educators' responses showed that the diversity of social work degree courses within some institutions is lacking. This finding supports the similar finding in Williams and Parrott's (2013) study investigating diversity in social work education in

Wales. The findings showed that the allocation of BME social workers for BME community only cases brings division. It is also suggested that it allows for a lazy form of social work to take place, where the expectation for social workers to practice very basic expectations, as outlined in the SiSWE is 'passed' onto another worker based on one social identifier, in this instance, ethnicity. This topic was touched upon very briefly though drawing from two examples, however, will be explored further in Chapter 7 in relation to social workers' experiences of practice with BME Families.

6.6 Discussion

The aim of this chapter was to determine how social workers conceptualise and understand oppression. The three master and subthemes which emerged from the experiences of social work educators and students, and the implication of these findings contributed to answering the first research question: To what extent do the concept and characteristics of anti-oppressive practice emerge for students and educators within social work degree programmes in Scotland?

The findings provided an understanding about the structure of social work education: how anti-oppressive practice is introduced, and at what stages concepts such as anti-oppressive practice move from basic to more sophisticated levels of understanding. The findings also showed that some students understand the complexities of anti-oppressive practice both conceptually, and to a degree the implications for practice. The characteristic of anti-oppressive practice was closely aligned with values, justice, equalities, respect, and inclusion for both social work educators and students. At times, anti-oppressive practice was used interchangeably with words such as

'discrimination', which was also found in Heron's (2006) study, where inconsistencies were found in the language used by practice teachers. What also emerged within the findings was that while educators used various tools to engage students in thinking beyond theory, and into practice, the translation of this concept into practice was, at times, lost on some students as they grappled with understanding how oppression operated. The finding that institutions providing Scottish social work degree courses are not ethnically diverse supports other studies such as Hillen and Levy (2015), and reflects current population trends in Scotland (Walsh, 2017). These findings cumulatively lead to the answer that the concept of anti-oppressive practice emerges for students and educators at very different points within the degree programme.

For educators the structuring of the degree programme, to identify, if and where anti-oppressive practice would be woven into the curriculum is dictated by multiple factors. Three influential factors involved the SSSC, the policy and values of the HEI, and the lived experiences of the educators. Therefore, the concept of anti-oppressive practice is subtly present for educators as they teach, with expectations becoming more pronounced as students' progress through first to fourth and postgraduate years of study. For students, however the concept of anti-oppressive practice appears to emerge in the later stages (third and fourth years) in students' undergraduate and journey. The expectation by educators is that students' understanding of anti-oppressive practice will become more sophisticated as they progress. Additionally, although educators wanted to see more emphasis placed on teaching on anti-oppressive practice specifically, the reality of social work education is that topics often get 'prioritised out'. As a result, the demonstration of anti-oppressive social

work, in practice at an individual level is not as distinctive for students, despite their recognition that there are scenarios where thinking about oppression and their role within that scenario is required. However, one way of successfully encouraging students to engage with anti-oppressive practice conceptually is through having open discussions about oppression in a learning environment where asking questions without fear is encouraged. This finding about engagement was also observed in Chand et al's (2002) study. This thesis therefore asserts that engaging in class discussions about anti-oppressive social issues will challenge students' value system and contribute towards shaping how social workers conceptualise and understand oppression.

Chapter 7: Social Workers' Lived Experiences

7.1 Introduction

Research investigating how social workers engage with BME families and disabled children in Scotland is limited (Flynn & Patel, 2003; Ali et al., 2001; Stalker & Moscardini, 2012). However, more contemporary research has emerged with a particular focus on the experiences of BME social workers, particularly from the East Midlands, in England (Mbaushimana & Robbins, 2015), and BME social work students in Scotland (Hillen & Levy, 2015). As discussed in chapter six, the implication within the SSSC (2016) framework is that anti-oppressive practice is expected to be embedded in the mind-set of how practitioners work. What must also be recognised within this thesis and chapter is that there are multiple factors that sit alongside, ethnicity and disability, such as identity markers e.g. class, 'race', religion, societal norms and values, which play a part in shaping these social workers' collective lived experiences.

Research Question and Aim

Considering the gaps in knowledge about social work practitioners' experiences of working with BME families in Scotland, the primary aim of this chapter therefore is to understand how social workers demonstrate anti-oppressive practice in their experiences with BME communities in Scotland. This will be achieved through navigating the lived experiences of social workers, to answer the research question:

to what extent can social workers identify instances of anti-oppressive practice in their lived experiences of interacting with people from BME communities?

Chapter Structure

Three master themes emerged from within the lived experiences shared by the social workers. These themes involved 'Understanding Oppression', demonstrating 'Anti-oppressive Practice in Action' and 'Implications for Practice' which individually shaped this chapter structure and will be discussed further along with eight of their respective emerging subthemes (See Appendix 9).

7.2 Social Worker Characteristics

This chapter will focus on the experiences of six qualified social work practitioners in Scotland who shared their experiences of interacting with BME families generally, individuals with disabilities, and/or BME families raising children with disabilities. The lived experiences from each of the social workers were captured during semi-structured interviews lasting between forty to ninety minutes in length. Summarised in Table 7.1 is the breakdown of basic information regarding each social worker and the method of recruitment to have a brief overview of the social workers.

Table 7.1 Social Worker Pseudonyms, Characteristics, and Recruitment Methodology

Social Worker*		Experience	Gender	Ethnicity	Recruitment Method
1	Amy	NQSW, year 2	Female	White, Scottish	Recommendation
2	Debbie	NQSW, year 2	Female	White, Scottish	Recommendation
3	Elizabeth	NQSW, year 1	Female	White, English	Online Group/Social Work Forum
4	Grace	15 years	Female	Black, African	Recommendation/ Local Authority
5	Patricia	8 years	Female	Black, African	Recommendation/ Local Authority

| 6 | Mercy | 3 years | Female | Black, African | Social Work Event/ Voluntary Sector |

Names of each social worker and distinguishing features have been anonymised

Rationale

Social work is 'not immune' to the issue of 'race' within a multicultural society (Mbaushimana & Robbins, 2015). Contemporary research from Mbaushimana & Robbins, 2015 investigated whether BME Social Workers navigated through the challenges of working within a multicultural setting better than their white counterparts. The researchers' recommendation was that further research considering the role of white British social workers interacting within BME families would also assist in widening the much needed narrative, in this area. Therefore, the purpose of this chapter is to outline the collective lived experiences of each of the social workers, specifically three Black African and three White Scottish social workers. In addition to this, to develop an understanding of how social workers, irrespective of ethnicity, approach the notion of oppression through presenting the instances where workers have interacted with BME communities and individuals with disabilities. In drawing from these broad experiences of interacting with BME communities, the key themes that are borne out of these simple interactions assist with uncovering the extent to which social workers identify instances of anti-oppressive practice in action.

7.3 Theme 4: Understanding Oppression

Fundamental to the aim of this research is the master themes of understanding how social work practitioners understand oppression, and their approach towards

demonstrating anti-oppressive practice in scenarios where they would be working with BME communities and individuals with disabilities. To understand what anti-oppressive practice involves, a definition by Young (1990) of what oppression is both conceptually and operationally takes the following view that oppression is:

> "…the vast and deep injustices some groups suffer as a consequence of often unconscious assumptions and reactions of well-meaning people in ordinary interactions, media, cultural stereotypes, and structural features of bureaucratic hierarchies and market mechanisms – in short, the normal processes of everyday life" (Young, 1990 p.21).

Through recapping on a working definition of oppression, the characteristics of oppression and how it operates conceptually within everyday life provide a point of reference to compare the social workers' understanding of oppression, in the first instance. What emerged from the social workers' narratives was the varying levels of depth in conceptual understanding of oppression between the newly qualified social workers and those that were a bit further on in their careers. When asked about how she conceptualises oppression, Debbie said:

> "I think anything like oppression… like oppression, like an oppressed… in a sense like a group of people or like where they live, for example, you should say people who live in a kind of maybe deprived area could be seen as an oppressed area whereas they're not… [they] get help through funding and a lot of stuff is going towards it, making it a better environment for them."(Debbie, NQSW)

From Debbie's response, it is evident that pinning down a working definition of how she conceptualised oppression was difficult for her. What was evident in her words, was her attempt to place an abstract concept like oppression into a more relatable and manageable context. She does this by at first saying that groups of people can be oppressed, but then changes her example to draw on the operation of oppressions at an institutional and at a societal level. In her example, the operation of oppression cuts across entrenched class divisions linked with social mobility and societal norms. What was obvious in the example that she gave were indications of a basic level of 'processing oppression', as reference to by Mbaushimana & Robbins (2015). In referencing Young's (1990) definition, Debbie's response touches on one facet of oppression, which involves "…the vast and deep injustices some groups suffer" (Young, 1990, p21). This focus on one facet of oppression demonstrates a basic level of processing oppression, as there are many other facets of oppression.

Like Debbie's line of thinking, Amy's response focused on those who have fallen into drug and alcohol addiction as her example of choice. However, she went slightly further than Debbie by stating:

"…as I said earlier on [regarding her example of drug and alcohol addiction] you have to take into account their family background or the kind of life they've lived, or what's happened in their life that sometimes this may be, for any reason [why] they could have ended up there. And not judge things on them, like on where they live I think or what life they've led, they're a human being. We [social workers] would want to help people and not be there to just

like 'point a finger or judge them like this is your fault' or put like I said, 'putting the blame at them'. (Amy, NQSW)

What is clear from Amy's excerpt is that oppressed groups exist within society, and that there is a plethora of reasons as to why individuals experience ongoing difficulties. Amy touched on some of these influential reasons that cut across the main issue of addiction. These reasons appear to be focused on oppression occurring at the individual and societal levels, such as: family background, life experiences, class, social mobility, and societal norms. The further step that Amy makes is the acknowledgement of her role, as a social worker, as a person of authority within encounters surrounding addiction. Within the context of Young's (1990) definition, Amy's definition touches on "…the vast and deep injustices some groups suffer as a consequence of often unconscious assumptions and reactions of well-meaning people in ordinary interactions" (Young, 1990, p21).

Some of these attributes are also outlined in Mercy's working definition of oppression and what anti-oppressive practice looks like in reality:

"I think for me anti-oppressive is a practice that doesn't see… that promotes the best out of somebody, that doesn't limit them because of their skin colour, gender, whatever it is. But it is something that sees the gem in somebody and amplifies that. As the oppressed, it is about putting down the person, it's not about who they are. It's how you contain them within that [motions figurative square]. So I if I see the person is black, my assumption of that means X, and then keep them within that. Whereas I think anti-

oppressive it's about seeing what they are, seeing them but looking at the good, not the good but you know, uplifting them and seeing their potential. I think that's the way I would, I'm not sure how social work-ey that is." (Mercy, social worker)

What can also be drawn from Mercy's understanding of oppression is a second level of that considers the operation of oppression within society. Mercy also attempts to demonstrate how oppression can operate from at least two other perspectives of the 'oppressed' and 'oppressor'. The reference that Mercy makes to viewing a person, making assumptions and containing them within a form of conceptual box, really reflects the crux of Young's (1990) definition. The recognition that the injustices faced by some groups occur due to "unconscious assumptions and reactions of well-meaning people in ordinary interactions" (Young, p 21), and are influenced by experiences such as cultural stereotypes. Additionally, both Amy and Mercy were also aware of the characteristics that the SSSC (2016) outline in their Standards of Practice, specifically regarding anti-oppressive practice in the form of demonstrating equality and possessing non-judgmental attitudes as a practitioner. This point with regards to the characteristics of anti-oppressive practice, in terms of where it originates from, how it is understood, and shaped within the course of social workers' careers will be discussed in the next section. The findings showed that the social worker's conceptualisation of anti-oppressive practice complimented both the working definition of oppression and the implicit characteristics expected of social workers in their practice, as outlined by the SSSC (2016). The origins of how these

characteristics related to anti-oppressive social work practice came to be understood will be discussed next.

Bridging the Gap between Theory and Practice

The subthemes of bridging the gap emerged the most within Elizabeth, Mercy and Amy's experiences. Amy, Debbie, Elizabeth and Mercy were reflective about their experiences of being on placement as a social work student versus the reality of actually being in the field as a qualified practitioner, and the implications of this in terms of anti-oppressive practice. Elizabeth stated:

> "So the experience of it is, it's been good, it's an eye opener because when you're in uni you're given the ideals, it's seeing whether those ideals will fit in with a normal society and then fitting in within normal constraints that come up with the usual funding demands, timescales and all that." (Elizabeth, NQSW)

What can be taken from Elizabeth's response is that there is sense of bridging theory and practice, in understanding that the skills that she has acquired in her university environment is only a first step in her career as a social worker. To an extent there is a level of self-awareness that the realities of work as a practitioner may not always marry well with the ideal situations taught to her at university. This to a degree assists in the self-management of her expectations as a qualified social worker. The implications of Elizabeth's response suggest that the 'ideals' that are taught within an educational context have a substantial amount of influence in shaping her practice as a social worker. Given the implicit expectations related to anti-oppressive practice

in social work, outlined by SSSC (2016) what Elizabeth's quotation suggests is that these ideals are limited in how an 'ideal' scenario can be played out in real-life scenarios as a practitioner. For Amy, Debbie and Mercy, the most prominent features of their narratives were focussed on learning on the job:

> "Prior to qualifying my degree, I was on residential childcare … But I was void of that experience of intervention with families, I didn't have the placement to help me work with families and deal like in the front line. So this post gave me the opportunity to do that front-line work in the sense of working with families, doing intervention with them, working with the children. But I had to learn that on the job as compared to not, to doing it within university." (Mercy, social worker)

Amy and Debbie also shared similar experiences with learning on the job:

> "…It's more of a practical thing that you do learn more…on the job than you would sitting in a lecture theatre hearing about someone else's experience because they lived through that, that's their own experience but I we could look at it differently or have a… or in a sense have a wider perception of what's going on in someone's life." (Amy, NQSW)

Debbie also stated:

> "I always think you learn a lot more on the job, so actually from where I was about a year ago to where I am now I know a lot more." (Debbie, NQSW)

The findings show that the social workers' understanding of anti-oppressive practice in social work originates in the first instance from within their degree course structure. What can also be taken from their experiences is that the initial opportunities to bridge theory and practice come through their experiences on placements, while still on their degree courses. What Elizabeth, Amy, and Mercy's narratives highlighted was the early realisation that the placement opportunities provided very basic examples of the encounters they would have in the field. As highlighted by Mercy, the bridging of theory and practice essentially came through learning on the job. The implications of this point from Mercy is that the experiences that the social workers gained while in their posts provided the opportunity for their understanding of anti-oppressive practice to be shaped on an ongoing basis. Amy also stated:

> "So I was in that job for a year and it was actually quite nerve-racking when I first went in because I thought, ah they probably think I should know everything but actually it's very much that you learn on the job that even like my colleagues up there were saying sometimes they forget... so I think that relaxed me going in because I thought I don't need to know everything that's not what they're wanting they're just wanting me to be like a professional... they want to me just do my job and be good at it but they're not expecting me to be like a genius." (Amy, NQSW)

What is clear from Amy's narrative were the levels of freedom to make mistakes within her new working environment and scenarios that she had not encountered

before. There an expectation on her to 'know everything' as a newly qualified social worker. The narrative by Amy showed that she placed value on her own lived experiences through undertaking new social work cases, in shaping her social work practice.

Therefore, the relevance of opening this chapter with the experiences of the social workers who are newly qualified or at the early part of their career is to highlight the practitioners' awareness of their lack of experience with scenarios that they may encounter. These narratives fit within the bigger context of this thesis, in terms of how social workers understand oppression and in turn approach anti-oppressive practice when interacting with families from BME communities. As already highlighted in the narratives, the placements and lecture-based knowledge only contributed an initial exposure to specific scenarios where opportunities to demonstrate anti-oppressive practice may occur. What can also be added to the findings is the important contribution of the social workers' lived experiences, in understanding anti-oppressive practice in social work while out in the field as qualified social workers. This argument, therefore, positions one to read the lived experiences, particularly of the newly qualified and early career social workers, with a mutual understanding of their thought processes as they share their experiences of engaging with BME service users.

Training and Professional Development

The second subtheme that emerged involved the issue of 'ongoing training' and professional development in two of the more experienced social workers. The

excerpt from Patricia showed a lack of opportunities to engage with additional training as a qualified social worker to home in on her skills for working with a variety of ethnicities within BME communities. She said:

> "There isn't anything at all about that family and the ways they operate, there is nothing, there is no training programme in terms of ethnic minorities looking at different cultural beliefs and having awareness, how does that family think and how you understand… I think there is lack of knowledge, there is no training, there is nothing. (Patricia, Social Worker)

Similarly, Grace at the time of being interviewed was a locum social worker, working with mostly asylum seekers and refugees respectively. She enjoyed working with these clients but felt that for her own personal growth and development, she would have benefited from additional training. She reflected on previous employment as a locum social worker and what she had been told previously about accessing further training:

> "They don't offer you anything, because you are locum you can't get any training. But, it depends on the Local Authority, because I remember my manager he says 'no, no, any training that is going you are entitled to because once you develop professionally it will benefit us as well. I'm hoping that, yeah, there will be more stuff in terms of training, training for Social Workers that will include ethnic minority families, black minority families. (Grace, Social Worker).

Both Grace and Patricia are aware of the changes in society's demands, and subsequently their needs, as practitioners, to receive adequate training to cater for these changes in societal demands. This therefore suggests that learning on the job is a natural aspect of social work, but is limited, so access to ongoing training is also important. The changes to policy, processes, and immigration legislation can affect various communities within society. Both Patricia and Grace were aware of these changes, and wanted to continue their development as professionals, to better serve their employers and service users. The implications of this finding within this thesis relates to some of the characteristics outlined by the SSSC Code of Practice for Social Service Workers (2016). The questions about training that Patricia shared reflected the values expected of practitioners, such as: "respecting diversity within different cultures, ethnicities and lifestyle choices; promotion of equal opportunities, human rights, social justice; and culturally and ethnically sensitive practice" (SSSC, 2016). However, this opportunity for further training was not available.

Both Patricia and Grace's experiences provide a basis for the argument that one's understanding of anti-oppressive practice is not only shaped by the individual's lived experiences but are shaped by structural societal changes. In addition to being shaped by societal changes, one's understanding is also subsequently and continually influenced and directed depending on a multitude of social currents, such as changes in legislation, policy, and demographical changes for example. These arguments justify the argument that anti-oppressive practice cuts across the dichotomy of structure and agency, and fully encompasses the existence and operation of structural inequalities within society (Dustin & Montgomery, 2009).

7.4 Theme 5: Examples of Anti-oppressive Practice in Action

The second part of this chapter focuses on the subthemes of 'Discord between cultures', 'The influence of labels', and 'Approaches to Engagement' within the master theme of anti-oppressive practice in action. The experiences thought processes at the time of working with the service users and reflections from Amy and Elizabeth regarding their lived experiences of interacting with BME communities provided some interesting observations.

Amy's experience of working with Muslim Minorities

Within Amy's narrative, she reflected on her time in Denmark, just before she qualified as a social worker. She worked in an after-school club, as an extension of her practice placement, where she engaged with Muslim communities who were minorities due to their 'immigrant' status. Within her narrative, 'discord between cultures' and 'the influence of labels' emerged as important issues from her experience.

Discord between Cultures

The first subtheme that emerged from Amy's narrative was the discord between the Danish communities located near where the after-school club was located, and the Muslim families who lived and used the services of the after-school club. Amy was able to observe that the source of tension for the two communities was due to the lack of assimilation by the Muslim communities to the local Danish communities' way of life, from a Danish perspective. She struggled with the tension between the two communities. She lived with a host family, but also worked with the Muslim

community, and struggled to see how the tension could be resolved from the perspective of the Danish local community, because Amy could not identify what the Danish way of living was, nor if she had adapted to it.

> "It was like immigrants that had moved to Denmark and I think what it... not that the Danish didn't like the Muslims, but it was that they came over and didn't adapt to their way of life. In a sense which I'm not too sure what the Danish living way is; I don't know if I adapted to it *[laughter]* myself but there is a bit of conflict between the two... what's the word I'm looking for...Cultures." (Amy, NQSW)

What is apparent in her description of events is that was aware that the conflict had a point of origin, but the expectations of what 'adopting a Danish way of life' looked like was not obvious or achievable to her. The second issue involves the 'influence of labels' as a contributory factor to the root cause of the discord between cultures.

