Kinship Care: An Afrocentric Perspective

by

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'A word fitly spoken is like apples of gold in pictures of silver'
Holy Bible, Proverbs 25:11

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I dedicate this work to the memory of my beloved mother, Mrs. Eudora Oxley who guided and parented me. She overcame every struggle as a single parent who migrated to England in 1963. She is congratulated and recognised posthumously for her accomplishments in raising eight children successfully after the death of her husband. She taught us how to meet and overcome life's challenges without fear and with fortitude.

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Glossary and Abbreviations

Afrocentric/ Afrocentricity	The term Afrocentric paradigm comes under the broad heading of African worldviews and seeks to give people of African descent, agency and action. Various terms have been used to describe the study of African people and their culture. Such terms as Africanity, Afrocentrism, Africology and African-Centred Worldviews are referred to interchangeably. However, for the purposes of this thesis, I will be using the terms Afrocentric/Afrocentricity as a way of reconstructing the experiences of African people who have been dispersed throughout the world.
Black	The term 'Black' will appear in this thesis frequently, therefore it is essential to point out that it has been associated with resistance to institutional racism and oppression. Hall (1992:252) comments that the word 'Black' has been used to signify a sense of solidarity and a fight against the 'common *experience of racism and marginalisation*'. Therefore, the term 'Black' is also used throughout this thesis to refer to participants whose ancestors are African, and who are visibly identified by the colour of their skin, 'racial', ethnic and cultural origin. This will include second and third generation African and African Caribbean people who were born in the United Kingdom.

I recognise that the term 'Black' is contested and depends on how people choose to identify themselves. It is equally important to acknowledge that Black people are not a homogenous group and that considerable diversity and difference exist within, and between, people of African and African Caribbean descent. However, it is the common experiences and histories from which I intend to draw meaning. |
BAAF	British Association for Adoption and Fostering
CWLA	Child Welfare League of America
CRE	Commission for Racial Equality
DCFS	Department of Children Schools and Families: UK government department with responsibility for children's services, families, schools, education and the

	Respect Task Force.
DfES	Department for Education and Skills - A UK government department between 2001 and 2007
DH	Department of Health – A government department that regulates professional standards and publishes research.
DOH	Department of Health - A department with responsibility for government policy for England
Family	The term family is a contested concept. However it is used in this thesis to refer to a large extended network of relatives. This concept expands beyond blood ties to include significant people in the community (Ebtehaj, 2006).
Family and Friends care	A term used in the Children Act 1989 to refer to refer to the formal placement of children with close relatives or family friends.
Institutional Racism	*'The operation of discrimination in organisations, professions or even whole societies'*. It can also mean *'unspoken assumptions on which an organisation bases its practices and unquestioned principles'* (Cashmore, 1996:169).
Kinship	The term kinship is used in this thesis to refer to a historical tradition where clusters of individuals became involved in providing support to the family by caring for children. Kinship is considered within the context of enslavement through the construction of networks that ensured family survival.
Kinship Care	A universal term that is used to describe the extended family and a wider network of people who support the family by caring for children.
Looked After	The term looked after is used in the Children Act 1989 to refer to children who are offered accommodation and are placed in foster or residential care.
'Race'	The term 'race' has been subjected to considerable controversy and debate, but it is a term that is frequently used to define people, and differentiate between people on the grounds of hierarchy of human characteristics. It is a term that is rooted within a historical discourse based on differentiation (Levine, 2000) and is particularly concerned with physical characteristics and inherited genetics.

	'Race' is socially constructed (Everett et al, 1992), carrying many contradictions that continue to '*play a fundamental role in structuring and representing the social world*' (Omi and Winant, 2002:124). According to Hall (1990) 'race' is a political and social construct. '*It is the organising discursive category around which has been constructed a system of socio-economic power, exploitation and exclusion*' (cited Gunaratnam, 2003:4).
SSD	Social Services Department: A department that provides a range of services for all service users.

ABSTRACT

This thesis explores the experiences and meanings that are attributed to kinship care by caregivers, young people of African descent, and social workers. It examined the meanings each group attached to kinship care and the risk and resilience they saw within it. The research was framed within the culturally distinctive theoretical framework of the Afrocentric paradigm which encapsulates cultural values. A qualitative approach was adopted for data collection, using interviews, and aspects of Grounded Theory for data analysis. The findings show that kinship care is a survival strategy that has historical significance for people of African descent, because it is linked to a tradition of help and a broad base of support. The study found that while local authorities were formally placing children with their relatives, there was a distinct lack of policy development to support kinship care as a welfare service. The absence of clearly identified support structures, tools for assessment, training and monitoring increased the risk factors for children who were placed in kinship care. Resilience was transferred through the Afrocentric cultural values, a key factor that led to family preservation and placement stability. The study concluded that there is an urgent need to reframe policy and practice.

CHAPTER ONE

Contextualising Kinship Care among People of African Descent

'The most typical way people involve others in their daily domestic lives is by entering with them into an exchange relationship. Through exchange transactions, an individual personally mobilises others as participants in his social network. Those involved in reciprocal gift giving are recruited primarily from relatives and from those friends who come to be defined as kin' (Stack, 1974:43)

1.1   Introduction

The main aim of this thesis is to explore the experiences and meaning that kinship caregivers, young people of African descent and social workers attach to kinship care. In addition it is my intention to explore the risk and resilience factors that are involved.

Very little is a known about the nature of kinship care or the cultural values that it advocates, but it has become a topical debate in the United Kingdom (UK) in recent years. Flynn's (2002) review of the literature indicated that local authorities were placing children with their relatives or friends for the last twenty years. There has also been criticism of key agencies for failing to protect children who have died whilst in the care of their relatives. Voluntary organizations lobbying for the rights of grandparents have been arguing that they are at risk of financial hardship as a result of looking after their grandchildren (Grandparents Plus, 2009; Richards and Tapsfield, 2003).

I am aiming to explore the historical and contemporary experiences of a group of participants with a collective history of enslavement, colonialism and migration. This means developing a critical awareness of the experiences of people of African descent who are currently practicing kinship care outside the context of their own cultural group and who are domiciled in the U.K.

1.2   Study Rationale

First, it was a professional rationale that stimulated my interest in kinship care as a researchable project. I was requested by Professor Bob Broad at De Montfort University, to act as Project Consultant on Black Perspectives to a kinship care project he was conducting for the Joseph Rowntree Foundation. My contribution to this research (Broad, Hayes and Rushforth, 2001) became the impetus for conducting this study.

Second, after I had written a literature review (Ince, 2001) comparing developments of kinship care services in the United States (U.S.) and in the UK, I became convinced of the need to conduct this study. It was also after reading other academic work (National Foster Care Association, 1993; Greeff, 1999) that I finally established that there was a paucity of research into kinship care in the U.K.

Third, I was acutely aware of the debates about the over-representation of Black children in the public care system, and at the same time the lack of recognition they and their families have received within research in the U.K. Therefore, I felt that this unexplored area of social work practice would provide a focus for this study.

Fourth, there was a clear personal rationale for the study, namely my ethnicity. I am a Black woman who was born in Barbados. During my developmental

years, I observed that many parents and young adults migrated from Barbados to England, the United States and Canada. Parents and older siblings also moved to other Caribbean islands in search of work. They left their children behind to be cared for by grandparents, sisters, brothers, aunts, uncles, nieces, godparents, and close family friends who were all part of the community in which they lived. I also recalled my personal experience of my uncles leaving their children with my grandmother who cared for them throughout their childhood. After the death of my father, my mother migrated to the UK in search of work. I was eleven years old, and four of my siblings and I were cared for by a family friend until we joined our mother one year later.

Personal reflections of my early experiences of growing up in Barbados continue to have an impact on my understanding of family and the importance of kinship networks. As a result, I brought this part of my history to the research interface. As I reflected on my life experiences, I saw them as a unique part of my identity and part of the complex dynamic of the research process. Dewey (1993) discusses the notion of self-reflection that is critical and comes through problematising an experience. This has the effect of causing 'uncertainty' that challenges the inquiring mind.

