To Shield or Not to Shield? There Should Be No Question—Black African Social Workers Experiences during COVID-19 in England

Prospera Tedam*

Department of Social Wellbeing, College of Humanities and Social Sciences, United Arab Emirates University, Al Ain, United Arab Emirates

*Correspondence to Dr Prospera Tedam, Department of Social Wellbeing, College of Humanities and Social Sciences, United Arab Emirates University, Al Ain, United Arab Emirates. E-mail: p.tedam@uae.u.ac.ae

Abstract

Using three tenets of Critical Race Theory as the analytical lens, namely, counter story-telling, everyday racism and whiteness as privilege, this qualitative study examined the experiences of twenty Black African social workers during the Coronavirus disease (Covid-19) pandemic in England. The findings suggest that there was a different and often less favourable application of the rules and policies for Black African social workers in relation to COVID-19 and in comparison to their White peers. In addition, Black African social workers expressed frustration about the inadequacy of risk assessments undertaken to gauge the level of risk posed by continuous engagement with service users. A strong recommendation for culturally responsive leadership is made alongside the need for managers, supervisors and employers to become allies to their staff from Black and other minority ethnic backgrounds.

Keywords: African, Black, COVID-19, critical race theory, culturally responsive leadership, social workers

Accepted: April 2021
Teaser text

This article reports the findings from a qualitative investigation into the experiences of Black African social workers during a period of the COVID-19 pandemic in England. Whilst the pandemic created concern and heightened anxiety for many people, its impact was experienced differently by diverse groups of professionals. Although all social workers in the frontline had to cope with direct risks in relation to safe working with service users, some Black African social workers also had to navigate discrimination and inequalities in the workplace whilst responding to the needs of service users and their families.

The main findings were that Black African social workers perceived some of their experiences to be racialised and discriminatory from managers and on occasion, from their peers. Using participant narratives, the author outlines the utility of Critical Race Theory in understanding these experiences and identifies culturally responsive leadership as one strategy, which social work managers could adopt in their work with ethnic minority staff.

Introduction

This article discusses the findings from a self-funded study undertaken between July and December 2020 exploring the experiences of social workers who described themselves as Black African and practising in England during the COVID-19 pandemic. There is an increasing knowledge that the COVID-19 pandemic disproportionately affects Black people in England exacerbating existing inequalities. Research by Croxford (2020) identified that from about 3,000 critically unwell coronavirus patients in England and Wales, about 34 per cent were from Black, Asian or minority ethnic backgrounds. It has been argued that the reasons for this lie in the employment and job roles held by Black and other minority people in the areas of social care, health, nursing and other services. In this article, I present the experiences of Black African social workers in the context of COVID-19 and argue, using three key tenets of critical race theoretical framework, that the pandemic has created opportunities for discrimination and differential treatment.

It is important to state at the outset that there are few positives contained in this article, mainly because the pandemic in itself has been and continues to be stressful and has heightened anxiety and concern for many. That said, there is a recognition of the positive experiences under ‘Celebrating practice during COVID-19’ section.

This article begins with a background of the study and a discussion about the use of ‘Black African’ to describe participants. A review of relevant literature will be undertaken followed by a discussion about the
methodology. The findings will be outlined, then a discussion and conclusion.

Background

Black African social workers in England

It is important to outline from the outset that my research interests focus on social workers who describe their ethnicity as ‘Black African’. My previous research (Bartoli et al., 2008; Tedam 2014; Tedam 2015, 2021) has focused on the experiences of ‘Black African’ as I have tried to avoid large categories which do not adequately represent this group. However, I am aware of the complexities in this definition ‘Black African’ and do not use the term as a means of homogenisation. Instead, its use is to recognise the distinct and separate attributes of people from sub-Saharan Africa in England who see and describe themselves as Black African and whose experiences are unique and different from people of African Caribbean heritage, for example.

I am clear that the use of ‘Black’ is an important categorisation as it sets black disadvantage against White privilege. Its use reflects a social structure which is not only racialised but also one in which ‘whiteness’ is respected, unquestioned and accepted (Kowal, 2008) in contrast to ‘blackness’ which is often perceived from the othered lens with stories of over-scrutiny and unfair work allocation (Mbarushimana and Robbins, 2015).