The influence of Labels

The second issue that emerged in Amy's experience, was the presence and influence of labels that were attached, by her host family, to the people she was going to be working with, and the place/area where the afterschool club was located. What is clear from Amy's experience is the influence of negatively labelling the area where most Muslim communities live, and this influences Amy. This was something that Amy observed almost straight away:

> "I worked in an "after school club" and it was fun because I stayed with a family out there and they drove me to where I was going to be working and

they said "this is the ghetto area" and I thought "what, I was like this is a really nice area". I was like come to Glasgow *[laughter]*. I was like *[laughter]* posh neighbourhood. You know and I just thought this, I already had it labelled, but I think a lot of families who lived… a lot of them [were] Muslim families that lived there. And I think it was quite a nice area from well my opinion, I thought [it] was quite nice, but they were probably still quite deprived, and there was quite… well in their terms of rough as well and just like some… a lot of the young boys just got themselves into a lot of trouble." (Amy, NQSW)

What her host family considered to be the 'ghetto' was what looked like a 'posh neighbourhood' from Amy's perspective. This comparison of the neighbourhood in Denmark and the neighbourhood she was familiar with in Glasgow suggests that, drawing from her own experience was more influential than that of the families. The comments about the Muslim families being 'deprived' was also influenced by the labels given by the host family. Nevertheless, this is evident in the process of challenging her own thoughts about, entering her placement with a clear mind.

Aspects of this argument can be further justified in more of Amy's experience:

"In the bus it was just like along the road that I would have to get and someone would always wait with me to get the bus or they would drive me home because it technically was deemed not too safe area and… but I would work with some of the young boys and I just thought they're so nice you know like they have big hearts and it's a shame because now they've been labelled as someone… if they said where they lived people are going to jump to a

conclusion of like "they're going to be trouble or don't really trust them that much" whereas I thought "no" these are young boys, you know it's just like if people think that about them they're going to think that about themselves." (Amy).

What can be taken from this excerpt is that ghettoising of Muslim minorities because of their 'immigrant' status within a nation, has a root cause that can be linked to 'racism' and xenophobia, throughout a nation's history. This root cause of racist and xenophobic mentalities has the ability to become entrenched at an institutional level, as well as perpetuated within the banal interactions of society, thus becoming engrained as society's norm (Billig, 1995). This point is clear in the 'mistrust' of the younger Muslim boys in the area, and the concern for the effect that this may have on their self-identity, as expressed by Amy. This latter point is addressed in more detail, through how Amy choses to engage with the service users.

Anti-oppressive Approach to Engaging with Service Users

The concern that Amy had about the young children's sense of self, despite the preconceived notions she may have held about the Muslim community that she worked with, is an example of anti-oppressive practice in action. This action is not just in working with the communities, but the process of challenging and engaging with one's internal struggle to pander to prejudiced thinking. This point of resolution is particularly clear in the Amy's approach to engaging with the service users. She explained:

"I would ask them like, oh like tell me about your religion, tell me about your way of life. What kind of different things do you believe in? … I just thought so what I'm going to make an effort to ask about their life and what they like to do and get to know their culture and be more cultured. Aware to what their way is… their way of life is and other things like that would make them a bit more… oh like she's interested and then I can like bond with them…a lot more and get to know them a bit more and even I did know already, I thought it would be quite nice to hear from them." (Amy, NQSW)

What can be concluded from Amy's narrative within the context of this chapter is that there is a clear demonstration of the systemic operation of oppression. The Muslim minority communities are being labelled and stereotyped as being untrustworthy and troublemakers and unwilling to embrace the Danish way of life. With regards to the Danish host family and locals in the area, Amy is considerate of where their issues with the Muslim communities may have stemmed from. However, it is evident that she struggled with fully grasping what 'the Danish way of life' was upon reflection. Despite the complexities within her immediate environment, Amy demonstrated anti-oppressive practice in action through the characteristics of exercising equality and being respectful of the opinions and belief systems of others. These characteristics are not new or different, they are required by the SSSC in their Code of Practice for Social Service Workers (2016) as a standard that all practitioners must demonstrate.

However, the subtle and important aspect of this lived experience, within the context of this chapter is Amy's recognition and sharing of the internal struggle: in her thoughts; challenging her own perceptions of the society around her; and applying these internal thoughts to the work of a practitioner. In answering the research question, Amy's narrative is an example of how anti-oppressive practice in social work can be identified by social workers that involve working with minority ethnic communities. The implication for identifying instances of anti-oppressive practice in their own practice with BME communities, allows for a level of insight into the how workers understand their practice from a realistic stance rather than from idealised scenarios. This point is an extension of the conclusions reached in chapter six regarding how social workers come to understand oppression and anti-oppressive practice. Although it is not obvious from the narrative that Amy acknowledges oppression as being a concept that is multifaceted in operation, the core social work values she exhibits, acquired through her education and training are evident. What is also a contributor to identifying anti-oppressive practice is the influence of Amy's lived experiences, through the recognition of her own presumptions, expectations and comparisons from her home environment. Finally, the changes in Amy's immediate societal demands of living in Denmark, and the underlying tension between communities within her locale, shaped and challenged her understanding of anti-oppressive practice on an ongoing basis.

When Elizabeth was asked about her experiences of working with BME families or individuals with disabilities, she recalled her experience of working with a minority ethnic family from Spain. The case involved child protection issues as the mother was an ex heroin addict with one child and was pregnant with another child. Elizabeth was working with this woman to encourage her to go into rehabilitation before the baby was born. In terms of interacting with the service user and her family, she mentioned that there were come issues linked to culture and language difficulties that she experienced. She explained:

> "There's a bit of…with the Spanish family, one of the issues is that mum is taking drugs that were prescribed to her when she was in Spain but are blacklisted in the UK. So there's a bit of…she doesn't see the issue with her taking all of these drugs because she's functioning. She's working four hour shifts, four on – four off, they've got a lovely little house, and they're in a happy relationship. So she doesn't… she gets how dangerous heroin is, but she uses these drugs that she buys off the street here, but were prescribed in [Spain]. So she doesn't see how we [social workers] see them as dangerous, and that can be quite difficult saying to her, we understand that you're functioning, and that you feel much better than you did when you were on heroine. But at the same time, you have a tiny little baby inside of you if you're taking … for example Xanax, if you're taking that, that could harm your baby."
>
> (Elizabeth, NQSW)

There are three main observations that emerged from Elizabeth's narrative about her experiences with the service user and her family. The first aspect is the cultural conflict in attitudes towards prescription medication that exists within the structural organisation of the 'host' nation's society. Equally the concern about the safety of the unborn child, on the part of the social workers, adds to this complex scenario.

The second observation from Elizabeth's lived experiences is that she identified the service user as belonging to a minority ethnic community based on nationality, cultural differences and language, which, are barriers to protecting the unborn child, but also go against the norms of society within Scotland.

> "So trying to do that... and in her first language, which is Spanish, and her English is…is good she can understand you 95% of the time. So trying to use language that is even more accessible than what we would use for families normally. Because I think I'm quite aware that we [social workers] can talk in code sometimes, and that's even more like… it stands out even more if you're like… your first language isn't like English." (Elizabeth, NQSW)

On the issue of language, an interpreter was not required for social work services to effectively engage with this service user. However, what Elizabeth demonstrates is a deeper level of understanding about the service user's needs and her role as the social worker in how best to communicate important points in a clear and straightforward manner. This point is exampled when Elizabeth was asked what she meant by 'talking in code', she explained:

"So like acronyms or …She [the service user] said it's like technical language she doesn't understand, I tried to like use as plain as possible [English], and not like dancing around the handbag at all, just telling her what she needs to know."

The third observation from Elizabeth's experience of working with this service user in relation to language, is another example of anti-oppressive practice in action. There was a clear demonstration of anti-oppressive practice in action in Elizabeth's recognition and identification of the service user as a minority, entering into a complex child protection scenario is evidence of this. Elizabeth also recognised the conflict in cultural attitudes and language as influential factors within the interaction. There was also a proactive plan in place to ensure that communication was clear and that both parties understood how to progress, as a way of overcoming this language barrier, attributes that are advised within other research involving language and communication (Casado et al., 2012; Pomeroy & Nonaka, 2013). What can be concluded from Elizabeth's narrative is that her experience is a banal demonstration of how social workers, should and do work. This finding further supports the case for anti-oppressive practice in action as outlined by Domineli (1996) as: "A form of social work practice which addresses social divisions and structural inequalities in the work that is done with people whether they are users ('clients') or workers" (p. 170).

Summary

The narratives of both Elizabeth and Amy provide a window into the real-life scenarios, genuine thoughts and challenges that occur for social workers as they

engage with service users from all backgrounds. Irrespective of limitations regarding sample size and generalisability, there is still a valid contribution of perspectives that can be gleaned from touching upon their experiences. Where the point of interest lies within this chapter is the recognition from workers that oppression does operate within society, and how they reflect on and challenge themselves to work with sections of society that they may not have experienced before. The implications of similar processes occurring for workers is positive, due to the heightened awareness and sensitivity to situations where oppression may be present. Additionally, the internal process of recognising and challenging presumptions is also positive in how workers apply these types of processes to scenarios involving BME families more specifically.

7.5 Theme 6: Implications for Practice with BME Families

The final aspect of this chapter will look at the master theme of practical implications of the social workers' experiences, and the subthemes of identifying the 'perception of social workers', 'challenging these perceptions', and 'Black Workers' Experiences' in terms of applying anti-oppressive practice in potential interactions with BME families raising children with disabilities.

Perception of Social Workers

In identifying the perception of social workers within society it was found that social workers had a perceived authority within various situations when interacting with all communities of people. This finding supports the argument that Social workers hold

a great deal of power, legitimised by policy and legislation (Strier, 2007; Tufford & Newman, 2012).

However, from the experience of Mercy, one of the Black African social workers, in the case of interacting with BME communities, she believed that feelings of inferiority came into play within the interactions between social workers and BME service users. The finding that social workers were perceived by the Scottish population as people who were 'going to take people's children away'.

> "Right so from the normal Scottish community it depends of the experience of the social workers at hand. So if you've got somebody who has experience of care needs, there's a generational thing then the social worker is going to be the person that 'comes and takes the children out of the family home'. [Speaking from the position of a service user] 'They are the enemies, we are anti-police and anti-social work, you're the police, there's no way you'll be, your help cannot be, is not received, we can't do anything with you'." (Mercy, social worker)

The generalisation about the fear attached to how social workers are perceived as people who 'take children away from their families' is not completely inaccurate (Legood, McGrath, Searle, & Lee, 2016). As outlined in Legood and colleagues' (2016) research exploring how social workers cope with the public perception of the profession, a similar turn of phrase about taking kids away was used to describe how social workers' roles were perceived. They found there to be inaccurate perceptions about the role of social workers. They added that there was an "unrealistic

'overestimation' by the public of the amount of 'power' social workers actually have"
(Legood et al., 2016, p. 12). This point is further elaborated upon in the lived
experiences and perception of social workers by Black African mothers raising
children with autism in chapter eight.

The other way social workers were found to be perceived by service user was as a
'saviour' or a 'fixer' which was an idealised notion of how social workers were
perceived at times by service users. This finding is exampled in Mercy's experience:

> "I wonder if they see us as the saviour kind of person, that you're going to go
> in and boom the magic is done and the children will stop fighting and this be
> done. But there's no way we will just magically work things out".

Within social work research, there are times when the focus is placed on the lack of
effectiveness of practitioners when working with BME families that resource
constraints, the roles of the services and broader systems can be overlooked
(Harrison & Turner, 2011b). This last point with regards to constraints within social
work practice being overlooked in the formulation of how social workers are
perceived relates to Mercy's thoughts on how social workers are perceived by other
ethnic minority communities.

> "Ethnic minority, again it also depends with the experiences they've had of
> racism in the community they live in. So I would suggest that if it is a person
> who is down south my experience of down south is totally different from
> here… There's such a big divide, I feel, and there's that 'glass ceiling' you
> know, they'll smile at you but that's where it goes, you know. Come close but

don't get close enough. If they come with that mind-set of it's closed off, it's

my community and your community, then I don't think they won't be seeing

social workers as source of help." (Mercy, Social Worker)

What can be gleaned from Mercy's experiences was the comparisons in how different

communities engaged with one another, in her opinion. What is evident in her

comments about the 'glass ceiling' and not able to get 'close enough' was the

presence of her own personal experience that was not related to gender, pay gaps or

promotion, but a reflection of BME communities' feelings towards engaging with

social workers.

However, where Mercy's experiences of living in England benefits in the overall

comments that she makes, can be found in the finding that having social work

involvement in family affairs was somehow something to be ashamed of.

"So if people are saying, 'Oh my gosh you never knew her child went into

social work', if that is seen as a sense of failure then that's going to be seen as

a barrier as well, that if I need help I'm not going to rush into the social

workers and go help, and go do it." (Mercy, social worker)

Mercy's excerpt was very much in line with Amy's observation of how social workers

tended to be perceived. By drawing on her experiences of practicing in Denmark and

in Scotland, Amy supported the idea that having a social worker was something to be

ashamed of in the UK, but it was different in Denmark:

"… even as social workers we get a bit of a stigma attached to our title of being

a social worker but over in Denmark like they just don't care they're not like

ashamed to be … to be found out if you have a social worker in your life. Whereas people are quite hush-hush about it here." (Amy, NQSW)

Through outlining how two of the social workers experiences of engaging with service users as well as personal lived experiences, a way of accessing an example of their thought processes can be found. This insight is valuable as it provides a basic overview of the extent to which these social workers' lived experiences have shaped their identification and demonstration of anti-oppressive practice due to how they may be perceived as practitioners. This point links back to the underlying aim of the chapter which was to understand how social workers demonstrate anti-oppressive practice in their experiences with BME communities in Scotland. Within both practitioners' opinions of how social workers come to be perceived, they identified the subtle intricacies of balancing an awareness of how service users may perceive them as practitioners. Conversely, not allowing these presumed perceptions to affect them in how they demonstrate anti-oppressive practice. These intricacies are reflective of how the constraints of social work practice operate at an institutional level, as well as the influence of societal in understanding how social workers demonstration of anti-oppressive practice.

Challenging Perceptions of Service Users

Another of the subthemes that emerged from social workers' experiences, was the issue of challenging perceptions of service users during their first encounters with meeting clients with disabilities and individuals from within BME communities. For Elizabeth, she felt that the lived experiences of engaging with a variety of service

users, in her case those with moderate to high learning difficulties, ethnic minorities, and homeless individuals was beneficial for her. She described her experiences as:

> "I think one of the things that was interesting to me, and it wasn't in the context of BME, it was in the context of…it was the service user with some sort of learning…he didn't have Downs Syndrome, he had moderate to high learning difficulties if you like. So he had a personal assistant and he spent some time with us [during her postgraduate studies].And he was saying when he was in school, he had to get a taxi to and from school, he said 'I didn't want that I wanted to get on the bus', and they to me 'I couldn't go on the bus, I had to go in a taxi, so one day I left early and went home on the bus. And they [assistant, teachers and taxi driver] were like where has he gone, where has he gone'. He just turned up at home, he had just gotten the bus home. So he [the service user] said, don't believe that people can tell you want they want you to do. So his mum said 'if he he's going to do this off his own back, then let's work with him to teach him how to get on and off the bus safely, and how to pay the driver, like life skills'. So that hit home much more than any lecture from any member of academic staff." (Elizabeth, NQSW)

In another example, Elizabeth went on to explain how the continuous challenging of preconceived notions about society and service users was positive, in her view, particularly for preparing her for working with service users as a qualified practitioner.

"We went out to meet 'real' people and I thought that hit home more than any other lecture-thing, because I remember someone coming back from [a visit with an external service provider that works with BME service users] and I remember her saying 'she didn't look like a service user'. I mean what do you mean by that? Especially like, I think, without being unfair to the younger ones [social work students], it's some of the younger ones that haven't had a lot of experience with people and families or difficulties. That's why you get comments like 'she didn't look like service user', well, what do you expect a service user to look like? So it was that really direct challenge of being able to speak to someone who was using services or was involved in groups... these are people that look like me and you, and people were really shocked by that. So it was having that early on that , these are all the different types of people, was quite good I think, much more than a lecture about how to treat people as people."

This observation of her though processes places more value on the importance of exposure to various people and circumstances to develop that deeper understanding of: how oppression is structured and operated within society; how the social worker's thoughts and attitudes play a role before, during and after instance of interacting with service users; and equally the consideration of the service user's experiences and paradigms which they also hold. At each level of processing oppression in this way, may provide an opportunity for the level of service user interaction with social work services to increase.

The findings also showed that how social workers and equally families perceived one another before and during their interactions with one another was very important for social workers. In Amy's case, maintaining levels of respect is important to her: "So, I think you always have to go in and be respectful" (Amy). However, maintaining an open yet professional distance while engaging with service users came across in her perception of clients that she comes into contract with because of the underlying factor of safety as a lone worker.

In speaking about her interaction with a young client who had a physical disability and used a wheelchair, Debbie found herself in an awkward position because she was the same age as the client. Debbie shared her concerns regarding how she may have been perceived by her client as not having authority because of the similarity in age. She went on to describe her thought process in getting over this, therefore continuing in her role, stating:

> "You know it's like making me think these different things which *[laughter]*
> reality is not actually… well, maybe in some parts of life it is true but not in all
> parts, so I think I had to kind of take a step back and say, okay, and reassess
> what I think of the world *[laughter]*. Yeah, you will probably have to have a
> few more awkward encounters before you finally sort of find your feet. I think
> it comes with… yeah, I would say it comes with experience doesn't it so, yeah."
>
> (Debbie, NQSW)

The identification of anti-oppressive practice with Debbie's service users, is an important point. What Debbie's narrative emphasises is the ongoing process of

identifying and acknowledging that there are multiple levels of understanding oppression and how it operates implicitly within society. Debbie is very aware of the potential for power imbalances to occur within her interaction with her client. The fact that this objection is at the fore of Debbie's thought process reflects some insecurities that comes with her inexperience. However, it is also an indicator of anti-oppressive practice in action through her awareness and thought process. This solidifies the argument that anti-oppressive practice is not limited to actions only, but the series of thoughts and challenges leading up to the actions. It also solidifies the intersectional approach that goes with anti-oppressive practice, where the thought process and awareness of self and others within interactions as a social worker remain flexible, in application to scenarios involving various social identify markers, such as: disability, ethnicity, gender etc.

It was found that for three of the black social workers, they were concerned that their ethnicity would be a barrier to working with majority white service users in Scotland. Most of the concern involved people's perceptions of them as black workers along with the negative perceptions associated, at times, with being a social worker. An example of this can be shown in Mercy's excerpt:

"I could say that on my experiences being a black ethnic minority person and working within, mostly in Scotland, a white community. And what that means in terms of bringing in my own values and where I'm coming from, it's been, I think it's been a challenge. I suppose the other thing, so the other voices I would hear would then were, oh my gosh, you know, would they be racist,

would they not be racist, will they receive me, will they, with just who I am and what I'm presenting as, and my accent and everything else. Will that be a barrier or will it enable the process? So those are the first things." (Mercy, social worker)

Patricia echoed a similar experience upon reflection of her initial perception of service users while on placement, she explained:

"I was on placement I think maybe that was one of the fears that I had, not really sure how the families would perceive me going in as a black social work student, asking them questions about their children. So that was a concern that I had." (Patricia, social worker)

Mercy and Patricia's experiences add another dimension to the discussion regarding how social workers are perceived and equally how social workers will perceive service users, based on their own internal thoughts and concerns. In Debbie's position, she was very aware that she may lose credibility in the eyes of her client due to her age. Equally, in Mercy and Patricia's case they very aware of their own ethnicity and that they were entering an unknown or 'white environment' each day where based on her skin tone, or accent, engaging with service users may be hindrance for them. This finding further supports other research which found that In other instances, having an African accent was reported to be "perceived negatively among colleagues on placement and by services users refusing to engage with Black African students once their accents were detected" (Fairtlough et al., 2014, p. 617). What can be taken from each of the social worker's experiences in the context of this chapter is that these

internal thoughts experienced by social workers do shape how social workers work and to a degree how far service users would be willing to work with social workers. This argument therefore can be applied to instances where social workers were to work with service users from minority ethnic communities as well as to instances involving disabilities.