I was eager to understand how my own ethnicity and personal/family experiences intersected with the phenomena I was studying. I believed that a connection developed with the participants as I became centred in my own experiences and by acknowledging that I am part of an ethnic group, or what Banton (1997) refers to as a social category. Within this social category I am a member of a

group of people of African ancestry. However, the history of enslavement and migration of my ancestors is intertwined with my socialisation and acquired citizenship within British culture. Ethnicity is an ambiguous and contested term and has come to be associated with people of specific cultural groups. All humans belong to an ethnic group since this is considered to be a way of categorising people. Pinderhughes (1989) described ethnicity as ever present and as being mobilised through human interaction. Thus, the significance of my ethnicity is attributable to the importance that I have placed on it in terms of my consciousness, and how I have positioned myself as a researcher among a group of people with whom I identify.

I acknowledge that because I have lived in the UK for many years, there is a sense of what Du Bois (1969:45) refers to as '*double consciousness*' or a sense of always looking at one's self through the eyes of others. Therefore, in defining myself as a Black researcher, I am attempting to be human-centred. My approach is to understand myself as well as those I am researching. It is for this reason, that I chose the Afrocentric paradigm to make sense of the experiences of Black people of African descent. Equally, as I reflect on what it means to be a Black female researcher of African origin, I also associate myself with what Outlaw (1983) refers to as an invisible legacy that has been bequeathed to me by my ancestors.

1.3   The Research Problem

It is of significance for this study that welfare services have traditionally developed without particular regard for the cultural needs of Black children and their families. The Social Services Inspectorate (O'Neale, 2000) advised that social services needed to understand that ethnic minority families face different problems to

white families due to the impact of institutional racism. Cheetham (1982) suggested that racism was a contributory factor in the separation of black children from their parents. But, it was not until 1989 when the childcare legislation was revised (DoH, 1989) that Black children were acknowledged in section 22 (5) (c) of the Children Act 1989. This states that the child's 'race' culture, religion and language were to be given due consideration. Up until then, a universalist approach was applied, assuming that all children had the same basic needs.

Prior to the Children Act 1989, twenty four studies were commissioned by the Department of Health and Social Security researching decisions in child care (DHSS, 1985). Black children were made conspicuous by their absence in this research. Few references were made by researchers to the struggles that Black families faced or their experience of racism, in attempting to access preventative services. This omission became obvious, because researcher were asking critical questions about child care decisions (Packman, Randall and Jacques, 1986). Consequently, this failure to recognise Black children in policy debates had serious implication. The lack of preventative services (Bignall and Butt, 2001; Box, Bignall and Butt, 2001) and the tendency to place Black children predominantly in residential settings was reported to have considerable implications for their cultural needs (Ahmed, Cheetham and Small, 1986). In evaluating the Children Act 1989, McDonald (1991: iv) reported that if the intentions of the legislation were to be realised, there was a need to consider its principles in the *'context of racism'*.

The conflicts and contradictions in placing Black children trans-racially was a debate that came to prominence in the early 1980s. Local authories were open to

criticism for their failure to make attempts to recruit Black foster carers and adoptive parents for Black children. The Association of Black Social Workers and Allied Professionals (ABSWAP, 1983) provided evidence to the House of Commons Social Services Committee arguing against this practice. They argued that colour blind policies and cultural imperialism contributed to the ways in which social services departments were failing to meet the needs of Black children (Cheetham 1981; Small, 1982; Divine, 1984). Some argued that the policies guiding trans-racial placements were racially biased and that Black families were 'invisible' due to social exclusion and structural inequalities within the welfare system (Skellington, 1996; Owusu-Bempah, 1997; Thompson, 1997; DH, 1999). Some studies addressed concerns about the over-representation of Black and dual heritage children with one parent from Africa or the Caribbean, and their placement in trans-racial settings (Bebbington and Miles, 1989; Barn, 1993; Schlosser and De'Ath, 1994; Barn, Sinclair and Ferdinand, 1997). This limited body of literature on Black children is now dated, but forms part of the historical context.

The response of local authorities to Black children and their families has raised serious questions about the quality of services and types of intervention they have historically received in relation to (1) access to preventative services (2) child protection investigations (3) the over-representation of black children in care and (4) trans-racial adoption and fostering. These four distinct themes are discussed in turn linking them to institutional racism.

First the issue of denial of access to preventative services has been established by a number of commentators and linked to institutional racism and discriminatory

practice (Commission for Racial Equality, 1978; Jackson, 1979; Goodison and Armitage, 1991). Johnson (1999:5) considered that '*the goal of providing accessible services to Britain's Black community is still a marginal issue*'. Further, he contended that there is a tendency for practice initiatives to be developed without paying attention to services for Black and minority ethnic children. This omission has had a direct impact on access to services. Black families have also faced inequality both in relation to denial of initial access, and through the lack of service provision to meet '*specific cultural, physical, emotional and religious needs*' (Caesar, Parchment, and Berridge, 1994:24). For children in the care system, the most visible denial was through diet, hair and skin care. Each of these denials have reinforced racism and according to Goodison and Armitage (1991) erected barriers that prevented parents from seeking help.

Second, child protection was and remains an area in which Black families have been subjected to pathological models of intervention (Ahmad, 1990 Pennie and Best, 1992). Yet, there has been surprisingly little exploration of family organisational patterns or attempts to understand them. In this regard, Bernard (2001) makes reference to the devaluation of black families and their child rearing practices. Bernard and Gupta (2006) also noted that within the child protection arena very little is known about the parenting practices of Black African families or the circumstance in which they are raising their children. This lack of understanding of the need to find a space for Black families to live out their family norms has been one of the greatest challenges for social work practice. In this respect, institutional racism influenced social work decisions and justified the removal of Black children from their parents

often through a lack of knowledge and complacency on the part of local authorities (Ouseley, 1981; Commission for Racial Equality, 1984; Connelly, 1989).

Third, the over-representation of Black children in the care system and the lack of attention to their developmental needs have been controversial issues. Rowe and Lambert (1973) documented the acute problems facing local authorities as children drifted in care. They noted that Black children were over represented among the children who waited mostly in residential establishments for substitute families. Barn's (1993) study of admission patterns into the public care system revealed that Black and dual heritage children were over-represented in the care population. This finding has been confirmed by other researchers, particularly in relation to dual heritage children (Tizard and Phoenix, 1993;Thoburn, Norford and Rashid, 2000). Lambert (1970) brought to light that many minority ethnic children were placed in community homes with education, called (CHEs). They were labeled '*hard to place*' and were consequently made invisible (Raynor, 1970). Concerns were also expressed for Black children in all residential settings, due to the lack of Black staff to act as positive role models (Black and In Care, 1984; Barn, 1990). Black professionals questioned the Eurocentric models that were indicative of '*white dominated welfare organisations*' and the imbalance of power between Black and white staff (Cheetham, 1990:30; Pennie and Best, 1992). The power relationship between social workers and Black families was reflected in paternalistic attitudes and assumptions. As Braye and Preston-Shoot (1995:98) stated it was '*assumed that services provided were basically sound and that Black people can take advantage of them if they wish*'.

Fourth, local authorities were trans-racially adopting and fostering Black children, while failing to recruit Black families. This was an issue that attracted considerable debate because of the damaging impact this was reported to have on their identity (Gill and Jackson, 1983, Divine, 1983; Small, 1982; Prevatt-Goldstein, 1999; Small and Prevatt-Goldstein, 2000). It was argued that corrective work was required to address the confusion that black children experienced (Banks, 1992; Sawyer, 1999). This debate focused on inequality in service delivery and the lack of knowledge among social workers, how they addressed race related issues, their language and attitudes (Connelly, 1989:7). Furthermore, Prevatt-Goldstein and Spencer (2000:17), made reference to the impact that trans-racial adoption and fostering had on 'racial' identity. Thus, it could be argued that placing Black children outside their own cultural group denied them the opportunity to build on their kinship networks and enjoy the cultural traditions that support their cultural heritage and sense of belonging. Therefore, local authorities were less than diligent in capitalising on the strengths of Black families (Ahmed, Cheetham and Small, 1986: Ahmad, 1990; Rashid, 2000).

The discourse surrounding trans-racial placements also raised ethical issues about '*colour blind*' policies which are located in a Eurocentric perspective and racist ideological thinking. Colour blind policies overlooked and dismissed the impact of institutional racism (as earlier defined), failing to provide children with placements to support their self-esteem and identity. This is partly why the Chief Inspector for the Social Services Inspectorate (O'Neale, 2000), advised that there was a need for social

services to understand the effects of racial discrimination, calling for *'excellence'* and not *'excuses'*.