The 2011 Census in the UK revealed that about 1.8 per cent of the population were of African heritage, and people from sub-Saharan Africa constitute one of the fastest growing immigrant communities in the UK (Mitton and Aspinall, 2010). According to the Office for National Statistics (2019), the 2021 census will report ethnicity based on participants’ selection of African, Caribbean, Mixed and Other in the Black/Black British category. Notwithstanding, I acknowledge the difficulties that could arise from this use of ‘Black African’, and wish to clarify that as one of the inclusion criteria, the choice to participate relied on participants’ self-identification.

Black African social workers in England

According to Samuel (2020), Black African social workers make up 27 per cent of the workforce in England (12 per cent children and 15 per cent adult services social workers).

At the time of writing, I have found no research which specifically examines the experiences of Black African social workers in England.
during the pandemic; hence, this study presents a unique opportunity to hear, from the perspective of the participants, their experiences.

**Review of literature**

Writing about the COVID-19 pandemic in the context of social work education and practice presents a number of challenges, such as the fast-growing body of literature, the ever-changing nature of the pandemic and the fluid and ever-changing context for social work learning and practice. Notwithstanding, there is extant literature about social work during pandemics and disasters which helpfully provides insight into the current global situation. For example, Park and Lee (2016, p. 654) have suggested that the social work profession needs to concern itself with global and local issues in relation to outbreaks of diseases.

Outbreaks of human communicable diseases pose urgent and important issues that the social work profession needs to be concerned with, locally and globally (Park and Lee, 2016, p. 654).

It is my view that social work should not only be concerned with the impact of pandemics on people they work with but also about how the pandemic is impacting on their work environments and on social work professional relationships.

Matache and Bhabha (2020, p. 379) referring to the pandemic as a collective danger, argue that ‘there is a darker side to this collective danger—a license to unleash racism against stigmatised groups. We have seen this at national borders, as countries hurry to separate “them” from “us.” But we are also seeing this within countries—as the coronavirus compounds the virus of racial hatred via politicians, policy-makers, journalists, or social media’.

According to Lavalette and Penketh (2014) concerns about systemic racism were what led to the development of anti-racist social work practice in the 1980s and 1990s in the UK. However, by the mid-2000s, a push for anti-oppressive practice appeared to diminish and dilute discourses around anti-racism (Keating, 2000). Recognising that anti-oppressive and anti-discriminatory practice may not be appropriate to address racism, there has been recent energy directed towards bringing anti-racism and anti-racist social work back firmly into education and practice. Social work educators should be committed to dismantle and disrupt racism through pedagogy, research and dissemination. Heron (2006, p. 289) found that anti-racism was largely ‘invisible and insignificant’ in students’ written work; consequently, it is important that social work educators address these sorts of issues without delay. However, this is unlikely to be the case as Edmonds-Cady and Wingfield (2017) more recently argued that social work educators reinforce systemic
racism through not adequately preparing students for anti-racist practice. They argue that through ignoring or failing to challenge racist and discriminatory views in the classroom setting and through coursework, social work educators are perpetuating the racism they are hoping to disrupt.

In terms of the experiences of Black social workers, Mbarushimana and Robbins (2015) writing from a broader UK perspective found that Black and other minority ethnic social workers perceived themselves as less able to challenge what they found to be disproportionately high numbers of Black people using social work services. In addition to this, Black social workers themselves experienced racism from colleagues and service users. This often resulted in them feeling powerless and inferior in comparison to other social workers. In order to be recognised as competent social workers, participants in their study reported having to work harder (p. 145).

Methodology

The study

This study focused on the experiences of Black African social workers during the COVID-19 pandemic in England and had two key aims. The first aim was to understand the ways in which the COVID-19 pandemic impacted on their practice and secondly how employers responded to the needs of social workers during the pandemic. The two questions probing Black African social workers’ experiences during the pandemic were:

Tell me about your experiences as a Black African social worker in England during the pandemic.

Tell me about your employer’s response to your needs and concerns during the pandemic.