From the examples provided in Elizabeth, Amy and Debbie's experiences, what emerged was almost a window into the thought process of these social workers, particularly before engaging with service users. The example from Mercy as a black social worker introduced some of the experiences that she, Grace and Patricia shared as Black practitioners in Scotland. This will be the point of discussion for the next section.

Black Workers' Experiences in Scotland

The experiences shared by Mercy and Patricia as Black social workers of engaging with white service users has been touched upon. Her experience of being a social worker in Scotland and interacting with white Scottish service users was found to be challenging, as she indicated in the previous section. However, she also described her experience of contacting a service user for the first time as being refreshing because she utilised the fact that her accent was different and her ethnicity to her advantage, she explained:

> "...so my first introduction would be, 'Oh I'm from so and so', I will crack as much of their jokes as I can and of course with the accent that just breaks the ice in terms of hearing me trying to be something that I'm not. I suppose

within that given now my cultural background of things like respect and what I've been told what it means to be respectful towards your elders …those are the things that for me culturally and if I were to put that hat on of being a black ethnic minority. Those are the things that I bring back in." (Mercy, Social Worker)

Mercy being able to overcome this is particularly interesting that she has been able to overcome this because research showed that having an African accent was reported to be perceived negatively with service users (Fairtlough et al., 2014, p. 617).

The finding that having an insight into the how awareness of their identity as Black social workers was an influencing factor that manifested in either a negative, or positive way, e.g. using your accent to almost 'address the elephant in the room'. Additionally, this point has implications for the extent to where social workers' lived experiences shape their understanding and identification of anti-oppressive practice when working with white Scottish families. Whether this understanding and identification of anti-oppressive practice resonates with BME families raising children with disabilities in Scotland, will also come to the fore in chapter eight.

BME Social Workers for BME Cases

In general, there is much to benefit as a practitioner coming from any ethnic background to undertaking social work within an increasingly multi-cultural and diverse society, such as Scotland. On sharing her experiences of engaging with other BME services users as a practitioner, Mercy recalled working with a young girl from

the Congo. Mercy was allocated this girl but faced several barriers to interacting with her, namely language and social norms. The girl was also developing a reputation for coming across as 'rude' with other workers.

"Number two is the barriers within. So for any ethnic minority group, there's so many barriers, more so to do with, I wonder, cultural background, this is not a system we're used to that if I need help I need to go scream out and go get it. Sometimes within the black ethnic minority we have our own racism issues where we say 'the whites'. And we compartmentalise everybody like that and within that becomes a barrier of: we're starting to separate ourselves and saying 'oh they won't understand what we're doing and they won't understand my way of thinking'. That becomes a barrier, that may be so, but that may not also be so. And I think that becomes a barrier, the 'othering' label." (Mercy, social worker)

The following excerpt outlines Mercy's point of breakthrough in understanding her new client's behaviour, with the help of a Congolese Interpreter:

"When we were doing the meetings and some of the key working sessions we would use an interpreter and that guy helped me a lot, because he was from Congo as well. And he started, making sense of her behaviour for me and he would say, 'Listen, I know she's rolling her eyes and I know she's doing this'. He was like, 'But that's how girls are in Congo: so this isn't about her not being respectful, but that's the body language that we use'. And you know, he put into context her behaviour, where it was capable of being seen as being

negative. So even within me, and I suppose even with my work colleagues they saw another African coming and like yes, Mercy's got it, and really, I didn't because then she was in a different context, different age than I was and that became a learning curve for me because my initial thought was I have you girl, we both are the same but we weren't." (Mercy)

What Mercy's excerpt identified was the value of interpreting services in overcoming language barriers which allowed Mercy to have a deeper understanding about the root of her client's behaviour. This experience goes against what was found generally in Kriz and Skivenes's (2010) study, where information was frequently lost in translation. However, this one instance is not generalisable to all instance where interpreting services are used when engaging with BME communities. What was also apparent within Mercy's example was her awareness of being used as the 'go to' person for engaging with BME service users. This particular aspect of Mercy's story is not dissimilar to the experience of social work students who also reported being used at times as "racial, cultural or religious experts" (Fairtlough et al., 2014, p. 617). What can be concluded from this experience is that even if a white social worker were to have been in this situation of engaging with the Congolese service user, that individual would have still encountered the same barriers as Mercy.

The findings show that minority ethnic populations working as social workers will still encounter issues within the social work sector irrespective of the BME families they work with. This was also the case with migrant social workers, taken from 101 respondents who reported experiencing bullying and mistreatment in their places of

work (Hussein et al., 2011). The implications of this finding is that having more BME social workers as a blanket solution in the case for Scotland, has to be approached with a level of caution, as implementing BME social workers to 'fix' the issues that occur when cultural competency within social work practice fails.

A key finding showed that the potential for BME service users to perceive social workers as a bridge or a 'free pass' between service users and institutions because of perceived shared ethnicity and cultural understanding was evident. Social workers felt that their legitimacy was reduced in the eyes of other black social workers, where the social worker's concerns were not taken seriously by service users. This finding was reflected in the 'slang' language used by service users to address social workers. Grace's experience of engaging with a Black African mother whose child was on the autism spectrum reflects on her experience of asking the mother how she is planning to manage her son's learning as he grows older:

> "The other thing is like when you are black as well, and a child has been diagnosed with autism and challenging behaviour, when you have got that as well, an African family will tell you that "no, Auntie [a term of respect or familiarity] we will pray for them, we will pray for him". One case that I know of and I had seen the child. And the child was really displaying autism behaviours and I would say to mum "what do they use? Pictionary, what do they use at school?, what do you do…", but she [the mum] says no she wants him [her son] to talk, so she was shouting and talking at him and then later instead of explaining this to him, she was just moving him. The boy, I think he

was about 8 then, I said this may become more difficult to manage, like when he is 16 and her response was like "No! Auntie, by then the thing [autism] would have gone, he would have outgrown it!" So, sometimes black working on black, it is a difficult altercation. If I had a choice, I would rather support a white social worker working with a black family, from the background advising."

There are some cultural nuisances that may be missed within this excerpt. The use of the term "Auntie" has multiple meanings within a West African context. It is used as a form of respect or familiarity, particularly when the person is uncertain of the age of the person or does not want to offend them by calling them by their name. Secondly, there is a shared cultural background and understanding through active placing Grace into a category of an 'auntie' which is literally, the transferral of responsibility to the individual. Therefore, Grace as the social worker would be considered as the caregiver metaphorically. This explanation ties in with the last role and function of an 'Auntie' i.e. someone who is a carer, quite literally the person who replaces nappies and looks after the children in nursery school. This picture can then by applied to Grace's scenario where an informal relationship has already been established the moment the word 'auntie' is used, and with it, almost a transfer of responsibility from the mother to the social worker. This is like the 'quick fixer' perception of Grace as a social worker that Mercy spoke of earlier.

What can also describe this interaction between Grace and her client is the phrase "conflict of loyalties" (Webb, Maddock & Bongili, 2002). This phrase can be explained

when there is an expectation that social workers will represent the interests of the BME families over that of the local authority or service provider. The other end of the spectrum in interpretation is the belief that social work education is ideologically white and westernised (Wainrite, 2009). This point, to a degree reflects why Grace indicated her preference of having a white social worker work with the client, and for Grace to advise her colleague regarding cultural norms and practices. The reason for this is that Grace's experience in working with Black African families has taught her that due to the westernised approach to social work, for some BME service users hearing advice from white social workers has an added level of legitimacy that is not automatically given to black workers. What can be interpreted is that this lack of legitimacy is primarily due to over familiarity, when both social worker and service user are so closely matched in terms of ethnicity.

Discussion

In relation to the research question, four aspects can be used to identify the extent to which instances of anti-oppressive practice are demonstrated. the understanding of oppression as a concept that is multifaceted in operation; the workers' education and training; their lived experiences; the changes in societal demands shaping the workers' understanding and identification of anti-oppressive practice on an ongoing basis. The social workers were able to identify instances of anti-oppressive practice in their lived experiences of interacting with service users from both, BME and non BME communities, as well as families raising children with disabilities.

The point within this chapter was to develop an understanding of how social workers, irrespective of ethnicity, approach the notion of oppression through presenting the instances where the workers have interacted with BME communities and individuals with disabilities.

The first point of discussion focussed on the issue of understanding oppression and bridging the gap between theory and practice for three of the social workers who were newly qualified. The findings showed that the newly qualified social workers demonstrated a mutual understanding of anti-oppressive practice in their thought processes of engaging with BME service users.

The findings from theme two related to Amy and Elizabeth's experiences of working with ethnic minorities were good examples of the emancipatory element linked with anti-oppressive social work practice. It is argued that social work practice is firmly placed upon the key ethical principle of social justice and social change, (Collins & Wilkie, 2010; Rush & Keenan, 2014; Wilson & Beresford, 2000). However, at a structural level, the demonstration of anti-oppressive social work in practice at a micro level is not as distinctive. Yet this was not the case with regards to the conclusion reached about their experiences. Their experiences were a banal demonstration of how social workers, should and do work. This observation can be supported in the complimentary aspects of social work practice. Cultural competence involves respect for difference, which incorporates the inclusion of marginalised groups and individuals. However, it could also be viewed that the demonstration of cultural competency quite literally is 'general competencies' (pg. 149). As such does

not require a social worker who is reflective of the service user to be able to undertake this (Mbaushimana & Robbins, 2015). Nevertheless, what was concluded about their experiences was that the recognition from workers that oppression does operate within society. They were also able to reflect on and challenge themselves to work, with sections of society that they may not have experienced before. These attributes highlight the extent to which the workers were able to identify anti-oppressive practice in their interactions with service users.

Finally, in section three of the chapter, external factors such as social workers' awareness of their profession within the public was prominent. There is an awareness that there are, at times, both negative and to a degree a 'false positive' view of social workers as 'saviours' or quick fixers of problems. This is not helpful in engaging new service users to social work services. What was a recurring point in the social workers' experiences, was their mindfulness and awareness of their own presumptions and perceptions of their service users. Particularly for the Black African social workers, the awareness of their ethnicity in interactions with both BME and non-BME communities was a recurring point of importance for these workers. These internal and external factors collectively contribute to and solidify the argument that anti-oppressive practice is not limited to instances of actions only, but the series of thoughts and challenges leading up to the actions.

What can be concluded on this issue of allocating BME social workers for BME service users is that there is a level of caution needed in implementing BME social workers to 'fix' the issues that occur when cultural competency within social work practice

fails. There is an apparent underrepresentation of BME social work staff hired within social services in Scotland (SSSC, 2015). This finding is not new or surprising, as this case of underrepresentation is apparent across the UK (Fletcher et al., 2015). However, the implications of adopting an approach that places BME practitioners as go-to advisors on ethnic issues to cases involving families from similar ethnic background is also not advisable. Furthermore, in answering the research question the social workers have identified instances were anti-oppressive practice can be found in their own interactions with families, to the extent of being aware of the complexities and subtle nuances of interacting with BME communities and individuals with disabilities. This awareness of oppression is evident within their anti-oppressive practice, and leads to the next chapter, surrounding the implications of the anti-oppressive practice from the perspective of Black mothers raising children with autism in Scotland.

Chapter 8: Black African Mothers' Lived Experiences

8.1 Introduction

As outlined in the review of the literature in chapter three, research investigating BME experiences of statutory services in Scotland specifically has been limited. However, within the last two decades there has been an increase in research investigating the experiences of BME social workers' experiences in Scotland (Hillen & Levy, 2015), and also surrounding BME families' experiences of education in supporting disabled children and young people in England (Bhopal, 2014). Within psychology, the experiences of African mothers raising children on the autism spectrum (Munroe et al., 2016) has also provided a refreshing perspective to the body of work related to the wider BME community. This chapter will focus on the experiences of Black African mothers, more specifically, four Black African mothers living in Scotland raising children on the autism spectrum. The themes which emerged from the mothers lived experiences, and subsequent interactions with social work services, surrounded the 'perception of disability', 'autism as a disability', and experiences around 'Access, Assessment and Allocation' as the mothers navigated raising their children. In each case, the mothers originally came to the UK from Southern, South Central, West and East Africa, between 5-20 years ago and now reside in Scotland. The interviews with the four mothers took place on the premise that they were the primary carers, i.e. the mothers of at least one child identified, by the mothers themselves, as having a disability, in this instance autism.

Rationale

The interviews with the mothers who were primary carers within their respective families came from various countries within the African continent. Firstly, throughout the course of the interviews, it became quite apparent that the mothers were the 'key point of contact' for investigating interactions with social workers, and for understanding the mothers' lived experiences. This observation is not dissimilar to the studies where respondents have been mothers from mostly white or South Asian ethnic backgrounds. However, what is important to highlight is that research was undertaken which, in part, seeks to illuminate the lived experiences of BME mothers specifically from Black African ethnicities, and their interactions with social workers in Scotland.

In journeying through the chapter, the acknowledgement that the four mothers come from four nations and regions of the African continent. An effort to bracket the assumption that their approach to interacting with social workers, and their understanding of disability were same was made. Equally it was understood that these four lived experiences in this research cannot be wholly generalisable to people from other BME communities and backgrounds in Scotland. This point cannot be ignored because as Scotland's demographic continues to grow and change in the future, the lived experiences of interacting with social work services, from a range of ethnic backgrounds rather than an amalgamation of a single 'BME experience' will add value to the academic, policy and societal social work discourse in Scotland. This last statement is supported by the next argument.

Secondly, as highlighted in the literature review, what has become particularly salient within existing literature regarding BME service users, is the existence of diverse experiences within BME communities and families. The tendency has been for academic research to conceptually amalgamate BME groups , in the first instance, which then influences and legitimises the way that findings are reported(Ali et al., 2001). This amalgamation, of course, also occurs in relation to disability (Al-Aoufi, Al-Zyoud, & Shahminan, 2012), which is why the identification of autism, either as a medical diagnosis or through assessment is recognised in each of the mother's lived experiences. This recognition sits alongside the understanding of autism in the form of a spectrum, where each child may share similar characteristics. Conversely, it is these characteristics which ultimately manifest in different ways, within different children. Therefore, the differences in each mothers' response to what their child's every day needs were, was also recognised.

It is also for this reason that the participation of African families from different African communities is important to recognise, so that commonalities and differences within and between respondents can be identified and discussed critically, should they arise. What is also recognised is that there are multiple factors which shape the mothers' lived experiences, and subsequently their families. What emerged from the data were subthemes about ethnic background; barriers to interaction with services; feelings of mistrust, social exclusion and pushing and fighting for services and opportunities which will be discussed in this chapter.

In Chapter 3, the literature review, it was asserted that anti-oppressive practice in social work is embedded in the mind-set and ultimately affects the way social workers work (Chand et al., 2002; Neacy, 2014). This argument was supported by the findings which emerged in chapter 6 and 7, where anti-oppressive practice was identified as being the thread of social work education for social work students and qualified practitioner.

Aim and Research Question

This chapter aims to illuminate the key features from within the four mothers' experiences of raising a child or children with autism, and subsequent interactions with social work services in Scotland. The purpose of discussing the findings about the mothers' lived experiences is to answer the third and final research question: does the demonstration of anti-oppressive practice in social work resonate with the lived experiences of Black African mothers raising children on the autism spectrum in Scotland?

Chapter Structure

Three master themes emerged from within the lived experiences shared by the Black African Mothers within this thesis. These themes involved 'Autism as a Disability', 'Perception of Disability' and 'Access, Assessment and Allocation'' which individually shaped this chapter structure and will be discussed further in line with their respective eight emerging subthemes (See Appendix 9).

8.2 Introducing the Mothers

The deliberate focus in this chapter will be to take a journey through the narratives of Annabelle, Justine, Emmi and Chibuye's lived experiences. The reason for this focus being to avoid making sweeping generalisations about minority communities in Scotland based on the data collected by four Black-African mothers raising children on the autism spectrum in Scotland (see Table 8.1).

Table 8.1 Pseudonyms and Characteristics

Mothers Name	Child's Name	Child's Age (Years)
Annabelle	Mariam & Fatima	7
Justine	Stella	7
Emmi	Isaac	6
Chibuye	Thomas	5

Annabelle

Annabelle is a 30-year-old single mother of twin girls, Mariam and Fatima aged seven. She is originally from Democratic Republic of Congo (DRC), in south central Africa. She arrived in the United Kingdom eight years ago. She spent a brief year in London before moving to the central belt of Scotland to pursue further education opportunities. At the time of being interviewed, she had completed a period of short study in further education.

With regards to her children, Annabelle identified her children as having a disability. Both Mariam and Fatima were diagnosed with autism at the age of two, and both girls were non-verbal. However, the girls were enrolled in a school focusing on

specialist education to assist with the development of their communication. Annabelle is the primary carer for her children, as she does not have a partner and her immediate family support network are in DRC. At the point of being interviewed Annabelle had a social worker assigned to her as she required respite and additional support for the girls. Although Annabelle had come to terms that her daughters were on the autism spectrum, the ways in which autism affected their everyday lives as a family was something that Annabelle was still coming to terms with, at the time of being interviewed. She was very clear that she was making efforts to be more actively unapologetic when her children displayed certain behaviours in public, which she would have previously been embarrassed about. In terms of support groups, Annabelle was not attending any groups for parents and children with autism, however she had started to form individual friendships with other mothers with children on the autism spectrum.

Justine

Justine is in her mid-thirties, and is a married mother of three children, Stella 7, and two younger boys. Justine is originally from Ghana, West Africa and has resided in the UK for over ten years. She holds an undergraduate degree, acquired in Ghana, before moving to the UK. She and her husband spent many years moving to various cities in the UK before moving to the east coast of Scotland, where she obtained her master's degree at a Scottish university. At the time of being interviewed, Justine was looking to undertake another master's degree part-time. Her husband works full-time, and two of Justine's siblings live in the UK.

Justine's eldest child Stella, aged seven, was diagnosed with autism at the age of three, and is also a type I diabetic. Stella is the only child to be diagnosed with autism out of all three of Justine's children. At the time of the interview Stella was for the most part non-verbal, however, she was attending a school with a specialist focus in education for children with sensory impairments and had started to make sounds. A social worker was briefly assigned to Justine when it was identified that Stella was autistic, at the age of three. Another social worker was involved in the process when Stella was five, during the transition from nursery to primary school. Justine was very outspoken about autism and how it affected her child, and the family more generally. She was also very vocal about raising awareness about autism, particularly within the African community, and engaged with local support groups.

Emmi

Emmi is married and in her late-thirties, she is a mother of two children - a boy named Isaac aged six, and a girl aged four. Emmi is originally from South Africa, she has lived in the UK for just under fifteen years, and more specifically in Scotland for nine years. Emmi holds a master's degree in the allied health profession and worked in that sector for several years before recently moving to part-time employment in a contact centre to allow more time to look after both of her children.

Emmi's son Isaac was diagnosed with autism at the age of three. Like the experiences of Annabelle and Justine, Isaacs' speech, language and writing development has been slower than children of a similar age to him. However, Isaac has been attending a mainstream primary school and accessing some speech and language services which

has helped him. At times, Isaac demonstrate some behaviours that the school have and continue to find difficult to manage. However, he is showing good development in other areas of his learning such as mathematics, nonetheless.

Emmi initially met social work services directly, and other healthcare professionals when; she learned that Isaac was autistic, and again while having some difficulties in accessing mainstreams schooling. At the time of interviewing Emmi, she felt that she needed additional support and was perusing having a social worker but was not successful. Emmi's approach to processing that her son was autistic and working out how this might affect the family was very 'matter of fact'. She understood that her son was not going to 'grow out of it (autism)', so aimed to teach him how to manage life with it. Emmi's character was such that she was aware of herself and others within her social context. This made her protective and at times dismissive of anyone that may have been a threat to her or her children. Additionally, she was fiercely independent therefore was not involved in any local support groups, however she has a small circle of two friends, who also had autistic children, as her form of support.