On the other hand, there were those who contended that children's lives do not stand still while political arguments go on (Tizard and Phoenix, 1993). A whole generation of Black children spent their lives in sub-standard residential care where they were looked after (or not) by uneducated and unqualified social workers who were ignorant of, and disinterested in their cultural background. It was argued that it was more harmful to allow them to languish in residential care than placing them with loving white families (Dale, 1987, Gerber and Aldgate, 1994). Indeed, Phoenix (1999:63) argued that the controversy concerning trans-racial placements and identity confusion was *'simplified'* and *'racialised'*.

In considering how the issue of 'race' has been managed within social care, Kwhali (1991:41) raised issues of *'control, containment, inequality and oppression'* as a central function of social work practice, *'not only in relation to the daily task of social workers but to the wider organisational context in which social work is located'*. Furthermore, Kwhali (2006) made the point that recent policy debates and Government reforms are remarkably *'colour neutral'* by failing to reflect Black families in the Ten Year Strategy for childcare (DfES, 2004).

One avenue open to local authorities is to work with Black families from a position of strength by adopting the practice of Family Group Conferencing, which is recognised as a way of working with family members. This approach has been adopted from countries like New Zealand, USA, and Canada as a positive model for empowering and engaging the wider family in the process of decision-making and

care planning. (Marsh and Crow, 1998; Lupton and Nixon, 1999; Jackson and Morris, 1999; Nixon, 2001). This strategy reinforces kinship networks and thereby forestalls or negates the necessity to receive children into public care. (Lupton and Stevens, 1997; Wilson and Bell, 2001; Thoburn, Chand and Procter 2004). Concerns have been raised about the lack of use of this positive method of interacting with Black families, to create family based solutions that are sensitive and respectful (Waites et al, 2004).

Each theme discussed above provides insight into how welfare services have failed to engage with Black families. Overall, this discussion illuminates the role that racism has played in the unequal distribution of welfare services, and the impact it has had on Black children and their families. The inability to make services culturally relevant and widen access has been a prevailing theme within an exclusion debate. Kinship care is a way in which Black families have historically made a significant contribution to caring for children. Therefore, it is necessary to begin with a definition of how it has been interpreted.

1.4   Defining Kinship Care

The term kinship care can imply different things to different people, but the implication is always the same insofar that all cultural groups depend on family and friends for support (DH, 2002). Informally, it is referred to as a form of family preservation '*because it enables children to live with people they know and trust (*Alstein and McCroy 2000:34). Accordingly, *kin and non kin interact daily, providing for the domestic needs of children and assuring their survival*' Stack (1974:31). Kinship care is commonly recognised as an informal strategy for looking

after and protecting family members who are most vulnerable. Indeed, Colton and Williams (1997:285) stated that it is an '*integral part of a cultural framework*' and a way of maintaining the child's links with his/her biological family. As Abercrombie (2004:50) pointed out '*nearly everybody is involved in a network of personal relationships*'. These networks are intended to meet human need for '*love, emotional support, friendship and practical help*'. Therefore, kinship care can be associated with the need to find solutions to family problems.

Kinship care is not unique to Black families, but is widespread among many families and cultural groups regardless of their colour, creed or social status. However, it can have different meanings depending on the societies in which families are living. To take one example, Edwards (1988) suggests that in Aboriginal families kinship was a way of describing intricate patterns of relationships within the group. Thus, at this early stage I am declaring that kinship care is not a uniquely African phenomenon, but it applies to all human societies, though with different levels of intensity. I recognise that at a global and national level, people construct friendships and relationships that make up their kinship network. However, in some cultural groups there is greater dependence on family and community which accords with their traditions. According to Ronnau and Marlow (1993) kinship care was based on the philosophy of unity between family and community and mobilised important sources of support. White and Parham (1990:31) described the Black extended family as '*an outgrowth of African patterns of family and community*' that survived post slavery. Patterns of family organisation placed emphasis on '*collective survival, interdependence and responsibility for others*' (Blassingame, 1973; Nobles, 1974a).

Kinship care has also been defined as a formal welfare service. The utilization of formal kinship foster care has become synonymous with preventative and restorative measures. Accordingly, kinship care has been formally introduced as a welfare service in Western countries such as the United States of America, New Zealand, Canada, Australia, Sweden, Holland, Northern Ireland and the United Kingdom (Colton and Williams, 1997; O'Brien, 2000).

Families can experience a range of problems including mental health issues, drug and alcohol misuse, imprisonment of a parent, child abuse and neglect, domestic abuse, bereavement, HIV/AIDS and loss of all kinds that might lead to social services intervention. Under these circumstances, children can be officially placed with their relatives or friends if this is in their best interest. Thus, kinship foster care is considered to be a form of substitute care for children where relatives assume the role that a parent would play (DOH, 1989). In 1980, kinship care was recognised in the USA by making it the first option open to welfare agencies. As such it provided the legal framework for defining kinship care by requiring the State to place children in the '*least restrictive*' environment. In 1987 the Federal Government explicitly recognised family members, recommending that the '*existence of a blood relationship*' would not be a reason for excluding relatives from looking after the child as a foster carer (cited CWLA, 1994:11).

There are few definitions in the UK as to what constitutes kinship care, but it has been referred to in the Children Act 1989 as '*family and friends care*'. In the USA a more precise definition is provided and it is considered to be:

'The full-time nurturing and protection of children who must be separated from their parents by relatives, members of their tribe or clans, godparents, step-parents, or other adults who have a kinship bond with the child' (Child Welfare League of America,1994:2).

Since this thesis will be considering risk/adversity and resilience enhancing factors, it is important to define these terms and show how they will be used.

1.5   Defining Risk and Resilience

There is a large body of complex theoretical literature on risk and resilience which notes that these terms are not easily defined. As Little, Ashford and Morpeth (2004) suggest, the term resilience is a contested concept, and risk can also be defined from many different perspectives including recklessness. However, within the social work practice context the term resilience has been used to indicate the need to maximise and improve outcomes for vulnerable children. Recent debates have concentrated on the need to balance strengths against difficulties or risks, placing emphasis on competence, valuing families and recognising their strengths (Early and GlenMaye, 2000; France and Utting, 2005; Schoon, 2006). Thus, for the purposes of this practice-related study, the term risk is used interchangeably with terms such as vulnerability, adversity, difficulties, and resilience with strength, elasticity, and adaptation, adjustment, fighting back and overcoming.

1.6   Contextualising the Study: The Policy Context

From the inception of social work, practice has been guided by Eurocentric theories and philosophies. Theories based on the work of Bowlby (1951, 1973; 1979) and other researchers became the basis for attachment theory. The significance of this theory was the emphasis that was placed on the child's innate need to attach to one main figure namely the mother. It was argued that lack of attachment would lead to

deprivation and separation leading to long-term difficulties (Winnicot, 1986; Jewett, 1982; Fahlberg, 1991). Links were made between the child's ability and later performance (Messer, 1999; Elicker, Egeland and Scroufe, 1992). But, others challenged this theory on the grounds that it was the quality of the attachment rather than that the child had to attach to one figure, and that it did not have to be the mother (Rutter, 1981; Field, 1996).

The Children Act 1989 was implemented at a time when there was considerable disquiet about the relationship between the family and the State. Complex issues about the responsibilities of parents and the need to reduce dependency on the State had an influential bearing on childcare policies (Clarke, 1993, Fox-Harding, 1991). There were a number of trends that led to the introduction of the Children Act 1989, but the most pertinent was the need to press for reforms and to ensure that safeguards were put in place to stop children being abused in residential and foster care (Utting 1997, Kendrick, 2002). High profile cases in relation to the abuse and the death of children placed in the care of local authorities raised public concern (Nunno and Rindfleish, 1992; Waterhouse, 1997). Jasmine Beckford was a Black child who was in foster care, but was reunited with her mother and step father (London Borough of Brent, 1985). The local authority was criticised for placing an African-Caribbean child trans-racially and returned her to her mother's care where she later died. The implication of the Inquiry was that grave concerns were raised about a child who was placed in trust to the local authority.