It is important to state that the timeline of the pandemic being referred to is March–December 2020, although participants were not interviewed until the study gained ethical approval in July 2020.

Methodology and sampling

This exploratory study involved the use of individual interviews with twenty \( n = 20 \) practising social workers. A call for participants was circulated through Twitter, LinkedIn and via email outlining who was eligible to participate in this study. Participants would be those who self-identified as Black African and of any gender. They would be employed
as a qualified social worker or be studying social work in a recognised and accredited university.

To collect the data, a semi-structured interview schedule was used either via Zoom or Microsoft Teams and all interviews were recorded with the consent of participants. Data analysis was performed using a thematic analysis method to identify themes and patterns from the participants’ narratives about their experiences, feelings and opinions (Braun and Clarke, 2006). These themes were subsequently analysed using a Critical Race Theory lens.

**Research ethics**

This study received ethical approval from the United Arab Emirates University Research Ethics Committee in July 2020 and audio-recorded consent was granted by participants who were advised that they could withdraw their consent at any time. This is in line with internationally accepted standards.

Only one participant worked in the private, voluntary and independent (PVI) sector and nineteen others were employed in Local Authorities (LAs) with six being in locum social work roles. In addition, practice experience ranged from newly qualified in their Assessed and Supported Year in Employment (ASYE) to twenty-two years. In terms of qualification, seven participants had graduated with a Master’s degree in Social Work and thirteen with a Bachelor’s degree. The sample was made up of four males and sixteen females.

The analysis of data was grounded in standard qualitative coding techniques where recurrent instances served to form the thematic findings of the study. The coding process unearthed several themes across interview data. These themes will be examined in detail in the findings section and within the three tenets of Critical Race Theory (CRT); however, it is important to note that some scholars, notably Mocombe (2017) are opposed to Critical Race Theory because they argue that it is a conservative framework and only aims for equality of opportunity when it should be doing more.

**Limitations of this study**

Although this study yielded interesting and relevant findings, there were some limitations. Study participants were predominantly women and it is my view that a larger number of male participants could have allowed for a thorough analysis around the implications of gender on their experiences. In addition, this research attracted more social workers from the Children and Families specialism than those employed in Adult Social
Care as well as only one participant was from the PVI sector. In any related studies in the future, these limitations will be considered as the means of improving the research design.

Findings

In this section, I will discuss the key findings under three key tenets of Critical Race Theory: counter storytelling, everyday racism and whiteness as privilege. In doing this, not all participant narratives will be included because of the word constraints.

Counter storytelling

Solorzano and Yosso (2002, p. 26) defined counter-storytelling as ‘a method of telling the stories of those people whose experiences are not often told’. Storytelling promotes and advances the voices of the otherwise voiceless and marginalised. It ‘helps us understand what life is like for others, and invites the reader into a new and unfamiliar world’ (Delgado and Stenfani 1993, p. 41). The six participants who are locum social workers shared that there appeared to be an expectation that they would continue to work during the pandemic due to not being able to earn a wage when they did not work, thus putting themselves at risk of infection and ill-health.

One participant took the decision to stop work in order to safeguard herself and her family; however, others did not feel able to stop and continued to work for financial and personal reasons. Another participant who agreed to carry on working shared this:

it was a big mistake. I was expected to come into the office, go on home visits and cover the cases of so many colleagues who were not working. I had taken annual leave just before the lockdown so I would be unpaid if I didn’t continue to work. It is my fault. On reflection, I should have stopped when things were getting bad. I would get home, not speak to anyone, rush in to take a shower and put my clothes in the washing machine before speaking to my family (Marina).

The colleagues who were not working during this period are perceived to have been permanent employees who had a range of options available to them, such as taking paid leave, working from home or signing off sick.

She added that:

For some reason, my mobile phone number was shared to other colleagues. They would ring me at home asking for updates on their cases, can you imagine? Even one colleague went as far as telling me that I needed to write up notes from my work with her service user so
their file is up to date. Ahhh ahhh. Honestly, it began to get to me. Everyone became a manager (Marina).