Chibuye

Chibuye is a forty-year-old married mum of two children (Serena, 10 and Thomas 5). Chibuye came to Scotland from Tanzania almost twenty years ago to attend a Scottish university for her undergraduate degree. Her husband is of a White Scottish ethnic background and works full time in management, while Chibuye works in administration. Chibuye's story was slightly different from the other three mothers

because at the time of interviewing her, her son Thomas was adopted by Chibuye and her husband one year earlier. The adoption process took two years to be completed, and during this time Chibuye's son Thomas had a social worker allocated to him for 18 months of the process. At the early stages of the adoption process, Thomas was assessed as his nursery raised concerns that he may be on the autism spectrum. This initial assessment was undertaken while Thomas was still having regular contact with his biological father, so social work and health services were keen to have another assessment for Thomas. They wanted to go ahead with the assessment once the adoption process was finalised, contact with his father stopped, and assurance that Thomas was in a more comfortable environment. At the point of undertaking the interview with Chibuye, Thomas had a new social worker who wanted to have another assessment for autism completed, however Chibuye was resistant to this decision as she felt there was no need for another assessment. Chibuye was not part of any local autism support groups for carers as she had plenty of family around her for support. Her character was such that although she fully embraced all aspects of Scottish life, she was much convinced about raising her children in a similar way to how she was raised back in Tanzania.

8.3 Theme 7: Autism as a Disability

The first master theme is around the issue of autism as a disability within the mothers' lived experiences of raising a child on the autism spectrum. The reason for departing from this issue of disability and journeying through the stages of diagnosis and ongoing support is because there are many themes and sub themes that have

stemmed from the explicitation of the data. In all instances exampled in this part of the chapter, disability emerged as being central to the mothers' lived experiences as this was the primary reason as to why social workers had encountered the mothers and their families.

Additionally, within chapters 6 and 7, discussion around disability did not feature as much, but will be more prominent in this chapter. The issue of disability is very necessary because it is essentially the catalyst - or in the case of Chibuye the by-product - for each of the mothers encountering various workers within the health, social care and social work professions, and or receiving ongoing support from social workers. The disability, in this case autism, provides context through which these mothers' lived experiences are narrated and described. Within this broad theme of perceptions of disability that is peppered throughout the narratives of Annabelle, Emmi and Justine, the children were for the most part, were non-verbal communicators and this was a thread of commonality across the narratives.

The findings showed that the fundamental issue of autism required and understanding of what it is and how it would affect their lives. The initial reactions of the mothers to their children receiving a diagnosis of autism understandably varied from shock, anger, guilt, disappointment, to denial. In one of the interviews with Annabelle, a single mother of autistic twin girls, she explained her most immediate thought process;

> "When the girls got diagnosed it was a shock. They were two and a half. And the fact that there was no sign at all, like when they were born till about they were one year or one year and a half, there was

really nothing that would show me that there was something wrong with them.   But it's when they, they were not saying anything at all that I thought there could be something wrong, because they were not even trying." (Annabelle, Mother)

Annabelle's experience of realising something may be 'wrong' was another point of commonality between the mothers. The findings revealed very real initial feelings and thoughts that occurred from the point of discovering that something was 'wrong' to the point of diagnosis. The initial thoughts of personal blame, and guilt stood out as important explanations that the mother's experiences be it; through genetics, or something that they did or didn't do during pregnancy, as exampled in the next three experiences:

"I called up my sisters and started asking questions because some of the articles that I read was saying that it was genetic. Yes, some of them, yes. So I called my sisters and I was like, 'Tell me, do you remember when I walked, you know, said my first words', obviously they can't remember but I was just like, 'Just tell me in general like the type of kid I was', and they told me, 'You were just a normal kid'…. But even when the girls got diagnosed I remember like telling members of my family, they were like, 'What's that?'" (Annabelle, Mother)

Emmi's reaction to hearing of the diagnosis was very reflective of her very 'matter of fact' nature:

"A couple of months later after all the observation he was basically diagnosed, he is autistic. So I mean when I got the diagnosis, I was a bit upset" (Emmi, Mother)

Conversely, Chibuye's personal situation, having gone through the adoption process which lasted two years, meant that she was more resistant to further assessments:

"They did an assessment before we got him and they had, they'd said he was in the autistic spectrum. So they had to do another assessment but the next assessment was not clear because they said they can only do the assessment when he's in, like, nursery. And, well I refuted it because the first one, yes, he wasn't with me so its fine, but then when we had him, and then they were like, oh we need to do an assessment for him to see if he's autistic...I was like no" (Chibuye, Mother)

Chibuye did not want to accept the assessment outcome that Thomas was on the autism spectrum because she was spending time with him, and felt that the behaviours that Thomas displayed were more reflective of his previously difficult upbringing, rather than something medical:

"I was like, he's not autistic. He's absolutely not autistic. And I was just like, 'No, he doesn't'. And the only reason I say this is because we spent time with him. In my head, it was like how I treat you is how you will react. Yes, so if I think you're autistic and you've got attention deficit disorder, if he does, yes, for sure I will get him tested, and I

would get him diagnosed and I would get help and stuff like that."

(Chibuye, Mother)

These very real thought processes may not be unique to only these mothers but are key to understanding mothers as primary carers' potential states of mind. Despite the mothers' initial reaction to the diagnosis, an important aspect to note is their ability to adapt, necessary, to the obvious, immediate and permanent change that occurred in their life from the point of diagnosis. Understandably, these initial findings from within the data is not completely dissimilar to the experiences of mothers from other ethnic backgrounds in Scotland and the rest of the UK (Munroe et al., 2016). However, these experiences are valuable to understanding the context through which other themes emerge in the thesis and how these thoughts may influence the extent to which social workers demonstrating anti-oppressive practices potentially resonates with them. This will be discussed further in the next theme of post and ongoing support.

Post Diagnosis and Support

A very interesting sub theme of 'support' emerged from the data, in relation to, the diagnosis of autism and ongoing post diagnosis support for the mothers. From the accounts of each mothers' diagnosis- or in the case of Chibuye assessments- for autism occurred between the ages of two and four years old. A common belief amongst two of the mothers, Justine and Emmi, was the expectation that a social worker would be allocated to the mothers at the point of diagnosis and onwards:

"The hospital were quite supportive as well. They did a post-diagnosis conference kind of thing- -and that was very helpful. You would have expected something like that for social work when you get a diagnosis for autism, wouldn't you?" (Justine, Mother)

Emmi was given literature to read when her son Isaac was diagnosed with autism. This pamphlet encouraged her in thinking that she would have access to support and help from social services. However, because of the difficulties that she faced after months of observations and assessments to get the diagnosis; she didn't feel like she could peruse getting involved with another service at that point:

"Because my son didn't have a social worker, but I asked, I read one of the pamphlets they gave me, when he got the diagnosis, I said to them, so what am I supposed to do, then I thought at least you know, and then they gave me the pamphlets and who to call and who not to call and to be fair I've had a whole year grief and this is what I get at the end of the year so I just put it [the pamphlet] somewhere." (Emmi, Mother)

The findings also showed that even if mothers can access social work services, rightly or wrongly previous negative experiences affect how social workers are perceived. This point is something that social workers have no control over but resulted in Black African mothers preferring not to engage with services if they had a choice. The dissonance that occurred in some of the mothers' experiences with professionals and social work services, support the findings within Munroe, Hammond and Cole's (2016) study where dissonance occurred between clinicians and mothers due to the

language used when explaining autism to them. What may assist with ensuring that the demonstration of anti-oppressive practice resonates with mothers that do engage with services, is to acknowledge that previous experience may have shaped how they perceived social workers in the first instance.

Drawing on another experience from Justine, when Stella was aged four and attending a mainstream nursery, Justine came back into contact with social work services again via multi-agency meetings. Justine was looking to have Stella placed in a school that had smaller classroom sizes and provided specialist education, however, was facing resistance from her local authority and head teacher, based on the assessment made by the educational psychologist. In explaining why, she felt that the social worker was not helpful, she explained:

> "So, the sort of input that I got from maybe a social worker, I didn't get none of that. I had to do everything myself. Maybe, if I joined the carer's group at the time I probably would have got more support." (Justine, Mother)

The findings revealed that the assumption that a social worker was automatically allocated to mothers post diagnosis was made by two of the mothers. Justine and Emmi's erroneous understanding about social worker allocation is not unique within research. In 2011 a national review of services for disabled children, was undertaken jointly by the Scottish Government, the Convention of Scottish Local Authorities (COSLA), and the For Scotland's Disabled children (fSDC) Liaison Project. Their assessment of children with disabilities in Scotland stated that within the context of service delivery, "there is some tension between the perception of a need for a

medical diagnosis as a trigger to accessing support, and a service delivery model that reflects the more holistic needs of disabled children and young people" (Scottish Government, 2011, p. 7). It is obvious from my findings that there was discord between mothers' understanding of the role of social workers and managing the expectations of service users by service providers in reality. This claim further supports the observation within the review that the expectations of families with regards to service provision is "moulded by the nature of the advice and guidance given in the early stages of diagnosis and assessment" (ScottishGovernment, 2011, p. 7).

Ongoing Support

The experiences of the mothers in relation to the post diagnosis and ongoing support was varied. For three of the mothers the point of commonality lay with the fact that from the point of diagnosis, they are introduced to so many professionals from multiple professions, as described by Justine:

> "I thought at the time the post diagnostic [diagnosis] team wasn't so
>
> great. It was just a bunch of people that were just, literally, shoved
>
> at you." (Justine, *Mother*)

What was found in elements of all of the mother's experiences was the feeling of confusion. The findings showed that the areas where confusion was most prominent were coming to terms with the diagnosis itself, and deciding how best to go about working out their next post diagnosis steps. Additionally, how to go about accessing services in the first instance and how to manage their child's disability daily was also

prominent. This is reflected in one of the many examples extracted from the mothers combined narratives:

> "I started learning as well, like all these things I started reading. I was seeing different doctors and therapists on a weekly basis. It was a lot, it was a lot to take in, especially when you had to do that for each kid. It was just a lot but at some point, I was like this is going to be my life, so I have to do this." (Annabelle, *Mother*)

For Justine, her experiences in terms of ongoing support in the years that followed the diagnosis of autism for her daughter involved completing large amounts of paper work which added to her confusion and was stressful.

> "… Stella never got any occupational therapy; didn't get nothing really. Even the speech and language was a bit of a shambles. I always have to push for everything. Speech and language: Stella didn't really get to see a speech – she got to see a speech and language therapist when she was around about three…but nothing really happened. It was just more 'paperwork', and they didn't have anyone who was actually going to do the work. She didn't really get to see any speech or language therapist until probably when she was about four. I was really disappointed." (Justine, Mother)

This excerpt brings to attention the ability to gain access to services, which only eventually came after having persevered through the completion of large amounts of applications. It appeared that once one begins to receive the service, the assurance that someone would actually do the work and assist with e.g. developing speech and

language was not there.

An interesting finding that emerged was that educational attainment was not a barrier for the mothers. The process of completing paperwork was not a fundamental difficulty for them. However, the process was still difficult enough to note that much energy went into undertaking that process. The reflection demonstrated one of the mothers about how other mothers may manage to access services and support if there are language of educational barriers present. The role of having some level of educational attainment was considered by Justine as being important for progress, stating that:

"[Education] has got a part to play because, obviously, if you're not educated about these things, my goodness, you'd find this all so overwhelming"… And this is me, I can speak English, I'm educated, but some of the services I still can't access it, you can imagine some ethnic minorities or some families who can't speak English, it's enough of a deterrent for them not to be able to probably go and say 'oh I'm having these problems'." (Justine, Mother)

Based on Justine's excerpt, the benefit of going through that process felt like wasted time because she was still not able to access the services, and left Justine feeling as though she didn't know what the criteria is for accessing social work services.

What can be taken away from the lived experiences of the mothers is that the thoughts, feelings and emotions that are linked with receiving a diagnosis is not different from that experienced by any other families. However the findings

surrounding the importance of education and barriers to accessing services support the argument that early access and engagement with social services can be hampered by barriers, such as: language, and legislation as found in Chand's (2005) study. Although English was not all four of the mothers' first language, the families interviewed did not have to negotiate additional barriers of language or legal status for example. The implications of this finding provides even *more* of a need to recognise how much more BME families who do actually face these barriers will struggle to access services (Masocha, 2014). The implications for other Black African mothers trying to access services could be the frustration with not knowing what is expected of them in order to gain access to services for their children. This then could manifest into a perceived barrier from the perspective of mothers as primary carers towards the social workers they do engage with, thus making it less likely for the demonstration of anti-oppressive practice to resonate with Black African mothers and potentially other minority ethnic communities.

8.4 Theme 8: The Perception of Disability within African Cultures

A prominent aspect which emerged from each of mothers experiences was the role that culture, family background and religion played, in shaping how autism was perceived within the wider context of disability specifically. Another interesting finding lay in role that elements of African culture, societal, and familial attitudes towards the broad concept of disability played in shaping the mothers' perception of autism. These elements were derived from the four geographical regions of the

continent represented through Annabelle, Justine, Emmi and Chibuye's experiences. It is acknowledged that the selection of four nations within only four regions of the continent is still very homogenous, as there are a plethora of variations in culture. If one were to focus on only one African nation specifically, there would still be further tribal and ethnic disparities. Notwithstanding, the acknowledgement that there were very slight variations in how disability was perceived considering culture, societal and family attitudes towards disability was found in one of the responses from Annabelle. In speaking about her experience of taking her twin girls back home to the DRC, and her family's thoughts on the girls, she said:

> "In my case, it didn't really change anything because first of all, people in DRC I don't know what autism is. They don't know, they don't understand. The first time I took the girls to Africa they were one. So everybody in my family and my friends, everybody around me thought that the girls were just having a delay in speech. They didn't really understand what autism, well at that time I didn't know as well, you know." (Annabelle, Mother)

This then led Annabelle to further elaborate on how she felt disability was perceived according to her culture back in DRC:

> "So that didn't really make a difference to me or a change because I think in my culture as long as a kid looks okay on the outside it's fine. What is taboo or what people are scared of, is, I think, those kids that are like you know, you can see physically, you can see the disability, like physically. But in terms of

the girls, even today when you look at them, you can't really tell, unless you're trying to talk or speak to them" (Annabelle, Mother)

In Justine's West African culture, she was very aware that given that her family were exposed to education, this extended itself to their acceptance of autism and support for Isaac, her son:

> "My family has been extremely supportive, my sisters have been great. Grand mum has been because she is quite exposed as well, she's been amazing, everybody accepts and we just try to make the best of what we have, because some people, some culture they might be even ashamed to discuss anything like disability, it is just the idea of the disability, which I think is ridiculous and I think it is awareness, it's okay for someone to have, it is what it is, it's okay to accept that this is what it is, lets deal with it, how can we make it better."
>
> (Justine, Mother)

The implications of Justine's and Annabelle's narratives provides two slightly different approaches to viewing disability and acceptance. In Annabelle's case, an almost 'ignorance is bliss' view WAS taken with regards to her families' understanding of what autism means. Conversely, Justine's family were 'exposed' to facets of the western world, and therefore embraced Isaac's medical diagnosis. The implications for these findings provide a good foundation for understanding that culture, education and social background all play a role in the shaping of an individual's outlook on disability. Therefore, this is something for social workers could benefit from probing and acknowledging when interacting Black African mothers.

Conflict with Western Cultural Norms and Practices

Conflicts with western cultural norms and practices was a theme that emerged in touching upon experiences where the mother's African culture played a role in shaping how disability was perceived. The discussion of approaches to parenting emerged within Chibuye and Emmi's narratives and the clash of cultures that they experienced. In Chibuye's case, she recalled her experience of interacting with her social worker who was critical of how she disciplined her son Thomas and daughter Serena. In expressing the need for cultural understanding on the part of her practitioner, she said:

> "Things that could be improved I think it's just communication and probably just a little bit of know how in terms of knowing culture, because we're in Scotland we have to adopt a Scottish culture, but we do have an inbred African culture within us, which has to be embraced as well. And it's just knowing that culture and kind of understanding it so that you know we are raised by a community and not by a parent, but in Scotland you're raised by a parent. You know, I cannot tell off your children. Now in Africa I can totally tell off your children. I want to bring them up in a way that anybody can actually bring correction to them, because I always say to Serena and Thomas, 'It's not that you're getting in trouble, but you need corrected. Because if you're not corrected you will think that behaviour is okay and then you will carry on that behaviour and then when you're out of school you end up in jail'." (Chibuye, Mother)

Although Chibuye's narrative does not provide a direct relationship to how disability is perceived, it does provide a snapshot of how Chibuye choses to raise her children irrespective of Thomas being on the autism spectrum. The excerpt also highlights that the role of African culture was a notable element in childrearing more generally for Chibuye. This was so much the case that the diagnosis of autism for her son Thomas, and her implicit perception of Autism was not hampered in raising her children in a manner that was influenced by her African cultural upbringing.

The findings also showed that the influence that Chibuye's African culture had in raising her children, irrespective of disability, overlapped with other mothers' experiences of their African culture conflicting with western norms when encountering social work services. Drawing from Emmi's experience with her neighbour, also South African, she explained that her neighbour's daughter was explaining to her teacher about what she did over the Christmas holidays. Emmi's neighbour's daughter had her cousins over and she got into trouble by her mother, and the daughter told her teacher. The dialogue between Emmi and the interviewer is outlined below:

> "EMMI: I don't want my mummy to… you know how we [motions to interviewer] talk, our mothers will typically say I'm going to beat you"…
>
> INTERVIEWER: Which means a smack, not to beat?
>
> EMMI: [Nods] Yes, she actually used those words."

The disclosure to the teacher about what Emmi's neighbour said to her daughter resulted in the involvement of the police and a social worker. While investigations

into the child protection concerns were ongoing into Emmi's neighbour, the social worker agreed for the child to stay with Emmi:

> "Actually I think I said and this lady apparently keeps having conversations with her and she has said it twice so that is how the social worker got involved, so I'm not even interested, I don't have a positive feeling about them. The police got involved and they had interviewed her and all that and they almost took her away, but …the father said, look I'm not going to allow you to take child away. They now said, is there anyone that we can put her with, so the social worker came, inspected the house, checked and asked if I would like to be her [the child's] 'mother' for the next three days. So no I don't have a positive view of social workers." (Emmi, Mother)

There are many aspects involved in this excerpt. What has to be acknowledged first is the obvious child protection concerns that arose with Emmi's neighbour. These concerns were evident enough for social work services and the police to be involved in further investigations with the neighbour. By no means is this element being downplayed, however, within the context of this chapter, what is also clear is the subtlety in the role of cultural differences in language use and what is might mean in different contexts. These differences play out in the supposed everyday interactions within the family that are assumed to be 'behind closed doors'. However, these interactions may well come to light in face to face interactions with those in positions of authority.

Secondly, the recognition that the researcher was also Black and of African descent, through using the words 'we', 'our', and 'you know' implies common upbringing. And, at the very least an understanding of the connotations of the phrase from both African and Western perspectives. There is a subtlety in how cultural norms are translated within new environments and contexts: The additional clause that Emmi uses "you know how 'we' [motions to interviewer, as in Africans], our mothers will say 'I'm going to beat you" is a particular point of interest for the following reason. Firstly, Emmi makes it clear that she is very aware that what is culturally and linguistically acceptable within and African context, may not be culturally appropriate within a Western context. This finding in light of the wider interactions with the other mothers raising disabled children, further highlights the point that the engrained African Culture is inherently part of a parent irrespective of the adoption of or into the societal norms of their new context. This finding therefore suggests that is almost impossible for mothers as primary cares of their children to straddle the issue of raising their children in an African way, within a Western context gracefully because the issue is too delicate. The implications of this last point is an important illumination of potential thought process and actions that social workers may find helpful to consider when interacting with Black African families.