Much of the developing knowledge about foster care was rooted in research that began from the late 1980's onwards exposing the plight of children in care

(Kahan, 1989; Millham et al, 1986 Parker et al, 1991; Triseliotis, 1991; Thoburn, 1994; Schofield et al, 2000; Waterhouse, 2000). This was due ostensibly to a lack of understanding about the needs of children living away from home. Thus, every conceivable issue related to children in foster care was researched. Similarly, interest was developed from the mid 1970s onwards focusing on the problems faced by young people leaving care. Their plight was first publicised in a national magazine for young people in care titled '*Who Cares? Young People in Care Speak Out*, (Page and Clark, 1977), and the National Association of Young People in Care (NAYPIC, 1983; 1986). First Key (1987) supported by the Commission for Racial Equality publicised the problems that Black young people faced post leaving care. Consciousness about leaving care was also advanced by a number of research projects making it prominent within policy debates (Stein and Carey, 1986; Broad; 1998; Biehal, 1995; Packman and Hall, 1998; Kelly and Gilligan, 2000; Triseliotis, Borland and Hill, 2000; Sinclair, Gibbs and Wilson, 2004; Sinclair, 2005; Wilson et al, 2005).

A factor that affected Black children and their families was the attitudes, adversarial approach and the overuse of Place of Safety Orders in non-emergency situations (Packman, Randall and Jacques, 1986). The ten volumes of Guidance supporting the Children Act 1989 were published in 1991 alongside training materials. Of relevance for this study is Volume Three which provides guidance for family placements (DoH, 1991). Guidance and Regulations laid strong emphasis on working in partnership with families. But, in some instances the pendulum swung too far, so that children were left in dangerous situations due to the under-action of

professionals, sometimes with fatal consequences, as in the cases of Tyra Henry (London Borough of Lambeth, 1987) and Sukina (Bridge Consultancy, 1991). The recent death of Baby Peter in Haringey is another example of what can happen when professionals do not apply correct judgment and discernment in child protection cases (Laming, 2009).

In the broader context of welfare provision, government-led and commissioned research has had a significant bearing on the development of legislative reforms, policy guidance and practice development in relation to children who are looked after and living away from home. Of key importance were studies reporting on child care patterns and outcomes and the plight of children in the public care (Utting, 1991; DoH, 1991b). Utting's (1997) Safeguards Review made over 130 recommendations aimed at improving the quality of child care and regulating foster care, children's homes and boarding schools. One of these recommendations was to support children by encouraging appropriate contact with grandparents, aunts, uncles, friends and community groups. He made the point that living away from home should not be synonymous with losing an opportunity to maintain a relationship with family members. He also recommended that more flexible family forms and a wider range of family placements should be encouraged.

The Government responded to the Safeguards Review (DoH, 1998) by placing considerable emphasis on the need for radical reform, and in so doing prompted the launch of the Quality Protects programme (DoH 1998b:3), which was defined as '*the Government's flagship policy for improving the lives of children who come into contact with social services*'. It was also aimed at challenging inequality

and providing a guide for managers and frontline staff to develop better practice. Each local authority was charged with the responsibility to use the money they were awarded to map and enhance their services.

The Children Act 1989, was an important turning point for kinship care in that it provided the legal framework to support Social Services Departments (SSDs) in placing children in the care of 'family and friends'. The philosophy of this legislation supports the upbringing of children in their own families, recognising that they have prime responsibility towards children, and that the child's interest is best served within his/her family (Ryan, 1994). The only exception to this rule is when it is assessed that placing the child within the family would not be '*consistent with his welfare*' [section 23 (6)]. Therefore, in trying to achieve this aim the local authority has a duty to work in partnership with families (Kaganas, King and Piper, 1995). The assumption is that '*most families have the capacity to cope with their own problems or identify and draw upon resources in the community for support*' (DoH, 1991:8).

Practical steps must be taken to place a child with family and friends who must be approved as foster carers under Regulation 38 (Smith et al, 2004:25). It is only in the absence of appropriate family support that the local authority should pursue a Care Order and place the child with strangers (DoH, 1991b).The Government's commitment to family life was emphasised in a consultation document (Home Office, 1998:18) which stated that grandparents are often marginalised and not recognised for the valuable role they play in '*supporting parents and children*' by providing '*stability*' for them alongside other types of human resources such as '*neighbours, friends and workmates*'.

The Adoption Act 2002 (Office of Public Sector Information, 2002) outlines the responsibilities of the local authority to make plans for children in order to achieve permanence for them. Special Guardianship gives relatives the right to apply for an order granting them parental responsibility and the right to make day to day decisions for the child. Prentice (2008:2) commenting as Justice Minister on the Public Law Outline (Ministry of Justice, 2008) advised that applications to the court to remove children from their parents should only be made '*after all safe alternatives have been thoroughly explored, for example, through support initiatives or wider kinship care opportunities such as grandparents, cousins or even older siblings*'.

It is very significant that of the 32 Care Standards (DH, 2000) family and friends were only mentioned in the last one, with the advice to show sensitivity towards pre-existing family relationships in assessing and approving family members as foster carers. The advice was to offer support and training in the same way that it is offered to other foster carers and to develop mechanisms for assessing and approving family and friends as carers. Under Regulation 38 of the Fostering Services Regulations (DH 2002), local authorities can place children on an emergency basis with their relatives without approval by a fostering panel. A basic viability assessment within a six week period is intended to provide evidence of the suitability of the carer to safeguard and promote the child's welfare. Broad and Skinner (2005:84) suggested that a range of assessment processes are necessary, but two approaches are particularly helpful. The first is to adopt a '*child-centred family systems paradigm*' which would include community network systems. The second approach is to consider whether to adapt existing assessment tools which are not

intended for kinship care but which are *'part of a wider child welfare paradigm which encompasses more systematic approaches' (p23).*

In the lifetime of this research, an agenda for transforming childcare services has been set out in the Green Paper Every Child Matters, (DfES, 2003b) stating that the key to well-being in childhood and later life is being healthy; staying safe; enjoying and achieving; making a positive contribution; and achieving economic well-being. The Every Child Matters objectives as well as the objectives set out in Every Parent Matters (DfES, 2007) are to be achieved by applying a broader focus on integrated planning, commissioning and co-ordination of services. It is of interest to this thesis that these objectives came as a result of the death of an African child named Victoria Climbié in a kinship placement where there was a lack of appropriate intervention from **all** welfare agencies (Laming, 2003). Furthermore, this interest in Victoria's Serious Case Review arises because she was living informally with her aunt.

Having set forth the many problems at the interface between Black families living in the UK and the responses of local authorities to them, the stage has been set to concentrate on the concept of kinship care from the perspectives of those who practise it and those who orchestrate and deliver services for children and families in need.

1.7   Structure of the Study

I have presented a personal, professional and theoretical rationale for conducting the study. The research problem has been established, linking it to a policy context which raises problems in relation to the omission of Black children

and their families from research and significant areas of policy development. The legislative framework underpinning the delivery of welfare services has been outlined showing the implications of the legislation for this study. The subsequent nine chapters are divided as follows.

Chapter Two focuses on kinship care in a historical context. The relevance of informal networks and kinship bonds are addressed, showing that kinship care is not new, but has been shaped by enslavement and colonialism. It also addresses the impact of migration among families of African descent, and the implications this had as relatives were separated from each other and kinship networks were severed.

Chapter Three introduces Afrocentricity as the theoretical and conceptual framework underpinning the study. It places African people at the centre of their social and historical experiences, as opposed to being on the periphery of European knowledge. It is concerned with African people as subjects of their experiences, rather than objects of interest. The concepts of (a) spirituality (b) interconnectedness, (c) interdependence, and (d) collectivity are presented as central tenets within this paradigm, all characteristics that support kinship care.

Chapter Four presents a brief overview of the current literature on formalised kinship care in the U.K. with some references to the United States (referred to as US) literature where appropriate. This discussion considers the contribution that research has made to the development of policies within formal kinship care, that is to say, formal state services that regulate the provision of child care services.

In Chapter Five the research methodology and the reasons for the research approach are outlined. In essence, this Chapter maps the procedures and processes

that were followed in the fieldwork, including how ethical issues were addressed. The procedures for analysing the data are described in detail showing the coding procedures that were used, based on Glaser and Strauss (1967) and Strauss and Corbin's (1990) work on Grounded Theory. This methodology made sense of their experiences.

The presentation of the findings is divided into three chapters. In Chapter Six the interviews with 13 young people are presented. Quotations and commentaries are combined to provide evidence for the findings.

Chapter Seven provides the findings of the interviews with 14 kinship caregivers. It provides evidence for the analysis of the data with commentaries and interpretation of the comments they made. Like the young people, the caregivers provided strong messages, focusing on their lived experiences and the meanings they attributed to kinship care.