Daniel, a male social worker who had become a locum worker only a few months before the pandemic, felt torn between his financial responsibilities and his safety. He was permitted to work from home but had to undertake home visits to service users. His manager informed him that he would be given additional families who needed home visits. Whilst no rationale was provided for this, he believed that it was because he was new to the team and therefore less likely to resist. Additionally he somehow needed to justify his ongoing wages. He reflected on this as follows:

I was in a very difficult situation. I kept asking myself why I had made the decision to do contract work. After all I had worked for the last three years as a permanent employee at a different local authority. I will tell you this - I believe many Black social workers are doing Agency work because it gives you the flexibility you need to do other things. Also, if you are facing difficulties or shall I just say it, racism, then you can be out of that place quickly.

He continued:

It wasn’t easy, I had many cases, all needing home visits because of the levels of risk and yet [Name of Local Authority] didn’t make provision for supporting me. It was me checking in with my supervisor whenever I did home visits (Daniel).

In a different LA, another female social worker expressed her experience during the pandemic as ‘varied’. She recalled that prior to lockdown:

It was a bit of a mess in the first few weeks. It differed from manager to manager and from team to team (Portia).

The process involved what they called a pre-visit COVID-19 risk assessment and that assessment would inform the need for personal protective equipment (PPE) and other safety protocols. This process was not followed in other teams, and social workers were not required to undertake pre-visit COVID-19 risk assessments.

In another LA, cases belonging to those social workers who were shielding were left to be covered by duty workers who are assigned to deal with calls from the general public during working hours. This according to another participant was:

really stressful as we had to cover duty as well as the work of colleagues who were shielding and this meant that our own cases were not progressing. Those of us not shielding became emotionally and physically exhausted. Most people who were in the offices were Black. (Annette).
Shielding is the term used to describe a situation whereby people with underlying health conditions are identified more susceptible to serious effects of COVID-19 are required to keep away from other people.

She went on to conclude about decision making:

Yes, we were at risk of the covid virus itself, but we were also at risk from the people who made decisions about us as Black staff (Annette).

The theme around working from home was one that yielded mixed responses. There were positive and negative experiences in relation to working from home for Black African social workers.

To be honest, I don’t mind working from home, I save on fuel, lunch money and clothes (laughs) but spend on bills. We were given mobile phones to make calls to service users or other professionals, but we were also asked to log these calls on paper, say who we called and why and also log the time. I kept forgetting to log these and got an email from my manager asking me to send that information otherwise I may be asked to refund that money. I really don’t understand. They ask us to do the work then they show they don’t trust us? They trust me with service users but not with a phone? I am looking forward to being back in the office and using my desk phone (Nubi).

Another participant bemoaned the difficulty in working from home alongside home schooling two children and a husband who also works from home.

It began to get to me, in fact all of us. We ate, worked, played and relaxed in the same space all day every day. I had to undertake a virtual home visit. My service users often asked me to put on my camera. I would take my laptop into the garden and show them that. You know we were all trying to find ways of engaging. No training about the do’s and don’ts of virtual home visits. I had to find strategies on the internet (Stacey).

Cook and Zschomler (2020) have argued that virtual home visits have significant limitations for the purposes of assessments especially where there are child welfare concerns. In the case described above, navigating sensitive information and keeping confidentiality could be compromised. A recent study into the experiences of social workers around the world by Banks et al. (2020) found that social workers experienced difficulties when working from home for a variety of reasons, not limited to poor Internet or Wi-Fi connectivity on their part or on the part of the service user.

A male participant suggested that his experience of virtual supervisions left a lot to be desired, not least because of a lack of familiarity with the software which meant that he was regularly kicked out of his supervision which then took a while to reconnect. On a few occasions, he received emails from his manager saying they could not reconnect and so supervisions had to end. He explained the situation thus:
It was actually funny in the beginning. We would be talking and suddenly our supervision would be terminated. Sometimes we managed to reconnect and continue supervision but sometimes this would happen again. On a few occasions, my manager would send me emails saying that was the end of supervision as she then had other things to get onto (Jonathan).

He continued to discuss the impact of this.