Religion

The issue of religion was an interesting finding because the use of religion was perceived to be a barrier to accepting a diagnosis in the first instance. In at least one point in each of the mothers' experiences, the role that religion played in how

disability more generally was perceived was evident, irrespective of their respective cultures. In Justine's case, she did not speak about her faith directly, but highlighted how religion was used as a tool to, at times bolster the denial of a potential diagnosis of autism. In speaking about one of her fellow Ghanaian friends who was awaiting on a confirmed diagnosis for her child, Emmi said:

> "Culturally as a mum, when you see your child not speaking, not doing things, you should be intuitive, 'What's happening, what's going on?' But, some of us [Africans] just believe everything's fine. I've known that her [Emmi's friend] family have told her the child has got – probably on the spectrum – and they're like, 'No, my child can never be on the spectrum!' and reject it in Jesus' name because of religious belief. And no one is accepting that there is a medical condition, there is a barrier to the child's learning or something, you know? And that can actually stop any form of diagnosis. But, there might be challenges for that parent dealing with these issues." (Emmi, Mother)

As highlighted by Justine, the implications in refusing to accept a diagnosis can be very challenging for the parents. What the findings revealed was not the downplaying of individuals' faith, but the frustration that religion was a potential barrier to the children getting the support that they need. The implications of this finding is important in providing one perspective as to why some Black African mothers may not seek the support of social work services, because that individuals' religious beliefs may be a barrier in and of itself.

In both Annabelle's, and Chibuye's experiences, their faith was used almost as a tool for building resilience. When Annabelle was asked what kept her going in raising twins who were autistic, she replied:

"Well, first of all, it's my faith. And then hope. And if it wasn't for God, I was losing it..." (Annabelle, Mother)

In Chibuye's case, practicing her faith with her husband and children gave her a sense of community, particularly in raising their children in an environment that supports her African background within a Scottish context:

"And I'm actually glad, we've obviously been going to church and stuff, have made it a community, so it's for them to understand that correction doesn't have to come from one voice, Mum, or Dad, it can come from anywhere...Whereby the Scottish way is that you can't correct other people's children. And because of that, I think that's the only thing we are failing at. It's like, we've got all these rules, social work have all these rules but they're only to be implemented by Mum and Dad" (Chibuye, Mother)

What can be drawn from the mothers' experiences of religion is that it can be viewed as a barrier to engaging with services. However, religion can also be viewed as a way of building resilience and a form of support for both carers within their families. The implications of this particular finding add to the complexities of understanding

potential service users' experiences and how to navigate interactions with Black African mothers and wider minority ethnic communities, where faith and religion may be prominent, in order for anti-oppressive practice to resonate with these communities.

8.5 Theme 9: Access, Assessment and Allocation

The following subtheme looks at assessment and allocation. For all four of the mothers, the children were assessed and allocated a social worker either from the beginning, such as in Chibuye's case; or in Annabelle's case where the social worker was just recently allocated to the family. Equally, for Justine and Emmi, they were no longer in regular communication or actively using social work services anymore. In Chibuye's case, however, the process of adoption required that a social worker be there to guide the families through the process. Chibuye's experiences of her social worker were very pleasant overall during the process of adoption. There was a changeover in social workers before the adoption process was finalised, and it was at that point that the family struggled with the ongoing assessment to establish a clear diagnosis of autism for Thomas, Chibuye's son.

> "They did an assessment before we got him and they had, they'd said he was in the autistic spectrum. So they had to do another assessment but the next

assessment was not clear because they said they can only do the assessment when he's not in, like, nursery… then they were like he's got attention deficit disorder…. They were literally making the assessment based on the access he had and before he had access to his [biological] dad." (Chibuye, Mother)

Conversely, in Annabelle's case with the twin girls, she was not aware of what social workers did or that she may have been entitled to a social worker:

"We only got a social worker this summer. That was because nobody ever told me that I could even have a social worker, I knew about social workers you know, but I had no idea that the girls were entitled to get a social worker."

(Annabelle, Mother)

She went on to explain that a social worker was allocated to her for the first time during the summer when the twins turned seven years old, although they were diagnosed with autism aged two years old. In the context of understanding why Annabelle eventually sought support from social work services, it was because she was in the process of moving house and wanted respite opportunities for the children during the summer holidays, as she explained:

"The process with our social worker was quite fast because I was going through a really hard time during summer. The social worker like, when I

called and spoke to her and told her everything, I think within a week she

came here, because I said to her that I was losing it. Like seriously, I was like,

something needs to be done. So the process was quite fast because of that."

(Annabelle, Mother)

In Annabelle's case, undertaking the initial contact and assessments with a social

worker was quick. However, after coming to the house to assess the girls in June,

there was a prolonged period where there was no support for Annabelle and the girls

until October that year:

"Summer was in June, June till about August, so from that, let's say July, that's

why I met the social worker, till October, nothing happened. Nothing

happened, because apparently, she will do an assessment with you and then

she will sign those things away and then they will have to wait, you know. So

even though she came really fast, nothing happened till the October week, I

remember, the October holiday." (Annabelle, Mother)

This was not really of any help to Annabelle at that point because the girls had already

gone back to school in August and the October holidays had already commenced:

"It's only the October holidays that they managed like to get support for the girls, there's not really a difference to me, like having a social worker and not having one. Absolutely nothing, you know." (Annabelle, Mother)

What can be taken from Annabelle's initial experience is that Anabelle was able to access social work services relatively quickly, in comparison to Justine's and Emmi's experiences. Yet where the three experiences converge is with the inconsistency and frequency of contact. Although Annabelle was very impressed with how quickly an assessment was made, she was left disappointed because she was only allocated a small number of respite hours: "And then in October they only give me four hours with the workers". Situations like this brought about feelings of disillusionment about the efficiency of social work services because for the amount of hours invested into assessments, observations and meetings, it can feel like very little pay back for some families.

In Justine's narrative, her respective social worker was present at the early stages/ post diagnosis, but over time were not in communication with either of the mothers. For both mothers, upon their reflections as to why further support was not provided, they put forward financial stability, educational attainment, marital status,

occupation and general family background as potential reasons as to why support was eventually withdrawn.

> "…They assess your needs. They assess you as a family unit and probably to ask me questions about what my husband did- what I did. I thought, well, maybe we are okay. Maybe financially, maybe okay. Maybe we are not struggling financially. But, I don't know what boxes they actually tick when they are actually accepting you"
>
> (Justine, *Mother*)

The discussion surrounding assessment of needs by social workers and the criteria for social worker allocation to Black African mothers in particular is an interesting point for further exploration. The juxtaposition of Justine and Emmi, alongside Annabelle's experiences regarding social work allocation suggested that the allocation of a social worker would be more favourable for Annabelle as she was a single parent. To a degree it cannot be denied that the provision of services for disabled children is linked to and influenced by factors such as, poverty, inequality, health (Socttish Government, 2011). Therefore, what can be surmised about social workers' assessment of families is that the role of social workers are not made clear to the mothers interviewed. Additionally, the mothers understand that support and assistance is involved in social work, but the role of social work and the perception of

their role are disjointed. The findings show that there is definitely discord in perceived social work roles, and expectations surrounding those roles in reality.

Barriers to Interaction

In discussions with Justine and Emmi, the role that ethnicity played in their experiences with social, healthcare services, and specifically social work services was unquestionable. The mothers were very much aware of their ethnicity as a key foundation for their sense of self-identity, as they navigated within a majority white environment (Hu & Taylor, 2016). What this awareness illuminated was a basis for the reciprocal lack of interaction, at times between social workers and service users. An example of this reciprocal breakdown in communication between mothers and social workers were, a barrier to further engagement. This breakdown occurred primarily because the mothers' expectations of social workers was centred on the action of completing tasks to meet the needs of the child.

> "And, I've only seen the social worker – I can't remember his name now – once or twice. What has he done for them? They've not acted – the first time I spoke to the man and I told him what I'd been doing with Stella and he came to the house, I was with my son and Stella. -and he was like, 'Oh, what do you do?' I said, I take her to soft play – he was just telling me about the services, 'Sometimes they do a befriender, they do this…' but nothing happened."
>
> (Justine, Mother)

However, when it appeared that the worker was not moving, or was not moving quickly enough for families, two things occurred almost simultaneously: mistrust of

social workers in their ability to carry out their responsibilities; and the reactionary and equally beneficial outcome of parents taking on the responsibility of meeting their child's needs themselves.

> "As a parent myself, I've had to do all the work myself. I became my own occupational therapist, became my own social worker- became everything, my own speech and language therapist- So, the sort of input that I got from maybe a social worker, I didn't get none of that. I had to do everything myself. So, you can imagine, in terms of social services, I just think it's been – it's just been a word to me." (Justine, Mother)

In order to understand these seemingly simple interactions that occur on a daily basis between service users and providers, it is necessary to go beyond language, educational attainment etc., although these factors are also important. The findings show that the barriers are more complex than just whether the family wants to engage with social workers or not. They are also intrinsically linked with whether the family understands the basic concepts of disability, if they accept and are open to external support, and in turn work effectively to gain results that focus on the needs of their child. However, as exampled from within the data, the coming together of Black African mothers and social workers, with the intention of meeting the child's needs does not always result in progress being made in reality.

Ethnicity

It has already been established that ethnicity was a key factor within the mother's lived experiences of interactions with social work services. Similarly, the addition of

disability as an identity marker provided an additional layer of complexity in understanding. In the first instance, the mothers' real concerns about how their children would be able to navigate through life was clear. This point was particularly salient in Emmi's personal thought about both she and her son having to operate within a very 'white space': his mainstream school.

> "The very first time, he told me to check him out, the private nursery, mostly white kids, and the first thing I thought was why? We're basically a minority, how can he be the only black kid in the classroom and he has autism" (Emmi, Mother).

The sharing of what are very real concerns and thoughts in Emmi's excerpt is a window into the mind-set and daily internal struggle that Emmi, experienced and navigated within her own thought process. This is a great example of how the structures within society affect individuals and intersect with perceived markers within society. However, what was apparent was that these interactions or processes, if you will, do not happen in isolation of each other. Nor do these processes solely act upon individuals without individuals being conscious of the outcomes, at the very least. If this is not the case, then the individual would be aware of the manifestations of these processes as they occur in the social world around them (Mbarushimana & Robbins, 2015). What was taken from this excerpt from Emmi, was that her mind-set may have been borne out of the perception of inferiority that is at times placed on BME communities at an institutional level, such as a primary school, as in her example.

Drawing from Emmi's experiences of attending multi-agency meetings with the head teacher, educational psychologist, social worker and health worker, she summed up her experience of interacting with the various stakeholders as a person from an ethnic minority background negatively because she felt that she was looked down upon because she was Black and the nature of her job, stating:

> "I feel they [Stakeholders] tend to, maybe because you are a minority, they tend to look down on you and to be fair. But I mean unless you are like actually seeing me I am not stupid, I might be black and might need to be working there, there is a reason, but I'm not stupid." (Emmi, Mother)

When making arrangements with the head teacher for a suitable time to come in and have the meetings with the stakeholders, Emmi recalls the assumptions that the head teacher made about Emmi's work situation:

> "I remember when we would have a meeting and she would be like 'are you avail/ can you come in?' and I would be like 'no I'm going to work', she would then be like 'oh I thought you don't work' so by the time actually…it was a basic assumption."

Although this assumption about Emmi's working status did not occur within the interactions with social work services, these negative interactions with stakeholders who hold positions of authority, such as this example with the head teacher, shaped the lived experiences for mothers like Emmi. Therefore, the implications of this can extend to mothers who may not want to engage with social services out of fear that they will have similar assumptions made about them. This may be true if Black African

mothers are already aware of how oppression operates against them within society, thus thwarting the resonance of any attempts made by social workers to demonstrate anti-oppressive practice. In relation to the former point, Emmi understood that she was not blind to the fact that minority ethnic communities face difficulties within society by stating:

> "Yeah they really thought I was stupid, but I understand that hey everything has to be recorded… I don't know if it's a case with the minority, I think it's a bit more difficult for a minority because you are struggling with a lot of things, like you have people trying to talk down on you and if you are one of those and you are not really enlightened it becomes a challenge…"

The concern that Emmi highlighted further supports the arguments made within the literature review of this thesis, regarding Britain's chequered history of colonialism, and racism in various forms. In particular, institutional racism as exampled in the Stephen Lawrence case and the comments made within the MacPherson Report (Home Office, 1999), that racism within British society does not happen as an isolated phenomena, rather the events are based on a series of other decisions or events which invariably become culturally and ideologically engrained in the structure and mentality of society (Giddens, 2001). This argument is shown to be useful in understanding that there are a recurring pattern across time and space which allows for the creation of ideology (racialised in origin) to occur within both professional practice and within minority groups.

However, Emmi's experience made an even more pressing realisation come to the fore: the effects of perceived superiority ideology intersecting with an ingrained ideology of perceived inferiority. This point is exampled when Emmi said: "I might be black". Her awareness that, although this view is not held by everyone in society, there is scope for even a few within society to cling to the ideology that black people within society are inherently inferior in intelligence, and social standing within society (Kohn, 1995). This latter point is exampled in her statement: "I might need to be working there, there is a reason". The need for Emmi to justify where she worked and why she had to work there supports the next argument. At the time Emmi was working at a call centre for being available to look after her children. From Emmi's perspective, she interpreted that the work she did may have been perceived as a 'typical' job that a person with little educational attainment would do. Emmi's interpretation suggests that the role of oppression from her perspective is very tangible in how she and her child are perceived, therefore cuts across the social markers of 'race', ethnicity, educational attainment and occupation.

What also emerged as a finding was that disability coupled with ethnicity was viewed in some respects as a 'double barrier' when she stated: "First he is black, then he's the only one in his class with autism". For Emmi this was a barrier to her son's progress within the school context that needed to be overcome. Emmi's lived experience provides further support to Bernard et al's (2014) findings regarding the experiences of disabled social work students, who felt that their learning environment and peer attitudes towards their disability created a hostile setting for them. These hostile learning environments that social work students felt that they

were in also encouraged feelings of being "invisible, silenced and undervalued" (C. Bernard et al., 2014, p. 1944). Therefore, parallels can be drawn from the lived experiences of disabled social work students within an educational/classroom setting (Hillen & Levy, 2015; Mbarushimana & Robbins, 2015); and the anticipated or potential difficulties that Emmi is concerned her child may experience as Isaac navigates through various educational or classroom settings in his lifetime. These are legitimate concerns and this finding really validates the importance of understanding the idiosyncrasies that may be borne out of historical, ideological factors that intersect with one another as a practitioner.

Thus, the implications of these findings for social work practitioners working with Black African descent raising children with disabilities in Scotland becomes more pronounced. Therefore, this study suggest that a basic level in understanding of the concept of oppression being about 'awareness of and treating people fairly' as the demonstration of anti-oppressive practice in social work, is not enough in interactions with these mothers. A more intentional effort, on the part of social workers, has to be made to: identify, understand, question and discuss the root of where black mothers' concerns are coming from. This point goes a touch further than the practice of cultural competence and 'awareness' by clinicians as found in Munroe et al's (2016) study. Equally, the findings within this study supports the argument that and intentional effort of mothers to speak openly about their concerns during interactions with social workers without fear is where the demonstration and resonance of anti-oppressive practice become congruent for Black-African mothers raising disabled children in Scotland.

Social Exclusion and Mistrust

The last part revealed findings that touched upon both ethnicity and disability as social markers of oppression in action. Part of the critique of the findings, involved deeper consideration of subtle and at times sensitive issues concerning 'race, ethnicity, and disability to assess if anti-oppressive practice resonated with Black African mothers and their families. Closely linked with the discussion of these three identity markers is the current subtheme of social exclusion. Existing literature, such as (Chamba et al., 1999; Hubert, 2006b; Richardson & Laird, 2013) identified elements of social exclusion in relation to BME families. This feeling of being excluded as highlighted in Chamba et al's (1999) research, emerged from the narratives of Chibuye and Justine's lived experiences. In Chibuye's experience of interacting with her social worker due to an incident which occurred at her daughter's school, she outlined that a boy at her daughter's school was being racially abusive towards her.

> "But I think racially sometimes people forget that you're a bit, you know, you're a bit different, you know. It's actually there and unfortunately, our kids don't know about it until it occurs to them…this boy had said to her, 'Well, you've got to be peach skinned to be Scottish, so you're not Scottish', Serena was like, 'No, I am Scottish', because they were practising a Scottish dance, and he was like, 'You shouldn't be singing this because you're not Scottish'."
>
> (Chibuye, Mother)

Chibuye also notes that it had never crossed her mind to speak to her daughter about ethnicity before. To a degree Chibuye didn't think that she would need to speak to

her this soon because her daughter was fairer skinned and imagined that she would settle in at school:

"I was like, 'No, you are Scottish. You are, you are Scottish and you are African, you are both'. You are both. She's not even that dark, you know what I mean. She's quite light skinned, very fair." (Chibuye, Mother)

Because the incident occurred while the process of their adoption was ongoing, and Thomas was having more regular contact with Chibuye and her family, their social worker also got involved:

"So, they had social worker brought in there. I think it's just because she's [the social worker], obviously when I heard about it, I went kind of like, it's racial abuse. Yes, because I said, 'Serena's not aware of it, she actually is wondering why she's different'. And she's not asking me why she's different and I had to explain to her, I had to have a word with her to explain to her why she's slightly different, like just slightly different." (Chibuye, Mother)

While recalling what took place at Serena's school, it was a very pensive moment for her. For Chibuye, she knew that the school that Serena attended had a majority White Scottish cohort. The findings showed that the realisation that mothers would need to have more difficult conversations with their children about things like ethnicity and equality in future. In an example of this from Chibuye, she stated:

"So I said to the headmistress, 'Look, I've spoken to Serena and to be honest it's probably my fault. I never spoke to her about it before'. But at the same

time, you kind of think, my kids shouldn't grow up thinking they're different. It's difficult with the school where Serena goes to, because unlike if it was in Edinburgh City then there would be a varied amount of kids. They don't look out of place." (Chibuye, Mother)

In discussing how social exclusion based on her children's appearance occurred, she recalled what the social worker said to Chibuye and her husband with regards to finding the right match in a child. The social worker emphasised the need for the child to be mixed so that people would not look at Chibuye funny. Chibuye recalled the social worker saying:

"What she said to me was look, if you pick up a child and then they are white and you have a black mum picking up a child, insinuating that it would not look right, but I just thought that shouldn't really matter. But it did matter to social work. They didn't focus on the child, they just focused on the race. But we kind of felt we were just lumped… together, whereby, I mean he's a perfect match but he could have been, it could have been a perfect match if he was purely white, or Chinese or whatever or Polish or, you know, whatever." (Chibuye, Mother)

Upon reflecting on that time of interacting with her social worker and the decision to raise whatever child adopted the way she was raised, Chibuye continued by saying:

"But they didn't appreciate the different cultures because I'm married to a white guy but I'm still African. And my culture is still kind of a thing. I bring up my children the way I was brought up."

What Chibuye's experience has showed was that the role of 'race' and ethnicity plays a bigger part than perhaps social workers realise, when interacting with Black African mothers raising children on the autism spectrum. For children, it's quite interesting because they are not aware of concepts to do with 'race', 'ethnicity', and 'disability' until it becomes an issue. Equally, the depth and complexity are not something that practitioners will just instinctive be aware of until the opportunity arises to engage with these situations. This in turn allows for the argument that demonstrating anti-oppressive practice and a deeper level of understanding is important in ensuring that their practice resonates with Black African service users and carers, particularly if the mother does not fully take on the identity of the 'host' nation (Bond, 2006).

Exclusion through Assessment

What was evident across each mothers' lived experiences was that the roles of perceptions of social disadvantage and exclusion emerged in relation to social workers' assessment of families. What was particularly clear from the findings was that the assessment of needs undertaken by social workers took place around the ongoing support phases for Justine and Emmi. In both mothers' experiences, at the post diagnosis stage, they were aware of social workers' help, but felt they did not fully understand what social workers would be able to offer them. However, they knew that social work services existed and provided support. An example of this

awareness was found in Justine's surmising as to why she and her family may not have made the criteria initially for social work services, based on the feeling that Justine got during the social workers assessment of her daughter and family:

> "I thought maybe, 'Mm-hmm, they don't need…' I think that was the kind of notion I got like, 'Maybe they don't need – there's no need for us to doing anything'. It just so much bureaucracy everywhere, for you to access something, they are saying what agency are you dealing with, if you say "I don't have any Social Worker" then the door is shut in your face, it shouldn't be that way." (Justine, Mother)

Emmi also experienced similar situations of 'doors shutting in her face' when she told people that her son didn't have an allocated social worker:

> "But, when as you say I need to go to find another social worker and then I went to find a social worker and they went 'oh he's not on the system, he doesn't have a social worker' and because that was around the time when my neighbour's thing happened I thought maybe it was a good move not to have a social worker" (Emmi, Mother).