Chapter Eight reviews the findings that are related to interviews with five social workers. The data are analysed using the same techniques as that for the other interviews. Additionally, it details the social workers' reflections in relation to policy and practice. As such it contextualises the study within the duties conferred on local authorities under childcare legislation.

Chapter Nine analyses the differences and similarities of the findings from the three groups, and in so doing, draws them together in a coherent way.

Chapter Ten draws the thesis to a close by reflecting on its strengths, limitations, and the possibilities for further development. This is followed by the implications for policy and practice.

CHAPTER TWO

Families of African Descent and their Historical Informal Kinship Networks

'A major shortcoming of most research studies on Black families is their a-historical character. Too many of these studies are static and examine Black families in one point in time for a short time span and fail to place contemporary family situations in a historical context' (Hill,1997:1).

2.1   Introduction

Informal kinship care has historically been an important primary source of support and social care. These informal support systems are located within kinship patterns of family organisation and represent an important way of reducing family vulnerability. McGuire, 1983 (cited in Jewell, 1988:38) stated that informal kinship is expressed as *'an act of concern and compassion* so that *'when kith and kin link together for the purpose of helping, they form a social support network'*   As such, informal kinship consists of a number of family members and individuals who make up and form the kinship network. Jewell (1988:38) contended that a feature of kinship care is its mutual-aid networks which tend to be homogenous and defined by such factors as *'race', ethnicity, social class, age and marital status'*.

This chapter provides a historical context for this study, by contextualising kinship care from an African perspective. It is the understanding of the role that informal kinship care played, historically within the Black family that provides the answer to how kinship is lived out as part of a continuing story.

The history of kinship is located within a cultural context and relationship between the family and community. It is important to have an understanding of the complexities of the purpose for which kinship networks were constructed. Individual families are a part of a collective system and of a larger social sphere of relationships, which invite a broader understanding of the purpose of networks and why they exist.

A legitimate reason for this study is to search for the meaning of kinship care within the contemporary experiences of people of African descent. I will argue that historically, the construction of African family organisation was composed of groups of people, all of whom occupied a common space and under the yoke of enslavement, depended on one another for survival. Accordingly, a rationale for this chapter is that kinship provides an important point of reference for analysing the conceptual framework that supports family organisation from an African perspective. This will be further discussed in Chapter Three by introducing an Afrocentric perspective.

Migration has played an influential role in the lives of people of African origin, who have settled in the United Kingdom from the 1940s onwards. Therefore, this chapter discusses the impact of migration on kinship networks, and how it contributed to changing kinship patterns. An important part of this discussion is to elucidate understanding of the problems that Black families encountered from the onset of their interactions with British people, and specifically through a period of economic, social and political change that gave rise to immigration legislation in post-war Britain. I place emphasis on the influence of immigration policies and implications for informal kinship networks. The constraints of practising kinship care in an environment, where it is not a predominant form of family construction, is

addressed, as well as the factors that increased the need for Black families to continue relying on their kinship networks.

2.2   Informal Kinship Care: An African Centred Perspective

The concept of kinship care is not new and existed in Black African families before enslavement. Traditional African informal kinship networks were critical to the structure and foundation of family life. Staples and Boulin Johnson (1993:1) asserted that pre-slavery, '*the basis of the African family was the kinship group which was bound together by common interest and corporate functions.*' A clear feature of African families was the multi-generational nature of their networks and of their clusters of relatives. These were referred to as '*lineages*' (Radcliffe-Brown and Forde, 1967, Sudarkasa 1997; Gussler 1980).   According to Billingsley and Giovannoni (1970:46) the system of lineage was crucial to family structure and organisation, in that '*kinship ties and rights provided for the care of children left in need of parents*'. When children lost their parents through death, it automatically became the responsibility of the father's brother or the mother's eldest living brother to assume the father's responsibility.

Traditional African families were based on consanguinity rather than conjugal relationships (Engels, 1884, Sudarkasa 1988). Higher value was placed on biological kinship (blood relationships) rather than affinity or conjugality (relationship created by law/marriage).

Gutman's (1976) study showed that during enslavement after women had their children, they did not set up independent households, but continued to live with their parents (cited Sudarkasa 1988:27). Two points are worth bearing in mind. The

first is that female-headed households arose when a woman's husband either died or when he was sold off the plantation. The second is that women gave birth to children outside of marriage, because very often these children belonged to their slave '*masters*' (Gutman, 1976: 1-3). It was therefore not a question of the households being female-headed by choice, but that it was a consequence of enslavement (Sudarkasa 1988). Therefore, the structure of African families differed to that of European families in that while having a nuclear core; it was made up of clusters of family members (Goody, 1976).

Historians have discovered that black families did not depend on marriage for a definition of family, but on co-residence with extended families who lived in compounds. Sudarkasa (1988) reported that in traditional African families, conjugal units were multi-generational and connected to each other (Hill, 1997). Accordingly, the stability of children did not exclusively depend on the stability of the marriage or core group individuals. As children were reared within communal settings they were exposed to a number of adults with whom they formed attachments. Herein lies a fundamental difference between the significance of attachment to a parent or single caregiver and forming a bond with the family group. Several adults played an important role in contributing to the child's care (Jarrett, 1994). Mothers were encouraged to share the responsibility of looking after children, and the specific role that grandmothers held earned them the title of '*Guardians of the generations*' (Hill, 1997:146). This was a cultural premise on which the family operated, and reflected the values which were '*parallel to but which differed from those of white communities*' (Hill 1997:145).

Enslavement had the effect of enforced separation on families. According to Staples and Boulin-Johnson (1993) it is difficult to access accurate records because of the lack of historical data. However, they contended that enslavement reinforced kinship bonds, and had the effect of linking families together and giving them a common identity within the slave community. In this context, people relied on each other for survival. Exchanges of support were predicated on co-operation between people to keep them connected.

Post slavery, the primary purpose of kinship among Black families of African origin was to promote family survival under adverse social and economic conditions, which was linked to their environment and living conditions (Sandven and Resnick, 1990; McAdoo, 1988). The very idea of survival implies that there is a need to overcome adversity and ultimately to secure an individual's or group's survival through adaptation. Hence, the values that were attached to kinship provided constructive networks of social aid and assistance to ensure survival not just of the individual, but, significantly, of the '*race*'. According to Ronnau and Marlow (1993) kinship care was based on the philosophy of unity between family and community in mobilising important sources of support. White and Parham (1990:31) described the Black extended family as '*an outgrowth of African patterns of family and community*' that survived post slavery. Patterns of family organisation placed emphasis on '*collective survival, interdependence and responsibility for others*' (Blassingame, 1973; Nobles, 1974a).

An important cultural value that underpinned kinship during and after enslavement was that it provided a sense of consciousness, closeness and a sense of

belonging to the group, and community. White and Parham (1990) described this activity as psychologically protecting Black families from alienation and despair. In this context, the extended family became the conduit through which people's needs were met, and a vehicle through which heritage and a sense of identity were passed on to children as a source of pride (Gutman, 1976).

Women played an invaluable role during slavery. Davis's (1981:32) stated that the woman's role was not only to '*bear and rear children, or minister to her husband's needs*', but they were '*productive workers within the home economy*'.

A number of terms have been used to describe kinship as forging an important relationship between family and community. Martin and Martin (1978) used the term '*fictive kin*' or '*para-kin*' to describe people who were absorbed into the family and given the status of family, but were not related by marriage or blood ties. Fictive kin were selected and accepted as part of the family because of the level of support they provided. In actuality, they were substitute parents because they often assumed prime responsibility in caring for children on a long term basis and in the absence or inability of their parents to do so. Billingsley (1994) also used the term '*augmented family*', which indicated that the family expanded to accept and include other people within the community who were considered to be an important part of the family's support network.

Some studies show that lack of services forced Black families to informally foster and adopt children in their community, this serving as '*reaffirmation among kin members*' (Staples and Boulin Johnson, 1993; Hill, 1997). Stack (1970:62) pointed out that '*the Black community has long recognised the problems that all*

mothers in poverty share' and the need for *'shared parental responsibility among kin has been the response'*. These terms indicated that marriage was not the only determining factor for inclusion in a family, but that the kinship network expanded to informally adopt others within its membership. Hill, (1997:153) argued that although African families recognised the mother/child dyad, the relationship between the mother and child was not characterised as a separate entity, rather they were part of an extended and supportive network. The relationship between people in the support network provided for economic and emotional support as well as the care and the socialisation of children.