One time I desperately needed to speak with my manager about a domestic abuse situation with one of my families and she asked me to book a zoom call. I couldn’t risk the usual technical challenges so I asked if I could ring her instead. She agreed, the phone call lasted slightly over one hour. At MY expense. I was pleased that I was able to get the support and direction I needed but it should not have to cost me financially. A friend who works in [a named other Council] said that they have been provided SIM cards to use for work. Great, SIM cards but not phones? Who makes these decisions? These are BASIC tools needed to do the job...and hmmm...It’s tough doing the job without these tools...these BASIC tools (Jonathan).

Working from home poses variable challenges to not only people using services but also to social workers and social care agencies. It is important that in the future more robust strategies are put in place to support home working practices.

Participants experienced varying levels of anxiety and emotional stress working during the pandemic. Park and Lee (2016), writing about the role of social workers during the MERS epidemic in Korea suggested that the whole nation went into panic causing shock, fear, medical emotional and psychological stress for families, individuals and the society as a whole. This was in addition to the loss and grief experienced by some. It is crucial that going forward employers in England focus on the health and well-being of their employees and introduce various forms of support during and post pandemic.

Sylvia explained that she contracted COVID-19 from a service user, became unwell and was off work for about six weeks, yet her manager seemed keen on her returning to work, even when she continued to feel unwell and lacking in energy. She describes the impact of contracting the virus as difficult enough, yet the ‘borderline harassment’ from her managers about when she was likely to return to work persisted. In the end she returned to work due to the pressure placed on her by management and was soon signed off work with the longer lasting effects of COVID-19. She lamented some managers’ lack of leadership skills saying:

They would pretend to be interested in my health and wellbeing, just checking on me they would say...but would end each phone call with ‘when are you returning to work?’ (Sylvia).

Sylvia stated that it is in times like this that one recognises the difference in supervisory and management styles. She concluded that:
My manager does not have a clue about the impact of the illness on me, nor about how she and her team will support me on my return to work. It felt like she wanted me back to work regardless of my health and wellbeing (Sylvia).

The reference to ‘her’ team and not ‘my or our’ team is telling and perhaps indicative of how much of an outsider Sylvia felt in the workplace.

Another participant shared her feeling of loneliness and isolation which resulted in her becoming teary and low in mood. She argued that in a shared office situation, she would have the benefit of colleagues who she could discuss her concerns and worries with. She stated:

It was difficult working from home on my own. I started to feel low in mood and teary. I discussed this with my manager eventually who explained the importance of self-care. I make sure now to take breaks and things are better (Sala).

Everyday racism

Another key tenet of CRT proposes that racism is not an occasional experience for Black people but rather a daily occurrence. By daily occurrence, CRT acknowledges that overt, covert, institutional or person racism is experienced on a daily basis by Black people. For the participants in this study, these experiences were articulated in different ways.

The idea of shielding, whilst a necessary one, illuminated the experience of othering for one Black African social worker who was perceived as not having elderly relatives in England. For Annette the issue resulted in what she describes as ‘a full-blown argument’ with her White manager who said she was prioritising her staff who were shielding because of elderly vulnerable relatives. She recalls her team manager saying:

‘Annette I know your parents are in [Country name] in Africa, so you won’t have grounds for shielding’

Annette reported that this comment upset her and resulted in a full-blown argument with her manager. She continued:

For this, I will be looking for a different job when the virus subsides, I won’t take any more of this racism. It’s got to a point where they are using such language to justify their discrimination. Who even said shielding was about older vulnerable parents anyway? What about my children? What about my in-laws? I even support elderly people in my church (Annette).

The preceding discussion challenges us to think about leadership styles which consider managing people from diverse backgrounds. The reason provided to Annette in my view is unfair and ill considered. Reference to her country of origin is irrelevant and has only been used as the
means of ‘othering’ and judging eligibility for shielding. This is in con-
trast to her White colleague who was allowed to shield and work from
home because of her elderly parents who lived one hour away.

For Portia, the lack of acknowledgement of the murder of George
Floyd in the USA and the subsequent Black Lives Matter (BLM) events
were deeply concerning. She said:

Our local authority failed to act during BLM, instead, they increased our
workloads and did not provide PPEs (Portia).