The negative perception of social worker's engaging with her neighbours coupled with not being able to access social work services is an example of how some mothers felt that there was no point in trying to look for assistance.

The finding that Black African mothers were unsure about social worker's roles and, or felt that social services did not want to help them was also evident within the

mother's lived experiences. However, from the perspective of Justine, she felt that the allocation of a social worker was a lost cause because she felt that she didn't fit the criteria:

> "So, I had to basically just do most of everything myself. I didn't have any social worker anymore. Most of the social workers, to be honest, they rarely – they rarely allocate any social worker to especially people who they think have got a husband. If you are a couple- -they really don't allocate a social worker to you. They probably think you don't need a social worker. Maybe because they saw I had a husband, I didn't need it. "(Justine, Mother)

As a result, Justine had to find a school for her daughter and go through the application process herself, she believed that this is something social workers should assist people with:

> "I had to do my own self-search to find out what could be done. I had to – because my daughter's been going to [a charity in Scotland that specialises in supporting people with sensory impairments]. I had to get her that place. This, I think, social services should do that for you. I had to contact them to say, 'Can you actually accept my daughter?' because they [the school] deal with sensory services, but because my daughter's also got sensory issues they said, 'Okay, we will access you'. They got me, brought me in, I filled the forms, that's how it started. Mostly, I had to do it on my own. These are the things social workers do for you."

"But, you might speak to someone else who maybe didn't have a husband and maybe they had a lot of – I think the way they categorise what you need- is based on maybe the dynamic of the family, possibly. But, in my notion, maybe if you've got a husband – I don't know the criteria they use. Maybe those who actually needed more – but, I believe everybody needs it. Everybody needs it." (Justine, Mother)

As Justine went on to explain, after the assessment, communication between Justine, her autistic daughter Stella and the social worker allocated to them initially, became more infrequent over time, then diminished before being withdrawn completely. However, as there were other situations taking place around the time the contact with the social worker stopped, Justine expressed that she didn't feel the need to peruse social workers again as she was fighting other battles for her child. This finding leads one to consider the possibility that there may have been fear or caution, from a social workers' perspective, about effectively communicating to Justine about why she was not able to have a social worker allocated to her. This observation was not dissimilar to research which investigated the multi-professional service providers in early support for disabled children aged 0 -3 years from minority ethnic communities (Temple, Young, & Bolton, 2008) . They found some of the views expressed by service providers about responsibilities as service providers to be quite concerning in their disregard for their responsibilities.

This last point links with an issue raised in the literature review regarding BME families being 'hard to reach (seldom heard) or easier to ignore' (Matthews et al.,

2012) links, with the mentality of some service providers who may feel that "they [service users] know where to find us" (Temple et al., 2008). Therefore, taking for granted the difficulty it might have been for the BME family to get an assessment in the first instance. The view expressed by one service providers in Temple et al's (2008) research noted, that it is 'harder to reach professionals than it is harder to reach families'. It is equally a case of Black African mothers being easier to ignore (Matthews et al., 2012).

Pushing for Access and Fighting for Education

With regards to social exclusion and the existing literature related to BME families raising disabled children (e.g. Hubert 2006 and Chamba 1999), the findings do not support the conclusion that Black-African mothers were being pushed away from services. Rather the findings revealed that the mothers, as the primary carers, felt that they had to "push" *for* every opportunity to participate in formal institutions, services and events organised by various service providers that would promote their child's development. All four of the mothers interviewed, at one point during the stages of pre-diagnosis through to the time of being interviewed experienced having to 'push' particularly during pivotal points of transition. Justine described: "I always have to push for everything." In relation to getting a speech therapist for her daughter. This aspect of 'pushing' for services also recurs in the explicitation and discussion of resilience, as embedded and demonstrated by all the mothers interviewed who are the primary carers from their children.

Another interesting finding related to the subtheme of mainstream versus specialised education was that for three of the mothers interviewed, one explanation as to why the mothers felt that they had to "push for" opportunities and 'fight for their child' was because of limited access to resources and information. This observation was overwhelmingly salient across three of the mothers, particularly in two of the instances where the mothers had gained access to specialised education, even when their children were being placed into mainstream schools. This was the situation for both Justine and Annabelle, who fervently believed that their children would flourish within a specialised school environment, but the decision to place their children into a mainstream setting was spearheaded by the head teacher and educational psychologist in both instances:

> "I had to fight, I had to call this lady, like she was never in her office, she was always on holiday, she was always doing something and I would keep leaving messages. It was driving me crazy. And then you call back the school and then you send emails. It's almost like all these places, you know, they do things when they feel like they want to do it. It doesn't matter how many times you call, how many messages you leave, but I told her that the girls were not going to go to school." (Justine, Mother)

Annabelle recalls her experiences:

> "I got in touch with her and she said the same thing. She [educational psychologist] said, 'The girls look like they can go to a mainstream school', I

said, 'No, these are my kids, I know them more than you do. They can't, they cannot. What are they going to do there?' You know, it's going to make things worse for them." (Annabelle, Mother)

In particular, a recurring worry that emerged within two of the mothers' experiences was linked to classroom sizes and the ability for their children to learn, if possible at a ratio of 1:1 in an environment where their learning needs as primarily non-verbal children could be met. These findings regarding the mainstream versus specialised education was, in part, supported in the most recent shadow report from Scotland regarding the implementation of the United Nations Convention on the Rights of Persons with Disabilities. The report recognises mainly two perspectives within the mainstream versus specialised school arguments. The first perspective outlined acknowledges that there was a need for specialised education in Scotland and that it was growing in popularity (InclusionScotland, 2017). In terms of children with disabilities attending specialised education within Scotland, between 2008 – 2015: there has been a steady increase of 2.4%, where of the 15,899 pupils assessed as or declared disabled in Scotland, 6,920 of those children actually attend specialised schools (Scottish Government, 2015a). In instances where children had to go to mainstream school when the mothers was them in a specialised educational setting, this brought about a lot of anxiety and stress:

"Because the educational psychologist told me categorically that my daughter would have to go into mainstream – and this was me actually dealing with my diagnosis of the diabetes. And also, we all knew that placement wasn't the

right placement for my daughter. My daughter was meant to start mainstream school. I had so much anxiety. I was stressed out …the first day of school I was actually in tears. It was a half day. So, she was, she became totally an opposite, a different child. Stella went from 200% loads of work to, like, minus 150." (Justine, Mother)

Within the shadow report it is noted that 'If [disabled people] went to the same schools [they] would know and be known by other people' (Scotland, 2017, p. 15). Having investigated the experiences of the two mothers, it is difficult to fully agree based on what emerged from the interviews with mothers. Justine goes on to describe the events which took place within the mainstream setting that solidified her case for why specialised education with smaller class rooms and a one to one learning environment was better:

"…The first day she was meant to do a full day, I had to go pick her up because she was actually sleeping. And guess what? My daughter was having hypo-glycaemia- -and nobody had a clue." (Justine, Mother)

In addition to the statement about attending mainstream school and the benefit of knowing and being known by other people, the report also highlights that "support can be provided in mainstream settings, but continuing budget cuts make this inadequate and result in children being kept out of education for several months" (Scotland, 2017, p. 15). Meanwhile inequalities are still prevalent, where non-disabled children are excelling more than disabled children in terms of educational

outcome (ibid). These points are reflected in Justine's accounts of mainstream settings:

> "The diabetes services went over to school to give them training and stuff. The Council were being forced by the school to get someone who was going to be doing her injections in school. It was a lot of work I had to deal with at the time and Stella was almost, she was literally like always biting herself day in – just to show how stressed and how much it was so. I was going to take my child straightaway out from school and home-school. I wasn't going to care what was going to happen because you've put her in a placement that wasn't the right placement for her." (Justine, Mother)

This last excerpt is a great example of some of the observations made by the two mothers, where "cuts to classroom assistants working alongside teachers has adversely affected the level of support given to disabled children in mainstream classrooms (Scotland, 2017, p. 15)". What is highlighted in both Justine and Annabelle's reasoning as to why they pushed so hard for mainstream schooling is simply because they know their children and their learning styles better than anyone else does.

> "I was like, you [educational psychologist] need to help me, you need to, because the girls, just look at them, what are they going to do? They can't speak, they can't write, what they are going to do in a mainstream school? And finally, she started to understand and that's how she made a referral to two schools. We went to visit them together but the one that I really liked

and that had a better reputation is the one that they're in. But if it wasn't for that they would have put them in the mainstream school and that would have been the worst thing for the girls." (Annabelle, Mother)

These findings further support the need for primary carers to be at the centre of decisions that are made about *their* children (Richardson & Laird, 2013), rather than having to 'struggle' and 'fight' at each point of transition. This is a point that is established within existing literature (ScottishGovernment, 2011). The benefits of placing the children in a specialised education setting came through in the experiences of both Justine and Annabelle in terms of witnessing improvements in behaviour and the development of skills.

"And now when I look at the girls they've come, oh my god, they've come such a long way. I remember like before, like I said, they couldn't stand noise, crowd, now they can do all that, you know… And all this is happening, thank god, because of that amazing school and the teachers. But there's so many things that they can do now, like so many things, they can feed themselves, they can dress themselves, shower, almost everything, you know. Almost everything." (Annabelle, Mother)

In being able to mark these developments, justifies the need to 'push for more access' and 'fight for their children's' education'. However, this was not the case for Emmi, who still had to fight for her son to go to mainstream school after her first choice of going to a speech and language focused school was stopped due to funding cuts within the local authority area. Her preference for mainstream schooling really aligns

with the points made in the report in that there is something to benefit from being integrated with other children. Emmi stated:

> "To be fair, I would rather he was in a mainstream school because at the end of the day, take it or leave it, he is going to have to deal the main world, so he has to know how to deal with the main world so he has to know how to deal with the main world but I felt my son, I think my son has benefited from being in mainstream, more than an if he had been in... [Specialist school]. Because he is not really that bad." (Emmi)

However, even within her own son's experiences in the mainstream setting, she has found that the schools are not well equipped in terms of staffing and training to be able to properly meet the needs of her son.

> "I said to the Deputy, "where's my son" she said he was making a nuisance of himself so they had to take him out. I did give them everything, they had all the reports, because I remember I used to go into the headmistresses office and I'm like, you have all the reports, the things you are complaining are already on his reports, they are already a challenge they are all the basic things that autistic kids do and he is not even as bad as a lot of people." (Emmi, Mother)

In considering the experience that Emmi had with her son in a mainstream setting, the response of the mainstream school appear to be ill prepared to properly meet his needs. The dialog between the headmistress and Emmi support many of the

observations made in the Scottish government review of services for disabled children: "where schools adopt an approach to risk assessment that is tantamount to risk elimination, rather than appropriate risk management, there are examples of disabled pupils being excluded from school trips or other activities, or indeed trips being cancelled altogether rather than the school working to provide support for pupils with additional needs" (Scottish Government, 2011).

What is very clear in analysing the mother's experiences is that because schools are not always able to fully integrate children into the classroom environment, they consciously or unconsciously seek to exclude disabled children altogether, which defeats the purpose of why some parents want their child go to mainstream school (Tomlinson, 2016). The features of this discussion based on Emmi's lived experience provides various reason as to why a deep understanding of the various forms and context oppression can operate is necessary. Oppression can operate within the family home, different geographical and cultural contexts such as in schools or places of worship. It is the idiosyncrasies of how oppression permeates various aspects of social life that beckons for the practitioners to: step outside of their own privilege and view oppression from another perspective. Drawing from Abrams and Moio's (2009) example, is the assumption that a social worker may be 'neutralised' to cultural difference in their interactions with service users. It is instances like these that workers render themselves redundant through the inability to be critically aware of the complexities intertwined within a perceived simple interaction, such as privilege, identity, social norms and societal or national history. If this process is not

thought about and subsequently demonstrated at a deeper level, by practitioners, their anti-oppressive efforts will fail to resonate with Black African mothers.

Discussion

In closing, this chapter, aimed to illuminate the experiences of four Black African mothers' raising a child or children with autism, and subsequent interactions with social work services in Scotland. The purpose of this was to answer the third and final research question: does the demonstration of anti-oppressive practice in social work resonate with the lived experiences of Black African mothers raising children on the autism spectrum in Scotland?

The conclusion that is reached regrading this research question is that Black African mothers raising children on the autism spectrum are very aware of how oppression operates within their personal circumstances and within the society around them. This finding reflects, a similar observation in Munroe et al's (2016) study about immigrant mothers' experiences. They found that a level of sensitivity in understanding how inequalities and family environments can negatively affect interactions between the mother's and clinicians. Therefore, the lived experiences of the four mothers' interactions with social workers suggested practitioners' efforts may not always resonate with Black African mothers when frustrations with trying to access other services creates disappointment or disillusionment with social workers' efforts is present.

The theme of disability and its sub themes surrounding autism, 'support', 'assessment' 'pushing and fighting for access and education', and 'barriers to

interaction' emerged most prominently within the findings. Contextually, disability was the component that brought Black African mothers as carers into contact with social workers, as disability was also an intersectional social marker, along with 'race', and ethnicity (Joseph, 2015). These findings further emphasis the complexities involved with social worker to Black African mother interactions, such that based on the mother's experiences, the awareness of these complexities in family, cultural, social contexts was missed by the social workers. In turn, the social workers' practice did not resonate with the mothers. These examples serve as a reminder to practitioners about the importance of context when interacting with families in their practice.

Finally, there is definitely discord in perceived social work roles, and expectations surrounding social worker roles in reality. The findings suggest that the role of social workers is unclear (Legood et al., 2016), coupled with the impression that perhaps social workers do not want to help the mothers. This further supports Temple et al's (2008) suggestion that more focus needs to be placed on the services to be accessible to families by actively taking responsibility to actively peruse families in service provision. If this suggestion were actioned, the issue of BME communities generally, and Black African mothers raising children on the autism spectrum being 'seldom heard' (Iriss, 2011) would be less of an issue for service providers and within academic research. The concluding points from the overall findings will be made in the next chapter along with the implications for practice and suggestions of future research.

Chapter 9 – Conclusions

In light of the overall aim and objectives of this thesis, the key findings will be discussed through highlighting gaps in the existing literature surrounding anti-oppressive practice in social work education, and in the experiences of Black African mothers raising children on the autism spectrum in Scotland. The way in which this thesis filled these gaps, in meeting the aim and objections, and answering the research questions, will be outlined in the contribution to knowledge. The implications and recommendations borne out of the thesis findings will then be discussed with regards to social work education and practice, before turning to the prospects for future research within this area.

9.1 Contributions to Knowledge

This thesis aimed to develop an understanding of social workers' interactions with BME families in Scotland. This was achieved through considering the concept of anti-oppressive practices within social work education; within the experiences of social worker to BME community interactions in the field generally; and the experiences of Black African mothers raising children on the autism spectrum more specifically. The first objective was to: determine how social workers, social work students, and educators conceptualise and understand 'oppression' and anti-oppressive practice.

Social Work Education

On the first consideration of anti-oppressive practices within social work education, this thesis recognises the ongoing debate regarding the conceptual use of the term anti-oppressive practice. This thesis also argues the expectation that anti-oppressive

practice would feature prominently and explicitly within course materials given to students, within teaching, and the general structuring of the degree programme, is not realistic. The findings indicate that a subtle and implicit approach to teaching surrounding concepts of oppression, such as 'race', disability, and anti-oppressive practice is consistent across the student handbooks outlining the structure of the course, taught lessons and discussions. This finding, sadly is reflective of the values statement and code of practice in the SSSC's (2016) revised draft review of social work education in Scotland, which lays out the expectation that social workers should reflect and demonstrate "anti-oppressive practice, respect diversity within different cultures, ethnicities and lifestyle choices" (SSSC, 2016, P.3).

The overall tone of the code of practice in the SSSC (2016) revised draft review of social work education in Scotland is that anti-oppressive practice is very much implicit, in understanding and in practice, and is reflected within the findings. The findings showed that some students understood the complexities of anti-oppressive practice conceptually, but the implications for practice was lacking. The characteristic of anti-oppressive practice was closely aligned with values, justice, equalities, respect, and inclusion for both social work educators and students. This is reflective of the SSSSC's (2017) revised review of social work education in Scotland. However, what also emerged within the findings was that while educators used various tools to engage students in thinking beyond theory, and into practice, the translation of this concept into practice was, at times, lost on some students as they grappled with understanding how oppression operated. This argument compliments existing literature that maintains that "cultural sensitivity seems to be not fully integrated

into social work education despite the fact that the proportion of students of minority groups in schools of social work is increasing in western countries" (Liu, 2017, p. 228). While the first point within Lui's (2017) argument is echoed in relation to cultural competency (e.g. Harrison & Turner, 2011; Casado et al, 2012; Teasley, Archuleta, & Miller, 2014). However, the latter point of Liu's (2017) argument has not been evident across specific nations in the UK such as Wales (Williams & Parrott, 2013) or Scotland (SSSC, 2015; Hillen & Levy, 2015).

The finding that institutions providing Scottish social work degree courses are not ethnically diverse supports other studies such as Hillen and Levy (2015), and reflects population trends in Scotland (Walsh, 2017). These findings cumulatively lead to the answer that the concept of anti-oppressive practice emerges for students and educators at very different points within the degree programme, mostly at the 3rd or 4th year of undergraduate study. Drawing from the findings, although educators wanted to see more emphasis placed on teaching on anti-oppressive practice specifically, the reality of social work education is that topics often get 'prioritised out'. As a result, the demonstration of anti-oppressive social work, in practice at an individual level is not as distinctive for students, despite their recognition that there are scenarios where thinking about oppression and their role within that scenario is required. This thesis, therefore argues that the implicit nature through which the thread of anti-oppressive practice is expected to pass through within social work education and practice, at a structural level, is failing to become explicit at an individual level. This is the case for both conceptual understanding and in practice,

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which is an argument supported by critics of the use of the term anti-oppressive practice (Danso, 2009; Sakamoto & Pitner, 2005).

It is argued that the extent to which the concept and characteristics of anti-oppressive practice emerges for students and educators is subtly present for educators, with expectations becoming more pronounced as students' progress through first to fourth and postgraduate years of study. However, in instances where class-based discussions about 'race' occurred, lecturers observed that predominantly white social work students struggled to engage with or accept the idea that oppression could operate in the experiences of 'racialised' communities of people within Scotland. This finding is strengthened through the same observations made in Chand and colleagues' (2002) study regarding racism specific modules. This thesis therefore argues that a basic understanding of oppression is evident within students' understanding. However the hope that students' understanding of anti-oppressive practice become more sophisticated as they progress without adequate opportunities for students to explicitly engage in 'complex levels of thought and perspectives' (Dustin & Montgomery, 2009; Mbarushimana & Robbins, 2015) would be doing the next cohort of qualified social workers a disservice.

The thesis' findings further fulfils this gap in knowledge and posits that anti-oppressive practice and other features of oppression expected to be grasped and demonstrated by social work students, in the context of the social work curriculum, is very much dictated by whatever social issue that is seen to be more relevant at the time. This reflects the social, political, and economic climate, such that specific focus

on issues to do with 'race', ethnicity, and disability can be 'prioritised out' of the curriculum or teaching focus. This finding challenges the arguments made by anti-oppressive proponents that anti-oppressive practice is advantageous because it bisects various identity markers, such as 'race', ethnicity, disability, gender, sexuality, and so on (Dominelli, 2002). Conceptually, this argument is sound. However in light of the findings, this thesis supports the argument that in the practice of 'prioritising out' particular issues in favour of 'hot topics' on the agenda does not encourage the fundamentals of anti-oppressive practice to be understood without fostering a teaching culture based on "hierarchies of oppression" (Mclaughlin, 2005, p. 288). This stance is consistent with the concerns raised by critics of anti-oppressive practice (e.g.Danso, 2009; Mclaughlin, 2005; Sakamoto & Pitner, 2005).