The concept of the extended family was based on multigenerational clusters of relatives. However, family membership was not exclusively reliant on biological ties as individuals with non-blood links were frequently included as part of the family and web of relationships (Billingsley, 1968; Martin and Martin, 1978; Billingsley, 1994). This form of family organisation, served an important purpose during, and post slavery, because it operated in the absence of welfare services (Billingsley and Giovannoni, 1970). Commentators have noted the '*long history of extended kinship networks within traditional African communities, during slavery and through the modern era*' (Messing, 2008:1418).

Post slavery, Herskovits (1958) conducted research on African customs and suggested that Africans in the New World continued to practise their customs at different levels of intensity depending on their geographical location. An important factor in deciding if a person was part of a family was the degree to which he/she entered into "*a reciprocal relationship to provide help and other exchanges of goods*

and services" (Boyd-Franklyn, 1989:43). As long as people satisfied need, shared in and provided help to the family, they were defined as kin (Stack, 1974).

During the early-to-mid-twentieth century Black scholars began to examine African family cultural patterns, and found that kinship networks were a method of adaptation (DuBois, 1908; Davis and Dollard, 1940; Drake and Caton, 1945). While some observers contended that mutual-aid networks had a draining effect on families (Pleck, 1979), others have argued that it was economically significant, in that it was inherently reciprocal and required family members to '*keep their resources fluid to the emergencies of those within the extended circle' (*McAdoo 1988:151). Therefore, kinship support is likened to a co-operative system that pays dividends by assuring the involvement of kin. Thus, there is a significant relationship between enslavement, mutual-aid networks, adaptation and family preservation.

Kinship care played a fundamental role in the socialisation of children and it became a continuing practice in the Caribbean. For example, Clarke's (1957:142) study in Jamaica, found that mothers, grandmothers and other relatives shared child care. Barrow (1996) found that kinship networks were constructed by mothers and daughters, with fathers often on the periphery of the household. In particular, she noted that the grandmother assumed the functions of the birthmother and was the chief support for the family. Older sisters also became substitute mothers from a young age, developing a close relationship with their siblings that lasted into adulthood.

Gussler (1980) revealed that it was not unusual for women in the Caribbean to seek economic mobility and to leave their children with their mothers or other

relatives. In so doing they constructed extensive informal networks which included *'the children's' fathers, their own children, grandparents nieces, nephews, friends, employers and others at home and abroad*" (Barrow 1996:71). Olwig's (1993) study in Nevis found that kinship networks had changed following migration to other Caribbean Islands and to England. This study indicated that, after the women had left their protective communities, contact with people in their kinship network often broke down.

The process of adaptation and survival is contingent on building support systems. In this regard, mutual support and self-help was founded on an institution of kinship, and was upheld and supported by the community. The proverb that *'it takes a whole village to raise a child'* or the African saying 'Omwana takulila nju emoi,' which translated means a child does not grow up only in a single home or *'one hand does not bring up a child'* (Healey, 1998), encapsulates an important conceptual relationship between the family and the community.

During the nineteenth and twentieth centuries, Black churches in the US and the Caribbean provided community resources and tackled social problems to alleviate hardship among Black families. This came about because white churches played a chequered and complicit role in supporting slavery. It took over 199 years for the sanctions that white churches gave to slavery to be dismantled. For example, in Britain and the U.S., Black people were often unwelcome in white congregations, leading them set up their own churches.

In the U.S. Black church congregations under the spiritual leadership of Dr. Martin Luther King and other Civil Rights leaders, fought for racial freedom. One

hundred years after the abolition of slavery he proclaimed that it was time to end the exile of Black people in their own land, and make justice a reality for all people. He spoke of the urgency for Black people to reclaim their dignity and self-worth *(King, 1964)*. In his acceptance speech at Oslo as winner of the Nobel Peace Prize he said:

> '*I have the audacity to believe that peoples everywhere can have three meals a day for their bodies, education and culture for their minds, and dignity, equality and freedom for their spirits*' (king, 1964).

African and African American scholars interpreted Black family life from the 1960's onwards. They provided a new analysis of the structure and prevalence of extended families, and the reasons for their growth during the 1970s and 1980s. The African cultural family system was based on strong religious values (Du Bois, 1969; Billingsley, 1968; Hale-Benson, 1982). Hill (1997:162) made reference to Black-led churches in the USA, Canada and the UK as playing a pivotal role in developing self-help within the Black community as far back as 1789. One of the roles it played was to create institutions to which Black families could turn for support, such as '*banks, insurance companies, credit unions, hospitals, orphanages, colleges and homes for the elderly'*. Hence, the church had a political as well as social function in supporting those who were socially excluded. As such, it was responsible for developing, supporting and strengthening the spiritual life of its members. Importantly, the role of the church was a key factor in helping Black youths by giving them skills, a sense of hopefulness and optimism (Taylor and Chatters, 1991). Nobles (1985:58) discussed the strong religious orientation among Black families, in terms of their spirituality and self-awareness in relation to the universe. He asserted that a person's

'historical consciousness and the grounding of self is in the collective, social and spiritual sense of the history of one's people'.

From a historical point of view, I am arguing that informal kinship networks were systematically developed as a natural response to adversity. While the role women played in building networks was a significant one, it also reinforced their role as caregivers. Collins (1990) argued that Black women have historically occupied the role of mother in a number of contexts ('othermother' adoptive, foster, community mothers, teachers and sisters). This was evident during the 19th Century as the *'black masses maintained patriarchal social order within their segregated culture'* (Hooks, 1986:91; Gordon, 1987). The intersection between race and gender are frequently separated out into discrete categories, but Black feminist critiques, from the 1970's onwards (see Davis, 1981; Hooks, 1984; Carby, 1987; Essed, 1994) have argued that racism and sexism frequently converge to the point where sexism is as pervasive as racism, and the two overlap to form different types of oppression. Moreover, Essed (1994:100) asserted that race, gender and social class are all categories in their own right that can lead to identification with '*ideas, beliefs, goals, or opinions embedded in different maybe even conflicting ideological systems*'.

In her examination of the interplay between sexism and oppression, Hooks (1986) contended that Black women were rarely discussed in any political, social contexts or feminist analysis. This lack of recognition began with slavery and has continued to be a pervasive factor in their exploitation. For example, she noted that there is a tendency to ignore the dual themes of sexism and racism within Black women's experiences, and the tendency to stereotyping them as strong women.

Similarly Hooks (ibid) states that *'they were celebrated for their unique devotion to the task of mothering, for their innate ability to bear tremendous burdens; and for their ever-increasing availability as sex objects'* (p6).

Historically, within Black communities strong emphasis has been placed on the roles that Black men and women occupy within the family. These roles have not only been shaped by cultural values but profoundly by the pervasive nature of enslavement and colonialism. It was in this context that the provision of kinship care for the young and the elderly evolved as a gendered activity, since traditionally Black women cared not only for their own children, but also for other people's children, through their domestication.

Davis (1981) has cogently argued that the domestic obligations that Black women have performed in general provide evidence of the power of sexism. The axes of gender and race intersect at the point where there is oppression within the very roles that are played out within the kinship network. Younger females are inducted into a caring role at a young age, and this is conceived in the Black community as an inexorable function of their role. While this is part of the tradition of caring it encourages gender-blindness. For example, Rattansi (1992) comments that a common image of Black women is that they are perceived as strong and holding the family together. It is these images that simultaneously reinforce kinship bonds and highlight the differences between men and women. While Black women have actively sought to construct kinship networks as a survival technique, it has also had the effect of consolidating their place in society as carers, and closing doors to other opportunities.

The Social Exclusion Task Force (Cabinet Office, 2007) found that in 2001 there were 5.9 million informal carers in the UK, and the majority of these carers were female (3.4 million compared to 2.5. million males). This is not broken down by race, but they found that within the African-Caribbean community 54 percent of families were female-headed. This indicates that caring remains a female dominated activity within Black communities.

A British study among minority ethnic families found that the division of labour was asymmetrical, with the general expectation that women will '*cook, clean and ensure the smooth running of the house*' (Beishon, Modood and Virdee, 1998:37). Men explained this inequality as women taking the lead within the household. However, these ideas are reinforced as women continue to provide care for children and the elderly.

Gender oppression is perpetrated through entrenched notions of patriarchal social structures (Knowles and Mercer, 1992; Dominelli, 1984). These structures continually fail to challenge sexism within race, and ignore how Black women can be oppressed not just by white men but by Black men also. It is from both perspectives that Black feminists offer insight, because they argue for a more humane approach in acknowledging the intersection between race and gender oppression.