It is important to mention that all participants highlighted the impact or
otherwise of the George Floyd murder and subsequent BLM protests. For
one participant, the BLM protests came at a time when Black and ethnic
minority people were disproportionately affected by COVID-19, yet many
social work agencies and some of their colleagues remained silent.

You can tell the unease arising from BLM for some of our white
colleagues. I became more vocal and took part in the marches and so
on. I would mention this during virtual meetings and no one would
comment, let alone ask questions. For me, this is the time for us to have
our voices heard. I am doing a lot of activism now. We need to move
forward. BLM gave us the opportunity to discuss inequalities and
identify poorly supported decisions (Marina).

This same participant also shared her experience of supporting other
Black social workers to question work allocation and risk assessments
during COVID-19. She articulated it thus:

One girl in my office but not in my team was close to tears many times,
so I asked her what was going on. She shared with me the volume of
work she had whilst the White social workers signed off sick or took
leave. I sat with her and explained to her that she needs to meet her
manager and discuss her concerns. This girl thanked me later because
she had been contemplating resigning (Marina).

Karl felt that BLM created the ideal opportunity for employers to en-
gage or re-engage with the uncomfortable yet important discussions about
race and racism in contemporary social work. Instead, he observed that:

Many colleagues were indifferent. Some never asked or mentioned it,
others were always claiming racism is worse in the US than it is here in
the UK. I was silent a few times, but then realised the discrimination
was continuing in my team. It got to a point where I had to have the
frank conversation with my manager (Karl).

Whiteness as privilege

In the UK, it has been reported that the first nine doctors to die from
COVID-19 were from Black and Asian ethnic groups, a trend which
appears to be ongoing in social care (Blundell et al., 2020). Research is
beginning to examine why this is the case; however, (im)migration experiences, discrimination, poverty, cultural practices and health inequalities have been cited by Dominelli (2020) as contributing to this.

Some LAs instituted risk assessments for their Black staff. Whilst a welcome intervention, some participants reported that this occurred inconsistently across different teams, even within the same LA. For one participant, the risk assessment was

just another tick box exercise which my manager could not adequately explain. She just told me ‘we need to do this, end of’ (Paul).

Another male participant suggested

my risk assessment was done virtually. My manager asked if I felt well and healthy, whether I had (you know) any existing health conditions, I said no and that was it. She said I was ok to undertake some home visits to clients who needed to be seen but to ensure I kept physical distance (Jonathan).

He continued:

talking to you (researcher) now and reflecting on this experience, I wish I had said something then. Maybe I should, it’s never too late. Yes, I think I will (Jonathan).

Mem described the pre-risk assessment for Black and ethnic minority staff in the following way:

The first question you are asked is your age. Then they add five years to it and once this is above 50 years, then you are perceived as medium risk.

Secondly, they ask whether you have any underlying health conditions and again determine which category of risk you belong to. At the end of the assessment, you are determined to be Low, Medium or High risk and this then determines how much PPE you will be given to undertake your work (Mem).

Being White presents with benefits for those who identify as White and increases the possibility of less scrutiny and gaining access to spaces that can be closed to Black people. Importantly, there are times where others must justify their inclusion, whereas Whiteness can result in automatic inclusion. Speaking about White service users, one participant articulated his experiences thus:

Many Black service users do as they are told. When we moved to virtual visits and phone calls, they accepted the new terms without question. Our White service users on the other hand demanded phones, internet credit, you know, and they were given these (Karl).

Discussion

The experiences of Black African social work students in England has received some attention in the last few years (for example, Tedam,
however, the experiences of Black African social workers in England are under research. With the onset of the COVID-19 pandemic came an opportunity to investigate the specific experiences of Black African social workers. It is evident that participants experienced differential and unsatisfactory treatment; however, it is important to note that some of these experiences are unlikely to be unique to Black African social workers.

DeCuir-Gunby and Gunby (2016) writing about the USA argue that the workplace can be a hostile environment for Black people because they frequently experience discrimination and racism. For this reason, it is important that organisations and agencies in England that employ Black social workers give serious and urgent thought to the following strategies.