Implications for Social Work Education

The implications of these findings, considering the existing discussion around social work education, stands in contradiction to Laird's (2008) argument for studies, which inform social work education, policy and practice to move away from understanding the nature of oppressions. Rather, there is a need for studies to move towards focusing on the nature of oppressions more in terms of how oppressions manifest and their causes, which will also allow for attention towards practice intervention models to be a focus for engaging with emerging social issues. The implication of this move is the small, but transformative steps within social work education in Scotland.

Another implication of these findings for social work education is the introduction of specific learning e.g. around cultural differences in child rearing practices, within the wider discussion of anti- oppressive practice and intersectionality of multiple

identities in practice. Literature has shown us that, "practitioners do not have a sound knowledge base about the diversity of African child rearing practices. Students are encouraged to draw on first-hand practice experience, as a basis for critiquing existing literature on approaches to childcare" (Nzira, 2010, p. 9). There is currently a missed opportunity for educators and social work students to grapple with concepts that are tangible, such as, "…the main pressures on African family life such as the lack of good job opportunities, which is linked with "…the desire to see African children achieve academically, [which] was highly rated because parents correlate academic achievement with improved prospects in the labour market." (ibid, p. 5). This point is eluded to in this thesis by the Black African mothers interviewed regarding their children, where they reflected on their own academic achievements as a reason not to be held back within the labour market, even though some felt they were. There is a need for knowledge, and conceptual tools required by social workers to make these distinctions when working with African Families (Bernard & Gupta, 2008).

The lived experiences of social workers impact on the lived experiences of Black African families because one's understanding of anti-oppressive practice is not only shaped by the individual's lived experiences, but are also shaped by structural societal changes. In addition to being shaped by societal changes, one's understanding is also subsequently and continually influenced and directed depending on a multitude of social currents, such as changes in legislation, policy, and demographical changes for example. Reflecting on some examples from the finding's chapters related to social work students, the impact of a lack of understanding about anti-oppressive practice in a university environment being the

realisation, for newly qualified workers, that what is taught is only a first step in one's career as a social worker. However, if there is a self-awareness that the realities of work as a practitioner may not always marry with the ideal situations taught to newly qualified social workers at university, there is an opportunity to positively apply this to Black African mothers and the families practitioners work with. This, to a degree, then assists in the self-management of expectations as a qualified social worker. So, the issue of 'bridging the gap' in terms of what is taught within an educational context, as well as ongoing professional training, have a substantial amount of impact in shaping practice as a social worker.

The impact of a lack of understanding of anti-oppressive practice by social work students and practitioners are found in the lived experiences of Black African mothers discussed in chapter 8, where there are conflicts with western cultural norms and practices. The mother's African culture played a role in shaping how disability was perceived. The discussion about approaches to parenting emerged in two of the mother's narratives about clashes of cultures that they experienced. For example, for one mother Chibuye, she recalled her experience of interacting with her social worker who was critical of how she disciplined her son and daughter. Chibuye expressed the need for cultural understanding on the part of her practitioner. The impact of this interaction being that it is almost impossible for mothers as primary carers of their children to straddle the issue of raising their children in an African way, within a Western context gracefully because the issue is almost too delicate and in some instances can bring about more unwanted attention or criticism from social workers.

The impact can also be found where there are feelings of social exclusion, mistrust, having to push for access and fight for education, and is underpinned by gender, disability and ethnicity as identity markers. This is exampled in one of the mother's narratives about having to talk about 'race' and ethnicity with her children when an incident occurred at school and involved her social worker. The mother noticed that the social worker didn't understand why the conversation had to take place, and that the depth and complexity are not something that practitioners will just instinctively be aware of until the opportunity arises to engage with these situations. This in turn allows for the argument that demonstrating anti-oppressive practice and a deeper level of understanding is important in ensuring that their practice resonates with Black African service users. With regards to the need to 'push for more access' and 'fight for their children's' education', the impact of a lack of understanding about anti-oppressive practice is further compounded by the mothers being women, the ethnicity of Black African descent, and disability because they are 'pushing' and 'fighting' for their children on the Autism spectrum. These findings highlight why a deep understanding of the various forms and context oppression can operate in is necessary on the part of social workers. Oppression can operate within the family home, different geographical and cultural contexts such as in schools or places of worship. It is the idiosyncrasies of how oppression permeates various aspects of social life that beckons for the practitioners to step outside of their own privilege and view oppression from another perspective. If social workers can recognise this, the impact on Black African families will be positively experienced.

The implication of having a solid foundation that is based on the knowledge of anti-oppression as a conceptual tool, is that social work students should not be as reluctant to engage with the many ways that oppression manifests within people's lives because these issues are grappled with at an early stage. Armed with this knowledge now as practitioners, the ongoing professional development and training opportunities should reaffirm and reinforce the importance of anti-oppressive practice, particularly with African families. This point is reflective of the findings within chapters: 6 with social work students, and 7 with social work practitioners. Practitioners would then be able to demonstrate the confidence to ask questions when unsure about interacting with, in this instance African families, without fear of causing or being offended. This involves taking the time to learn about what is culturally appropriate and is unique to each family. In turn, the indirect implication for African Families is that the negative perception of social workers, irrespective of the practitioner's race or ethnicity, based on unpleasant lived experiences are challenged over time. The positive effects of this change in perception being a more natural and pleasant interaction between BME families and practitioners. If applied to social work education in Scotland, this change should be observable in students' attitudes towards race and diversity, and intersectionality. This would also be undergirded by anti-oppressive practice that is clearly and explicitly featured within the SSSC guidance and runs throughout the practitioners' career.

Social Work Practice

The second consideration focuses on understanding how social workers demonstrate anti-oppressive practice in their experiences with BME communities in Scotland. The

findings showed that the coupling of the workers' education and training; their lived experiences; and the changes in societal demands shaped their understanding and identification of anti-oppressive practice on an ongoing basis. The social workers in this thesis were able to identify instances of anti-oppressive practice in their lived experiences of interacting with service users from both, BME and non BME communities, as well as families raising children with disabilities. The findings showed that the newly qualified social workers demonstrated a mutual understanding of anti-oppressive practice in their thought process of engaging with BME service users. The findings from theme two 'Conceptualising Oppression' related to Amy and Elizabeth's experiences of working with ethnic minorities and were good examples of the emancipatory element linked with anti-oppressive social work practice. However, at a structural level, the outworking of anti-oppressive social work in practice with individuals is not as distinctive, because broader terms such as being cultural sensitivity, and being non-judgemental are used to describe these interactions instead of describing the thought process behind the action (e.g. the sensitivity) being demonstrated. This finding is reflective of the essence and egalitarian nature of anti-oppressive practice (George et al., 2007): "A form of social work practice which addresses social divisions and structural inequalities in the work that is done with people whether they are users ('clients') or workers" (Dominelli p. 170). The findings also showed that social workers were able to identify instances of anti-oppressive practice in their lived experiences of interacting with service users from both, BME and non BME communities, as well as families raising children with disabilities. This finding challenges the assertion that overall, anti-oppressive practice is great in terms

of demonstration at a structural level, but for practitioners at a micro level, is not as distinctive (Danso, 2009).

The early career social workers demonstrated banal examples of how social workers should and do work, and was observed as a reflection of the complimentary aspects of social work practice when the International Association of Schools of Social Work (IASSW) 2014 definition of social work is considered. Within this definition there is a slight overlap with the characteristics of cultural competence, which involves respect for difference, and incorporates the inclusion of marginalised groups and individuals. For Mbaushimana and Robbins (2015), these characteristics could almost be understood as 'general competencies' (p. 149) for social workers, and as such may not require a social worker who is reflective of the service user to be able to undertake these competencies. Nevertheless, what was concluded about some of the social workers' experiences was the recognition from workers that oppression does indeed operate within society. The workers were also able to reflect on and work with sections of society that they may not have experienced before. These attributes highlight the extent to which the workers were able to identify anti-oppressive practice in their interactions with service users. Within the literature, we know that an understanding of how multiple identities intersect, and oppression operates, "…eliminates a cookie-cutter approach to assessment and interventions in a cultural competence framework and expands the scope to infinite possibilities for helping" (Robinson et al. 2016, p. 7). This observation can be supported in the culturally competent aspects of the social work practice demonstrated within this thesis.

Cultural competence involves respect for difference, which incorporates the inclusion of marginalised groups and individuals.

It was also found that the allocation of BME social workers specifically for BME service users was perceived to go against the ethics and values of social work. This solution was also seen as promoting 'lazy social work', when demonstrating, at the very least, basic competencies as a practitioner that would meet the SSSC's (2017) minimum expectation. There is an awareness that there are, at times, both negative and to a degree a 'false positive' view of social workers as 'saviours' or quick fixers of problems. From the findings, this appeared to be the case when Black social workers reflected on their interactions with other Black families. If this were the feeling among more Black workers in relation to working with other Black families, this is not helpful in engaging new service users to social work services or encouraging practitioners to the profession. A recurring point in the social workers' experiences, was their mindfulness and awareness of their own presumptions and perceptions of their service users. Particularly for the Black African social workers, the awareness of their ethnicity in interactions with both BME and non-BME communities was a recurring point of importance for these workers. This observation relates to the almost unspoken but understood reality, that is based on and shaped by their previous experiences of racism, for Black Social Workers who then have to navigate BME and non-BME spaces each day. These internal and external factors collectively contribute to and solidify the argument that anti-oppressive practice is not limited to instances of actions only, but the series of thoughts, experiences and challenges leading up to the actions. Given these findings, it is clear that it firmly stands in

opposition to the suggestion of increasing BME social workers to work with BME services users (Flynn & Patel, 2003; C. Williams, 2013). What this thesis can confidently maintain is that while the demonstration of anti-oppressive practice may not always be realised in social worker to BME interactions, caution is needed in implementing BME social workers to 'fix' the issues because of an individual's inability to work within the framework of anti-oppressive practice (Casado et al., 2012).

Implications for Social Work Practice

The implications for practice, therefore, lies in the perception of social workers and challenging these perceptions in practice. The findings uncovered a generalisation about the fear attached to how social workers are perceived as people who 'take children away from their families' (Mercy), and the perception of having social work involvement in family affairs was somehow something to be ashamed of (Amy). This inaccurate perception was also highlighted by Legood, McGrath, Searle and Lee (2016), in members of the general public. Additionally, negative perceptions of social workers being undervalued by other professionals such as teachers, police, doctors were also found in Legood et al (2016). The implications of these unhelpful perceptions being that they then hamper the ability to work collaboratively with other professionals for the benefit of service users. These intricacies are reflective of the constraints in how social work practice operates at an institutional level, which effects how social workers understand and demonstrate anti-oppressive practice. Therefore, the implications of the findings allow for social workers to challenge the perceptions of service users during their first encounters with clients with disabilities

and individuals from within BME communities. This suggests that social workers need to work hard in the early stages of their interaction with a new service user to build a relationship based on trust and honesty where both parties feel able to convey their feelings and dispel any misconceptions they may have about one another. Additionally, it also solidifies the intersectional approach that goes with anti-oppressive practice, where the thought process and awareness of self and others within interactions as a social worker remain flexible, and in application to scenarios involving various social identity markers, such as: disability, ethnicity, gender etc. This can be viewed as a strength of practice that brings together knowledge, skill and conceptual understanding with oppressed people within society.

The other implication of these findings ties together the complexities of multiple identities intersecting for Black African mothers, but also for social workers, as they navigate through predominantly 'White spaces'. The experience of being a BME social worker in Scotland and interacting with White Scottish service users was found to be challenging for Black practitioners in this thesis. It was found that for three of the Black social workers, they were concerned that their ethnicity would be a barrier to working with majority White service users in Scotland. Most of the concern involved people's perceptions of them as Black workers along with the negative perceptions associated, at times, with being a social worker. The implications of this is that through having an insight into how the awareness of one's identity as Black social workers can be an influencing factor that manifested in either a negative, or positive way, but the acknowledgement of this process is the foundation to effective anti-oppressive practice.

What was also apparent within one of the Black social worker's experiences (Mercy) was her awareness of being used as the 'go to' person for engaging with BME service users. This particular aspect of Mercy's story is not dissimilar to the experience of social work students who also reported being used at times as "racial, cultural or religious experts" (Fairtlough et al., 2014, p. 617). The implication of this finding is that minority ethnic populations working as social workers will still encounter issues within the social work sector irrespective of the BME families they work with. Ultimately, this point has implications for the extent to which social workers' lived experiences shape their understanding and identification of anti-oppressive practice when working with white Scottish families.

A final key finding showed that the potential for BME service users to perceive social workers as a bridge or a 'free pass' between service users and institutions because of perceived shared ethnicity and cultural understanding was evident. This emerged within the findings for Black African Mothers who felt a shared commonality of 'womaness' (Jordan-Zachery, 2017) with Black social workers that they encountered, or felt that they needed to emphasise their educational background when engaging with White social workers. The implications of these findings suggest that having more BME social workers as a blanket solution in the case for Scotland, has to be approached with a level of caution, if BME social workers are being brought in to 'fix' the issues that occur when cultural competency within social work practice fails.

Black African Mothers' Experiences

The third consideration illuminates the experiences of Black African mothers raising children on the autism spectrum in Scotland. The gap in the almost non-existent

literature about BME experiences in Scotland in relation to social work practice was identified. This study filled this gap through investigating an ethnically diverse and seldom heard community, in this instance Black African mothers' perspectives. From the perspective of the Scottish research landscape, this is advantageous given the projected increase in ethnic minorities in Scotland (Walsh, 2017), that research in this area is essential.

The study's findings revealed that the mothers experienced difficulties while coming to terms with the diagnosis of their children. When autism is understood within the concept of neurodiversity and the subjectivity of disability and coupled with the experiences of African mothers as carers, a justified foundation for understanding how the demonstration and resonance of anti-oppressive practice in social work was explored. These emotions involved, 'shock' 'anger', 'guilt' and 'denial'. The theme of disability and its sub themes surrounding autism, 'support', 'assessment' 'pushing and fighting for access and education', and 'barriers to interaction' emerged most prominently within the findings. Contextually, disability was the component that brought Black African mothers as carers into contact with social workers, as disability and gender were also intersectional social markers, along with 'race', and ethnicity (Joseph, 2015). These findings further emphasise the complexities involved within social worker to Black African mother interactions. Based on the Black African mothers' experiences, the awareness of these complexities in family, cultural, social contexts were at times missed by some social workers. An example of one of the complexities involving the family can be illustrated through the intersection of gender and 'race'/ethnicity within interactions with professionals or external visitors to the

family home. For example, each mother interviewed by the researcher was viewed as a 'gatekeeper' in terms of gaining access to their children in particular. This observation becomes more significant because the mothers are women coupled with being Black of African descent, who assume this role when engaging with social workers who have come into contact with each other because their child is on the autism spectrum. Therefore, for some of the mother's experiences, the opportunity to engage with some of these complexities e.g. 'barriers to accessing education', or negative stereotypes associated with black women is something social workers miss/ fail to acknowledge or perhaps understand.

One thing that can be observed is that Black African mothers raising children on the autism spectrum are very aware of how oppression operates within their personal circumstances and within the society around them. Munro and colleagues' (2016) findings surrounding African immigrant mothers' experiences of their children receiving an autism diagnosis are similar to this study's findings. The mothers within this thesis also experienced difficulties surrounding accessing both social work and health services, despite the common barriers of language and educational attainment not being an issue for them. On this point, the observation of how much more difficult service users who do not speak English, or are not financial stable may have in accessing services (Chamba et al., 1999; A. Chand, 2005; Simpson & Parsons, 2016; Valenti, 2017). Finally, the findings showed there is discord in perceived social work roles, and expectations surrounding those roles in reality. The findings suggest that the role of social workers is unclear (Legood et al., 2016), therefore this thesis suggests that anti-oppressive practice as demonstrated by practitioners does not

resonate fully with the mothers. When placed within the context of social workers, who are more often than not working through a heavy caseload (Moriarty et al., 2010), and utilising the little time and access to little resources that they have (Collins & Wilkie, 2010), the findings complement scenarios within existing literature. Therefore, the lived experiences of the four mothers' interactions with social workers suggest that practitioners' efforts may not always resonate with Black African mothers, especially when frustrations about accessing other services creates disappointment or disillusionment with social workers' efforts. Once again, it appears that teaching on anti-oppressive practice is not always understood or acknowledged by students, which in some instances carries into the experiences of qualified social workers. The teaching and ongoing training around anti-oppressive practice is not sufficient and the knock on impact of this on the lived experience of both black social workers and black families who often experience misunderstanding, lack of knowledge of the oppression they experience, well-meaning but misplaced assumptions from mostly white social workers. For black families and social workers alike, this makes navigating certain social spaces difficult, and fraught with difficulties if care is not taken to acknowledge, understand, and process oppression before putting it into practice.

Further Implications for Social Work Practice

The findings from this study also suggest a number of implications for social work practice. One area where there was significant development work identified was around placements. Classroom teaching alone on anti-oppressive practice does not appear sufficient to equip students with the knowledge and understanding of

oppression that they need and therefore further work is needed. Some of the difficulties that educators have in allocating students to placements is due to high competition. This links firmly with Black African mothers' experiences, as the lack of opportunity for social workers to engage with BME communities generally in practice placements has an additive effect on solidifying students' conceptual understanding around anti-oppressive practice in social work. The findings showed that maintaining strong relationships between the HEIs and placement organisations and services is necessary for arranging placement opportunities for students. As outlined in the SSSC (2017) Review in Social Work Education Consultation, it has been noted that placement environments can at times make it difficult for standards to be met in terms of support and processes, which suggests that the issue of placements may be an aspect of focus within the future revisions. This would involve the SSSC looking into establishing key partner organisations throughout Scotland that meet the Standards in Social Work Education (SiSWE). This will allow for the issue of competition for placements to be reduced among institutions and would allow for opportunities to engage with more BME communities through these partnerships. Further to this, changes in how anti-oppressive practice is described and worded in policy, guidance, training, and teaching material so that it is more explicit and clear reflection of anti-oppression in practice. These concepts and practices are hoped to be found in future drafts of the Standards in Social Work (SiSWE) documents, continuous professional development materials, and present from year one of study in social work undergraduate and Masters in Social Work (MSW) degree courses.

Recommendations

A key finding from educators showed that geographical location, exposure and engagement with BME communities is influential in how oppression is understood. "Strategies for tackling the intersecting disadvantages of race, gender and disabilities in social work training should embrace three principles: providing continuous support, focusing on how the support is provided and addressing contextual and structural barriers" (Lui, 2017 p. 227). Therefore, the recommendation for educators to overcome a lack of student participation in discussions would be to:

1. Frequently engage and 'normalise' open discussions about oppression. The ability to ask questions and share opinions on issues, without fear, challenges one's value system and contributes towards determining how social work students conceptualise and understand oppression.

2. Extend these opportunities discussed in the first recommendation to practice placements with organisations who work with predominantly BME and marginalised communities specifically. This should strengthen students' understanding of oppression as they grapple with the concept, its outworking in society, and where their profession fits within this.

My recommendation for strengthening the quality of these in class discussions would be:

3. To investigate the admissions of BME students on Social Work degree courses in Scotland, completion rates and uptake of social work as a profession by minority groups. Although, bringing in more BME social workers will not fix

the issues related to oppression in Scottish society, it's important for future cohorts of social work students to be diverse and representative of an ever-changing Scotland. To see an increase in the number of visible BME lecturers and professors in Social Work departments at Scottish institutions would also assist with this, however, further investigation as to why there is a lack of BME representation at these institutions is required.

The implications of this recommendation would be the awareness of how oppression operates and the development of these acquired skills in working with wider BME communities as well as other marginalised groups in society.

This thesis produced findings that provided a starting point in discussing the experiences of four Black African mothers raising children on the autism spectrum in Scotland. Although not generalisable to all BME communities in Scotland, the findings have implications for how practitioners' approach the idea of working with wider BME communities in their practice. Robinson et al (2016) advocates for the use of innovative ways to encourage social work students to engage in critical thought and reflection. My recommendation, therefore, stretches beyond this and would be:

4. For social work courses to generate opportunities to engage in more external/ open forums with BME and other oppressed communities in Scottish society. This would involve speaking not only to social work students, but qualified social workers as part of their ongoing development. This would allow for discussions about social work practice and service provision to take place, and

ideally bring about a point of mutual understanding regarding social workers' roles and ethnic minority experiences.