It is my contention that the work that women perform as carers is undervalued, because it is located within an economy of care. There is a lack of recognition of the cost to carers' health and wellbeing in all aspects of their lives. In this respect they are exploited along race and gender lines. Ruiz (2004a) found that as women caregivers addressed the needs of family and community, their own needs

were neglected. Ebtehaj (2006:5-6) made the point that women are marginalised despite the material and social value they provide as kinship caregivers, accordingly, '*they enjoy very little social status or respect in society*'. She argued that this is reflected in the lack of financial rewards they receive for the work they do.

What is known about kinship care in the Black community, or how it supports a web of relationships, is very limited due mainly to the paucity of research. This is a problem, because national and international studies into kinship care show an absence of the consideration of race and gender and the impact these two themes exert on social services, public policies or social functioning (Smith, 2000). However, in Black communities the traditional view that a woman's place is in the home is a prevailing theme, and with it the idea that survival is contingent on valuing the extended family and kinship patterns (Hylton, 1997). These ideas must be reconciled with the experience of migration and the changing context of kinship patterns.

2.3 Migration and Changing Patterns of Kinship among Black Families in the United Kingdom

Migration to the UK is not a new or strange custom, since Britain has a long history of giving sanctuary to immigrants including Jews, Polish, Irish, Italians and others. However, people of African origin have a long-standing relationship with Britain that is unequalled by other groups, through enslavement, and colonialism. Although migration from the Caribbean is often linked to the arrival of MV Empire Windrush in 1948, history shows that African people have been domiciled in Britain since the Roman occupation, with a continuous presence in Britain since the sixteenth century. (Fryer, 984; Ramdin, 1987; Ali and Ali 1993; Segal, 1995). However, it was

between 1955 and 1964, that Britain witnessed a significant increase in migration from the Caribbean and later from African countries.

The growing numbers of migrants entering Britain were due in part to the demand for labour. They came to build up Britain after the Second World War, occupying jobs in the housing market, on the trains, buses, and in hospitals. Sivanandan (1982) noted that in the ex-colonies, there was a large labour force, but people lacked opportunities to find labour. At this time, Britain was expanding and going through a time of reconstruction and transformation (Kumar, 1993), and as a result looked to the colonies to solve its labour crisis.

From the 1950s onwards, Black people who entered the UK came to what they considered to be their '*motherland*' in search of work. The notion of introducing migrant labour into the workforce confined Black workers to specific types of occupations, thus affecting their life chances (Ramdin, 1999). Moreover, a number of commentators suggested that the response of successive governments to immigration created a racialised underclass (Dummett and Dummett, 1982; Sivanandan, 1995; Wilson, 1999; Pilkington 2003).

Black families were subjected to 'push' and 'pull' factors, which influenced their reasons for migrating to Britain (Peach, 1968). Historically, push and pull factors have been used to explain the forces that caused people to leave their home as well as the factors that drew them to another country. Both factors were linked to colonialism which made it possible for Britain to draw on a source of labour from its Empire and made it seem attractive for people to enter Britain in search of employment and better life prospects for themselves and their children (Mason, 1995;

Fryer, 1984). Both factors have had an important bearing on immigration and greatly influenced Black family life during this period (Watson, 1977; Foner, 1977; Pilkington, 2003).

During the early years of migration Black people faced many difficulties, all of them associated in one way or another with racism. Holdaway (1996) charted the problems that the early migrants encountered, showing how attitudes among the general public and police led to a relentless campaign of victimisation against them.

First, the impact of racism became evident in many areas including health, housing, employment, social care, policing and education. Balarajan and Raleigh (1993) found that African Caribbean people had a higher admission rate to psychiatric hospitals. Rathansi and Westwood (1994) found that this trend applied not only to migrants but, significantly, to African and African-Caribbean people who were born in Britain. Fernando's (1991) work established a historic link between racism and psychiatry.

Second, against a backdrop of social exclusion, far from improving their livelihood, many Black families faced adverse conditions that made it difficult for them to improve their economic status. The pernicious affects of poverty, racism, and discrimination in all structural area, including police surveillance within the Black community led to discontent (Scarman, 1981). Phillips and Phillips (1998) contended that Black families were coming from rural societies where the model of family organisation was highly dependent on personal knowledge, mutual-aid and friendship. By contrast, they moved to urbanised settings where there was less dependence on closely knitted networks and where contacts were impersonal. This

contributed to isolation and an atmosphere in which the goals to make money and return to their countries of origin could not be realised (Phillips and Phillips, 1998).

Third, a significant factor affecting family structure was the way in which Black men were affected by racism. This had an impact on their inability to find employment and decent housing to support their families (Haynes 1996). In this sense, the twin factors of enslavement and migration are historical events that have had a catastrophic effect on representations of Black masculinity (Staples, 1982). In the UK, Black men tended only to be employed in semi-skilled and unskilled jobs where the wages were low, making it more difficult for them to support their families financially. Those who entered the UK with qualifications were relegated to jobs for which they were over qualified. Cumberbatch (1998: 18) writes that '*work was a key issue for migrants to Britain*'. Research evidence from the early 1960's onwards revealed that Black people were only able to access certain sections of the labour market. Consequently this reinforced a pattern of discrimination and social exclusion and loneliness (Smith 1976; Selvon, 1972).

Fourth, socio-economic conditions had an adverse affect on Black families, insofar as they had limited choices in accessing family and community support. In order to support their children financially and to supplement their partners' low wages, it became imperative for mothers to work outside the home. Accordingly, Bushell (1996) stated that limited choices were available to women particularly if the grandmother was still living in the Caribbean or was unable to give her son/daughter support with childcare.

Thus, the relevance of immigration policies was how they fed into a wider racialised discourse, which is historically connected to representations of difference and 'otherness' (Hall, 2003). This rejection of otherness was often sanctioned within the legislation, which focused on quelling popular demand for repatriation and strict immigration controls. Race relations policies became the solution for solving the problem of '*the enemy within*' and those who were '*undermining the structures of society*' (Solomos et al, 1982:29). Immigration policies also had relevance for Black people because they provided the framework for defining direct and indirect discrimination (Braham, Rattansi and Skellington, 1992; Holdaway, 1996). It was this framework that made discrimination unlawful on the grounds of 'race' colour, gender, nationality or ethnic national origin (CRE, 1976). It was not until Stephen Lawrence, a young Black male was murdered on the streets of London, that institutional racism was defined in a British context (MacPherson, 1999), and the Race Relations Act 1976 was amended (Commission for Racial Equality, 2000).

Thus far, I have discussed a number of issues that adversely affected Black families from the earliest days of their entry to Britain, and the impact this had on their kinship networks. While the legislation offered solutions it also created problems.

2.4   The Significance of Immigration Legislation for Black Families

Immigration legislation came to be officially equated with institutional racism because the dependents of immigrants from Africa and the Caribbean were more likely to be denied entry into Britain than white immigrants from Australia, Canada, South Africa and New Zealand (Pilkington, 2003). Nevertheless, the debate on

immigration control deflected the issues away from racism, and emphasised the need to control the numbers of immigrants entering the UK. There was a demand from Government ministers as well as the general public for action to curb and contain the increasing "problem" of immigration. Anthias and Yuval-Davis (1992:49) contend that the prevailing ideologies within the Conservative and Labour Governments were that immigrants would be accepted if they did not '*threaten the British way of life*'.

All political parties during the 1980's debated how the reunification of families should be achieved. Repatriation was a common theme that influenced their thinking (Jackson and Penrose 1993). The Centre for Contemporary Studies carried out a number of investigations into 'race' and racism in Britain during the 1970s. An important contribution to these studies was made by Solomos et al (1982:28), who argued that Britain was experiencing an '*organic crisi*s' and that there was the tendency to find '*ad hoc solutions*'. The notion of race relations reinforced this crisis and at the same time provided political and ideological arguments for containing and controlling immigration. The dichotomy as Parmar (1982:237) pointed out was that '*migrant labourers played an important economic role in the basic industries and service sectors*'. Parmar further noted that it was impossible to consider the political economy of labour without regulating it through immigration legislation.

Much of the race relations policies were couched within a political agenda, which was consistently applied to the kinfolk of people who had earlier migrated to Britain from the New Commonwealth (Miles, 1989). Immigration laws, which were relentlessly aimed at restriction, had a major impact on developing Black family

formation, thus separating people from their kinship networks and isolating those who had made Britain their home of residence (Rees, 1982; Mason, 1995).