1) The importance of a Critical Race Theory perspective, which assists in understanding race and racism in the working lives of Black social workers. Such an approach would also offer an intersectional lens from which social work employers can see how various forms of inequality often operate together and exacerbate each other for their Black and other minority staff.

2) The value of culturally responsive leadership as a route to ensuring that Black social workers are genuinely supported and respected and not through tokenistic, short-term gestures which are inherently racist. A culturally responsive team manager would trust their Black staff, give

| SW No. | Name (pseudonym) | Gender | Specialism | Qualification |
|--------|------------------|--------|------------|---------------|
| SW 1   | Mem              | Female | C & F      | LA BA         |
| SW 2   | Sala             | Female | Adults     | LA MA         |
| SW 3   | Marina           | Female | C & F      | LA Locum BA   |
| SW 4   | Portia           | Female | C & F      | LA MA         |
| SW 5   | Annette          | Female | C & F      | LA MA         |
| SW 6   | Stacey           | Female | C & F      | LA MA         |
| SW 7   | Jonathan         | Male   | C & F      | LA BA         |
| SW 8   | Vida             | Female | Adults     | Health MA     |
| SW 9   | Jane             | Female | Adults     | Health Locum BA |
| SW 10  | Hortense         | Female | Adults     | Health BA     |
| SW 11  | Veronica         | Female | C & F      | LA BA         |
| SW 12  | Paul             | Male   | C & F      | LA BA         |
| SW 13  | Daniel           | Male   | C & F      | LA Locum BA   |
| SW 14  | Sylvia           | Female | Adult      | PVI BA        |
| SW 15  | Nyasha           | Female | C & F      | LA Locum BA   |
| SW 16  | Louise           | Female | C & F      | LA BA         |
| SW 17  | Karl             | Male   | C & F      | LA Locum BA   |
| SW 18  | Hope             | Female | C & F      | LA BA         |
| SW 19  | Justine          | Female | C & F      | LA Locum MA   |
| SW 20  | Nubi             | Female | C & F      | LA MA         |

C & F, Children and Families; Bachelor of Arts; MA, Master of Arts.
them the same levels of autonomy as others and would be less likely to use micromanagement strategies.

CRT is a framework that places race at the centre of analysis, with a view to uncovering overt and covert ways in which structures perpetuate racial inequality. Black African social workers shared their experience about how practising during the pandemic made them feel vulnerable and anxious.

Participants felt that they were experiencing racism on a regular basis and that this was overt, covert and through microaggressions. This also manifested through unfair and unequal work load allocation, lack of transparency and (mis)interpretation of policies and procedures. Lusk et al. (2017) found that there was a tendency for supervisors to behave differently towards minority supervisees than with staff from the same ethnicity. The narratives by participants suggest what they perceive as less favourable differential treatment especially around the (mis)interpretation of COVID-19-related policies and guidelines. They argued that their White peers experienced privilege through risk assessment processes and the determination of who was allowed to shield and who was not (the title of this article) and it is my view that such managerial styles have no place in twenty-first century social work.

For a leadership framework that acknowledges diversity and promotes inclusivity, culturally responsive leadership is being proposed. Culturally responsive leadership emerged in the USA as a concept which incorporates leadership policies, practices and philosophies, that creates inclusive environments in schools for students and families from ethnically and diverse backgrounds within schools and other educational establishments (Gay, 2000). I argue the case for culturally responsive leadership in UK social work as one way of addressing the disproportionality across the sector in the areas of education, practice and leadership. Culturally responsive leaders challenge deficit and inequitable principles whilst fostering an including and culturally sensitive work environment.