If implemented, the positive impact of these opportunities has the potential to permeate the system over time, affect practice, training and ultimately service users i.e. BME communities, marginalised people, disabled people, women etc.

Future Research

Personally, I would like to engage in further research within this area of anti-oppressive practice in social work, with a specific focus on the experiences of subgroups within wider BME communities. Some of the limitations discussed, such as not being able to interview fathers and other children within this thesis is evident. It appears that "roles within African households are gender specific and men remain heads of households" (Nzira, 2010, p. 5). This was also the case in my thesis, where I found the mothers to be almost like the gate keepers of the family home. This is linked with the observation that I was not allowed to interview the children themselves in instances where the child was verbal, nor their husbands, who were typically working during my interactions with them. This provides the basis for perusing further research with social workers and Black African family units. Also, the authors Parent, DeBlaere and Moradi (2013) highlighted a lack of 'three-way interactions' of identities in relation to intersectionality in terms of contributions within academia. A criticism of this thesis, therefore, may be the lack of 'three-way analysis of identities i.e. ethnicity, disability and gender explicitly, although gender related issues are discussed. However, where the thesis stands up is the use of phenomenology which goes together with an intersectional approach to this topic. It

has been suggested within social work literature that in order to meet fundamental needs, a shift in focus is needed, by practitioners, away from the child only and towards the inclusion of the family unit in the provision of services, and for social workers to be reflective in their approach with these families (Dottolo & Kaschak, 2015; Gollan & O'Leary, 2009; Jeyasingham, 2012; C. Williams & Parrott, 2014). Through undertaking research which captures the family unit in more depth within the context of anti-oppressive practice is a logical next step that will build on some of the issues explored within this thesis. The potential for the findings to then be used by practitioners as a window into a seldom heard world and inform practice is very exciting.

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Appendixes

Appendix 1. Sample Information Sheet (Social Workers)

Information Sheet for Qualified Social Work Practitioners

Name of department: Social Work and Social Policy

Title of the study: Social worker Interactions with Black and Minority Ethnic (BME)

Families Raising Disabled Children and Young people in Scotland

Introduction

My name is Melvina Robbin and I am a PhD student in Social Work at Strathclyde University, Glasgow. I am leading this research as a contribution to the completion of my PhD Thesis.

What is the purpose of this study?

The research aims to develop a better understanding of how social workers interact with BME families raising disabled children and young people in Scotland. The views of qualified social work practitioners, social work students and Black and Minority Ethnic (BME) families with disabled children and young are of interest to the research.

Do you have to take part?

Participation is voluntary: it is entirely your decision whether or not to take part in the research. Should you decide not to do so, or agree now but change your mind later this is absolutely fine and there will be no consequences.

What will you do in the project?

If you agree to take part, you will be asked to participate in a face-to-face interview with me. The interview will last for approximately 40 minutes - 60 minutes and will take place in a location that is comfortable for you: such as your place of work, or a suitable interview location near you. Qualified social work practitioners will be invited to talk about their experiences of interacting with BME families with disabled children and young people specifically within the central belt of Scotland. I am asking social workers' permission to audio

record the discussion so that I can check that my notes are correct. However, if anyone does not want the discussion to be recorded, I will not do so.

Why have you been invited to take part?

You are being approached because you are a qualified social work who may have some experience interacting with BME families with disabled children and young people within Scotland. Additionally, I aim to include a range of views and experiences about anti-oppressive social work practice from a social work students and BME families with disabled children's perspective.

What happens to the information in the project?

Any information you provide in the interview will be treated confidentially. You WILL NOT be identified in any reports or other materials produced through this project. All data will be stored securely on password protected computers and locked cupboards. Tapes/transcript being made available to other researchers who are not members of this research team, will only be made available based on the judgement of the research team, and this will be on the condition that your identity as a participant is NOT revealed.

The University of Strathclyde is registered with the Information Commissioner's Office who implements the Data Protection Act 1998. All personal data on participants will be processed in accordance with the provisions of the Data Protection Act 1998.

Thank you for reading this information – please ask any questions if you are unsure about what is written here (see contact details below).

What happens next?

If you are happy to be involved in the project, please sign the attached consent form and return it to the voluntary organisation representative who gave it to you.

If you do not want to be involved in the project, that is fine. Thank you for reading this information.

Researcher Contact Details:	Nominated Individual regarding queries:
Melvina Robbin	
	School of Social Work and Social Policy
	University of Strathclyde
	Lord Hope Building (Level 6)
	141 St James Road
	Glasgow, G4 0LT

School of Social Work and Social Policy

Post Graduate Suite (Level 1)

Lord Hope Building

University of Strathclyde

141 St James Road

Appendix 2. Sample Consent Form (social workers)

Consent Form for Qualified Social Work Practitioners taking part in the interview

Name of department: Social Work and Social Policy

Title of the study: Social worker Interactions with BME Families Raising Disabled Children and Young people in Scotland

- I confirm that I have read and understood the information sheet for the above project and the researcher has answered any queries to my satisfaction.

- I understand that my participation is voluntary and that I am free to withdraw from the project at any time, without having to give a reason and without any consequences.

- I understand that I can withdraw my data from the study at any time, and that any data that is held anonymously cannot be withdrawn once collected.

- I understand that any information recorded in the investigation will remain confidential and no information that identifies me will be made publicly available.

  - The only exception to this would be if information is disclosed related to serious harm or immediate danger, in which case the researcher would need to pass along this information

  - If this should happen, the researcher would discuss this with me at the time.

- I consent to being a participant in the project

- I consent to the interview being audio recorded as part of the research; YES/ NO (*please delete as appropriate*)

(PRINT Name)	Hereby agree to take part in the above project as indicated above

Signature of Participant:	Date:
Contact details: Phone number **Email address**	

Appendix 3. Ethics Approval

RE: Ethics Application Form Submission

Iain McLeod <iain.mcleod@strath.ac.uk>

Mon 16/05/2016 12:52

To: Melvina Robbin <melvina.robbin.2013@uni.strath.ac.uk>;

Thank you Melvina,

your application now has ethical approval, Should any aspect of the proposed study be subject to chneg , you should inform the School Ethics Committee.

Best Wishes

Iain

From: Melvina Robbin [melvina.robbin.2013@uni.strath.ac.uk]
Sent: 12 May 2016 12:45
To: Iain McLeod
Subject: Re: Ethics Application Form Submission

Dear Iain,

Thank you very much for your feedback and comments on the application. I have made the following changes to the Ethics application:

1. Section 16 - I have spoken to my supervisors for additional advise and as a result I have changed the box to 'no'.

Appendix 4. Sample Interview Questions: Social Work Educators and Students

Core Interview Questions: Social Work Educators

1) What has your experience been in developing social work courses and degree programmes within higher education?

2) How are the undergraduate and MSW degree programmes structured?

3) What is the approach to learning that is adopted when it comes to delivering the course?

4) What are your thoughts on the term Anti-oppressive Practice within Social Work?

5) And do topics related to oppression feature at all within classroom discussions or in assignments?

6) What is the typical demographic of social work students at your institution?

7) Could the issues faced by BME service users be better handled if there were more BME Social Workers assigned to work within these communities?

8) Does the under/postgraduate course contribute towards students' overall readiness for practise with Black and Minority Ethnic communities?

Core Mirrored Interview Questions: Social Work Students

a) What are your thoughts on how the course is structured?

b) What is your understanding of anti-oppressive practice in Social Work?

c) Does the term anti-oppressive practice feature in teaching, assignments or discussions during the course of the degree?

d) Please share your opportunities of engaging with Black and Minority Ethnic communities or people from diverse groups while on placements?

e) With the experiences and knowledge you have gained during your degree, do you feel ready to practice social work with Black and Minority Ethnic communities?

Please provide your answers fully and in full sentences

Questions

Background Information/ Characteristics

1) Are you currently studying Social Work at Undergraduate or Postgraduate level?

2) If no [Have you recently graduated with a degree in Social Work within the last year?

3) At what level are you currently studying for your Social Work Degree? (Tick as appropriate)

Undergraduate (Year 1 or 2)   Honours (Year 4)

Undergraduate (Year 3)   Postgraduate

4) What University are you currently study for your Social Work Degree? (Tick as appropriate)

Robert Gordon University (RGU)   Glasgow Caledonian University (GCU)

Dundee University   Stirling University

Edinburgh University   The Open University (OU)

Strathclyde University   University of West of Scotland (UWS)

5) Why did you choose to study Social Work? (i.e. special interest, previous degree, career change)

Course Structure and Anti-oppressive practice

6) What are your thoughts on how the course is structured? (i.e. lectures, practice placements, assignments)

7) What is your understanding of 'Anti-oppressive practice' in Social Work?

8) Does the term 'Anti-oppressive practice' occur in teaching, assignments or discussions during the course of the degree?

9) What are your thoughts on the usefulness of the term 'Anti-oppressive practice' in social work education?

Practice Placement

10) Please can you share your experiences of practice placements?

1) Please share your opportunities of engaging with Black and Minority Ethnic communities while on placements? (Please anonymise locations and names)

2) During the course of your studies has your thoughts on services and service users: changed, stayed the same, or have not change at all?

Preparedness for Practice

3) With the experiences and knowledge you have gained during your degree, do you feel ready to practice social work with specific communities such as Black and Minority Ethnic Communities?

Recommendations

What are your recommendations for good practice in social work education?

- Gain verbal consent to record once more

- Ask if there are any questions that the participant would like to ask before we begin.

- Inform the participant that the interview is relaxed informal dialogue

Background

1) Please can you share a little bit about your experience of teaching on Social Work courses and degree programmes

    a. What have your developing social work courses and degree programmes (applied Postgrad and or BA)?

Specific to HEI Curricula

Course focuses on social workers' welfare role: touches on themes of assessment, early intervention, prevention, resilience and capacity building.

2) The approach to learning adopted within the post grad programme is based around two case studies, what was the reasoning behind this decision?

3) What have been some of the benefits and challenges in adopting an Enquiry and Action Learning Approach – Group work, role play, mapping academic learning to practical experience?

Anti-Oppressive Social Work Education Translating into Practice

Knowledge, Skills and Values: Intervention, prevention, Non-judgmental practice, Child-centered practice, Reflective practice, promoting equality and respecting diversity.

4) What are your thoughts on the term anti-oppressive social work practice?
    a. Does it feature at all within classroom discussions, or in assignments?
    b. What are your observations of students' understanding of anti-oppressive social work in both theory and practice?

5) Within the course are there opportunities for students to engage in critical reflection?

    a. What have been your experiences of student engagement?

    b. What has been your reaction or response to student engagement?

     a. What have been your experiences of challenging students on being reflective, if at all?

2) How would you describe students' initial attitudes towards the case study involving BME families?

     a. Have you perceived any changes in students' attitudes towards the situation within the case study involving the BME family?

3) How would you describe the general demographic of social work students on the postgraduate degree course that you teach on?

     a. What been your experiences of working with BME students on the course?

     b. What are your thoughts on the selection process to gain admission onto the programme? Is the range of diversity in class wide enough?

Preparedness To Enter Practice

Within the course, there is an opportunity for students to engage in discussion with informants and group work.

1) What has been your experience of this process, in terms of students' understanding and demonstration of anti-oppressive social work?

2) What changes, if any do you feel could improve social work students' preparedness for engaging specifically with multiple forms of oppression, in this instance BME families and disability?

     c. If difficulties are experienced when engaging with BME families in practice, from your experience, is building relationships and grasping key knowledge, skills and values something that BME service users would benefit from specifically working with other BME social workers? X

     d. Would widening the range of ethnic diversity, skillset enhance social workers' interaction with BME families, or situations where multiple forms of oppression are present? Assessment, preventions, decision-making?

Are there any questions that you may want to ask me?

Thank you for your time

- Gain verbal consent to record once more

- Ask if there are any questions that the participant would like to ask before we begin.

- Inform the participant that the interview is relaxed informal dialogue

Background

1) Please can you share a little bit about your experience as a qualified Social Worker.

   Length of service, local authorities, locum etc?

- What has been your experience of working with BME families and or Children with disabilities?

2) What would you say are some of the knowledge you've gained as a social worker through working with BME families with disabled children?

HEI Curriculum and Training

3) Do you feel that your Initial degree programme prepared you for work with BME families and children with disabilities?

4) Do you feel that your ongoing training and Professional development has prepared you for work with BME families and children with disabilities?
   o What type of training has been offered?

Anti-oppressive Practice

Is Anti-oppressive practice useful? Does it translate into practice? Is it a useful guide to practice. Could you tell me a bit more about your experiences of interactions with BME families.

BME Families' Perceptions/ attitudes of Social Workers and disability -

What is like to be a black Social Worker working in a primarily white environment? What are the advantages/Disadvantages?

Recommendations

Social Workers' Recommendations for change or how to maintain good practice guides.

Characteristics/Background

1. Please can you share a little bit about yourself and your family? (e.g. Age, Country of Origin)

Receiving a diagnosis

2. How old was your child when you received a diagnosis?
3. How did you feel?
4. How did you personally perceive disability in general/ attending specialist appointments?
5. What support did you have around that time?

Experience of raising child on the Autism Spectrum

6. Please can you share your experience of raising your child who is on the autism spectrum?
7. As a Black African mother, how has it been for you? What gets you through each day?
8. How have people in your immediate surroundings/community supported you?
9. Do you feel your African culture or upbringing has an effect in relation to…?
10. How did you decide on the type of school you wanted your child to attend?
11. What was your experience of your children transitioning from Nursery to Primary school?
12. What role did your social worker play in your/your children's lives at that point?

Interactions with Social Workers

13. At what point were you introduced to a social worker?
14. What were your initial perceptions of social workers before you even had a chance to engage with them?
15. How did you find out about additional services you could access?
16. How did you navigate these interactions with your social worker?
17. If applicable, were there any assessments undertaken?
18. Have you witnessed anything, like you've seen social workers do that you appreciate?
19. Do you feel your African culture or upbringing has an effect in relation to…?
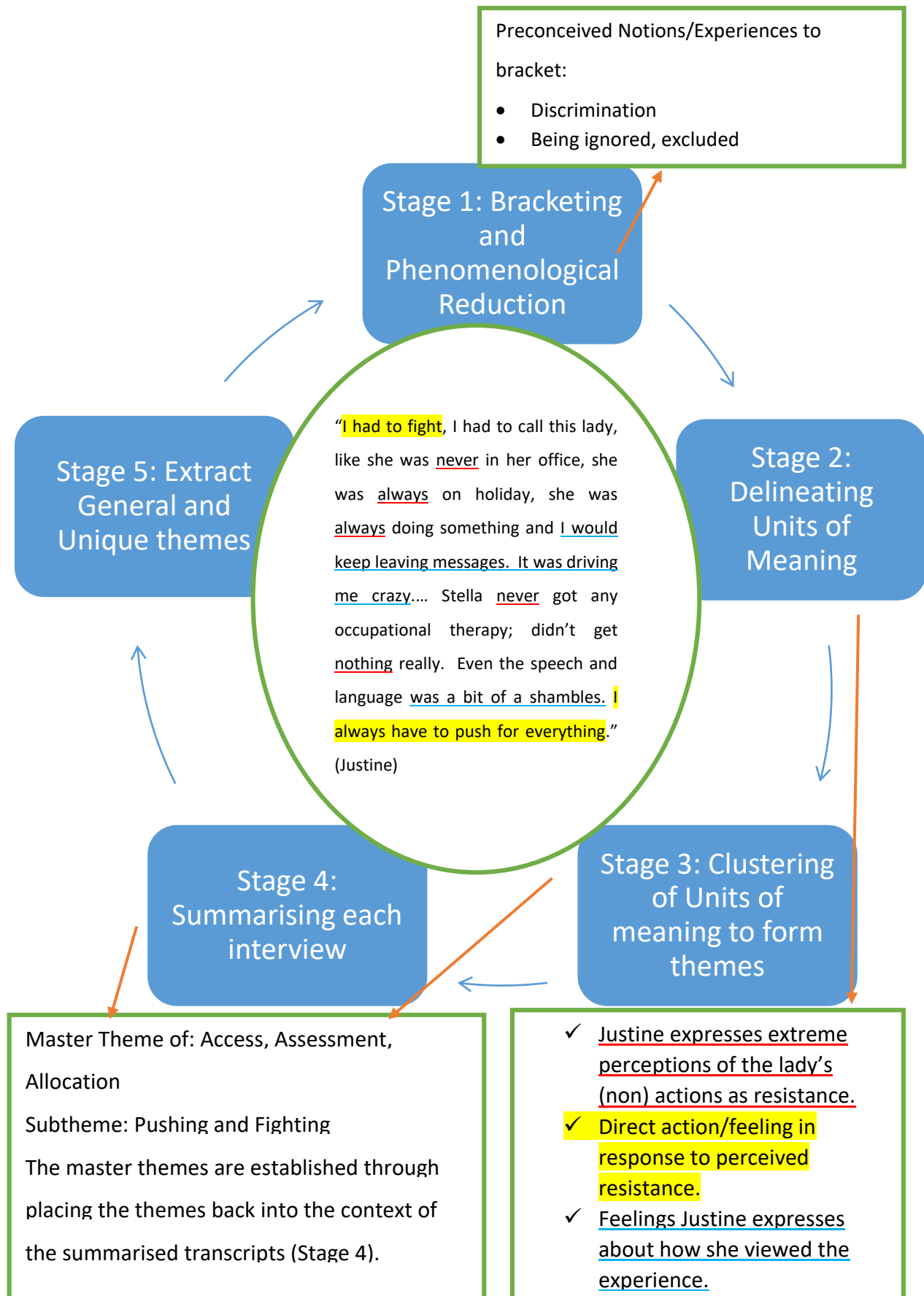
Recommendations

20. Based on your experiences, as a Black African mother do you have any recommendations for how you would like to see social workers interact with BME families?
21. Do you have any questions for me?

Appendix 9. Master List and Subthemes

Respondents	Master Themes	Subthemes
Social Work Educators and Students	Theme 1. Contextualising Oppression	• Structural and Experiential Influences • A General to Specific Approach • Prioritising the Curriculum and Staying Relevant
	Theme 2. Conceptualising Oppression	• Negotiating Complexities • Opportunities for discussion • Engagement with External Stakeholders
	Theme 3. Classroom to placements	• Placement Opportunities • Perceived Inexperience versus Life Experience • Problem Solved: BME Social Workers
Social Workers	Theme 4.Understanding Oppression	• The gap between Theory and Practice • Training and professional Development
	Theme 5. Anti-oppressive practice in Action	• Discord between Cultures • The influence of Labels • Approaches to engagement
	Theme 6. Implications for Practice	• Perception of social workers • Challenging Perceptions • Black Workers' Experiences
Black African Mothers raising Autistic Children in Scotland	Theme 7. Autism as a Disability	• Post Diagnosis Support
	Theme 8. The Perception of Disability	• Conflict with Western Culture • Religion
	Theme 9. Access, Assessment and Allocation	• Barriers to Interaction • Ethnicity • Social Exclusion and Mistrust • Pushing and Fighting • Mainstream vs Specialised Education

Appendix 10. Example of The Explicitation Stages Applied to Justine's Excerpt

Preconceived Notions/Experiences to bracket:

- Discrimination
- Being ignored, excluded

Stage 1: Bracketing and Phenomenological Reduction

Stage 5: Extract General and Unique themes

Stage 2: Delineating Units of Meaning

"I had to fight, I had to call this lady, like she was never in her office, she was always on holiday, she was always doing something and I would keep leaving messages. It was driving me crazy.… Stella never got any occupational therapy; didn't get nothing really. Even the speech and language was a bit of a shambles. I always have to push for everything."
(Justine)

Stage 4: Summarising each interview

Stage 3: Clustering of Units of meaning to form themes

Master Theme of: Access, Assessment, Allocation

Subtheme: Pushing and Fighting

The master themes are established through placing the themes back into the context of the summarised transcripts (Stage 4).

- ✓ Justine expresses extreme perceptions of the lady's (non) actions as resistance.
- ✓ Direct action/feeling in response to perceived resistance.
- ✓ Feelings Justine expresses about how she viewed the experience.