Samuel (2020) found that Black and other ethnic minority social workers are overrepresented in referrals to fitness to practice yet under-represented in the panels which hear such fitness to practice cases. He argues that whilst 18 per cent of independent adjudicators sitting on the regulator’s fitness to practice panels are from Black, mixed or Asian backgrounds, 80 per cent are White. Here again, there is an opportunity for regulators of social work to consider how they might change recruitment to such panels and offer additional scrutiny and quality assurance for minority social workers who may be referred to such panels. Similarly, Carter (2021) reported that Black, Asian and ethnic minority Newly Qualified Social Workers, as well as those with disabilities, are experiencing disproportionate problems in passing their ASYE.
Celebrating practice during COVID-19

As already mentioned, not all participants shared negative experiences of practising social work during COVID-19. At least three participants (Veronica, Sala and Marina) had positive experiences in relation to working during the pandemic, for example, Veronica who is a team manager in a Children and Families team. She took up her new role during the pandemic and was initially anxious about what she had let herself into; however, she found that the LA she had joined was supportive and progressive. She articulates that providing supervision virtually has been a challenge especially as she had not met her team due to going into lockdown when she started. She shared that not only did it mean she had not met her team, but also that her own induction was mainly undertaken remotely. Supervision is central to social work and as Morrison (2006, p. 32) suggests, supervision is as follows:

A process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational, professional and personal objectives.

Clearly, this definition of supervision has not identified the preferred mode of working with another worker and so it lends itself to remote or virtual supervision, albeit with some adjustments. Research by Chiller and Crisp (2012) found that social workers who stayed in the profession attributed their decision to stay partly to the excellent regular quality of supervision, specifically supportive supervision, which they received. This supportive supervision promotes a culture where social workers look after each other and Sala explained that her Team Manager offered her helpful well-being strategies to manage her low mood. Marina, who has been a social worker for twenty-two years felt confident in navigating any potentially oppressive situations, supported others and engaged in activism.

The IFSW (2020) found that around the world, social workers were innovating at a fast pace and this is a significant achievement particularly during this pandemic.

Roberto et al. (2020) have argued that during this pandemic, many practices, policies and practices have illustrated the lack of cultural competence amongst leaders and organisations. COVID-19 is not only a health emergency, but also one that impacts all aspects of people’s lives and their communities. As on May 2020, it was reported that Black workers made up a large proportion of the National Health Service (NHS) staff who lost their lives to COVID-19, which was about 68 per cent of known staff. According to Laurencin and Walker (2020, p. 10) racism and COVID-19 represent a pandemic on a pandemic for Black people. Consequently, if social workers are to stand any meaningful chance of combatting this pandemic, then Black social workers’ support
needs in the workplace should be acknowledged. Samuel (2020) stated in *Community Care* that the proportion of Black and ethnic minority practitioners in senior levels of management has been found to be lower than those on the front line. In addition to this, there is a disproportionate representation of Black social workers in locum work which this research has corroborated. Six out of twenty participants identified as locum. It is crucial that employers, professional associations and social workers consider how they might address experiences of racism, unfairness and discrimination towards social workers from minority groups. According to Reid (2020), it is not enough to ‘publish lukewarm organizational statements’ but rather consider meaningful, authentic and proportionate action plans.

**Conclusion**

It is important to stress that the aim of the research was to gauge the experiences of Black African social workers in England and this article reports the experiences of some twelve out of the twenty practitioners interviewed. Participant quotes are used to illuminate their experiences, some of which will be similar to other social workers. It is, however, crucial that this group of social workers have shared their experiences and in doing so have contributed to literature in this area which is useful locally and also for an international audience, especially as all countries have been affected by the pandemic, albeit at varying levels.

Even though the impact of COVID-19 will last beyond the virus itself, it currently has brought into focus historical and contemporary forms of racism which manifest in overt and covert ways on a regular basis.

According to Matache and Bhabha (2020), COVID-19 provides the world with a chance to recognise our joint humanity and interdependence, and it is important that social workers are central to delivering this opportunity. Social work has a responsibility to challenge and disrupt racism, not least because of the profession’s social mandate. Delgado and Stefancic (2001) have identified that CRT is concerned with transforming the relationship amongst race, racism and power, and it is hoped that the findings presented in this article bring us a step closer to this transformation, whilst providing the opportunity and space for reflection towards individual and collective anti-racism action.

**Acknowledgements**

I am grateful to the social workers who gave their time to share their experiences of practising during the COVID-19 pandemic and also to the anonymous reviewers for their helpful developmental comments.
Funding

No funding was received for this research.

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