Families who arrived from the '*West Indies*' before harsh immigration controls were given some security (Anthias and Yuval-Davis, 1992:49). However, being a '*legal resident*' was not synonymous with being a '*citizen*' or becoming a '*legitimate part of the national collective and therefore part of the civil society*'. The kinship system was eroded as families were placed under immense strain. As Haynes (1996:76) stated there was an erroneous view that '*as they made few demands on social services*', they were '*adequately cared for within their own communities*'. Black families had to struggle to carve out a space for themselves in a '*hostile society*' Sewell (1997:140). This was an important debate given a developing trend towards integration and assimilation, which was based on the doctrine of '*self reliance, economic betterment through thrift, hard work and individual discipline*' (Gilroy, 2002).

Ideologically, policy debates were developed around a number of models including assimilation, integration, colour blind policies, equal opportunities, cultural pluralism and multiculturalism. The need to assimilate immigrants into main stream British culture was ultimately an attempt to preserve cultural hegemony. Each attempt aimed at integration heightened the need to address racism, discrimination, and social exclusion. The notion of integration required immigrants to fit into an existing cultural setting and to conform to different ways of thinking and behaving. This in itself implied that immigrants were expected to abandon their customs, adapt to their new environment and accept the normative values of the dominant culture.

Thus, the pressure to leave certain customs behind was experienced simultaneously with the need to hold on to the values and ideals of kinship. The notion of assimilation is characterised by '*A set of policies, which incorporate migrants into society through a one-way process of adaptation*'. They were '*expected to give up their distinctive characteristics, and become indistinguishable from the majority population*' *(Castles, 1995: 297-8).*

Although the Conservative government was the first to campaign for immigration controls, the Labour Government supported and sanctioned immigration legislation, the purpose of which was according to their doctrine to:

> '*tap the reservoirs of resilience and vigour in racial minority groups and not to allow them to lie unused or to be deflected into negative protest on account of arbitrary and unfair discriminatory practice*' (cited in Sivanandan (1982:38).

The emphasis placed on integration suggested that absorption was necessary to fuse the people of immigrant backgrounds into the dominant culture. As Patterson (1971) noted, assimilation was linked to the idea of merging and absorbing Black migrants into British culture with the result that their distinctive identities were denied. Donald and Rattansi (1992) suggested that successive governments had ignored structural oppression and instead focused on cultural pluralism, integration and assimilation. Ben-Tovim and Gabriel (1982:145-146) concluded that from the passing of the first Commonwealth Immigrants Act of 1962, racism became synonymous with immigration legislation in that it '*marked the contemporary turning point in British race relations and provided a legal framework for institutional racism*'.

Structural inequalities led to social exclusion affecting virtually every aspect of Black people's lives (Rex and Moore, 1967; Commission for Racial Equality, 1976; 1978). Tajfel (1982) suggested that the importance of emotionally investing in one's membership of the dominant group can lead people to abandon their right to be different. Whereas assimilation is in the interests of the majority group, maintaining one's identity is a celebration of cultural customs that brings a source of pride and self-esteem. The above discussion highlights the problems that Black families faced as a result of migrating to Britain and the responses of successive governments to them and their informal kinship networks.

2.5   The Impact of Migration on Black Families and their Kinship Networks

First, the majority of Black people came to the UK specifically to work and in many cases left relatives behind in their country of origin (Haynes 1996). This in itself had implications for their kinship networks.

The mediating role played by family expressed through the kinship system was disrupted, an outcome that was not dissimilar to the effects of enslavement. Moreover, the location of Black women within the labour market often forced them to engage in '*exploitative home working or accept low paid part time work*' (Mama, 1992:81). A cycle of disadvantage became evident as women working long hours often had little choice but to use child-minders (Hood et al, 1970). The choice of substitute carers was not always determined by quality, but as Bushell (1996:44) indicated by '*proximity to her own home, the price charged and willingness of the childminder to fit into the mother's long working hours*'. The lack of stimulation offered to the children had major implications for the children's emotional and

educational development. Additionally, Moss's (1987) review of the literature on childminding indicated that there was a lack of choice mainly because white childminders expressed preferences for the children they wanted to look after, and in so doing excluded black children. Holman's (1973) classic study of private fostering also showed the prevalence of racism among childminders. A controversial issue was how West African children placed by their parents with white private foster carers were abused in ways that included racial abuse. Bennett (2008) refers to this practice as a '*honey pot for abusers*' since these children were not given legal protection until changes were made to the childcare legislation in 2004. A recent Department for Children, Schools and Families funded study found that white private foster carers looking after West African children still have limited understanding of their needs or knowledge about how they are affected by racism (Owen et al, 2007).

One of the problems facing Black parents is the continuing problem of how to confront racism within education. For example, helping Black children to achieve in British schools has been given considerable attention from the 1960s and onwards (see for example, Coard, (1971); Gillborn, 1990; Channer, (1995); Gillborn and Gipps, (1996); Sewell, (1997); Bose, (2000); Blair, (2001) and Majors, Gillborn, and Sewell, (2001). The emergence of supplementary Saturday schools during the 1960s became the conduit through which parents activated sources of support and self-help within the Black community. Dove (1995) indicated that parents sent their children to supplementary schools for a variety of reasons, including exposing them to positive images of Black people and their cultural values. Moore's (2002) inspection

of British schools called for better practice and the need to harness strengths, build confidence and implement policies that are underpinned by value statements.

Ramdin (1999: 275) made reference to the setting up of formal '*West Indian*' associations, clubs and other social gatherings to fight exclusion from mainstream economic, political and social life. An example of this type of mutual support was a banking system known as the 'susu' or the '*pardner scheme*'. This system of support was developed first in the Caribbean, and was a way of saving funds often orchestrated by women.

Under adverse conditions, and where banks refused to make loans to Black people, this system was resurrected and became a popular method for generating financial resources to aid economic survival. Black families who were on low incomes were supported to pool their resources. Bryan, Dadzie and Scafe (1985:131) provided an account of how black families '*regularly and collectively' saved to help each other.*

An important factor that enabled Black families to retain their kinship links was the obligation and expectation to send money back to their relatives in the Caribbean and Africa, particularly when they had left children behind. The values attached to kinship networks meant that there was a sense of obligation on the part of the migrants and a sense of expectation from those remaining behind that money would be sent back to their relatives (Cumberbatch, 1998). Where children were left with relatives outside the U.K. it enabled their birth parents to find work and new opportunities, but it simultaneously placed a responsibility on them to financially

support these relatives. The intention was that children would eventually join their parents.

Sharp (2001) discussed the impact that separation and loss had on many migrant families, showing that in some instances the effect was of considerable magnitude. On reunion, families faced complex problems as children joined reconstituted families (Sharp, ibid). While families were living within a close kinship network and parents lived in close proximity, problems of separation and loss were considerably reduced. However, migration had the effect of creating not only physical, but also emotional distance between children and parents. Thomas (2001:5) described a dichotomy that arose as migrant families were caught between the '*long term goals of wanting to create better lives for themselves and their children and the pain of not being with them*'.

2.6   Summary

This chapter began by providing a historical account of informal kinship within the context of an African philosophical belief system. Looking back at the discussion, it was noted that there is a sharp demarcation between the concept of a nuclear family and kinship families based not only on consanguinity but moreover on multi-aid networks. The historical context was considered to be fundamental to understanding why informal kinship became so important to Black families. It was against a backdrop of enslavement and colonialism that kinship networks became a survival mechanism. The community perspective and in particular the mediating role played by the church between the Black family and society was continually reinforced.

It has been important to identify the impact that migration had on kinship patterns. The literature indicated that significant changes took place due to geographical distances and separation from close knit communities. The lack of support in the environments to which Black families had migrated was of considerable importance in redefining kinship networks. Families were often migrating from small close knit rural communities to urbanised areas in the UK where there was less emphasis on the extended family. An interrelationship was developing between the Welfare State and the family as greater emphasis was being placed on professional intervention and the need to protect vulnerable children. The absence of grandparents and friends significantly reduced support systems, which were utilised historically in Black families. Ironically, the loss of kinship support created the need for institutional support, which was difficult to access as was identified in the previous chapter. It was against this backdrop that families renewed their links with kinship care as a survival strategy.

In the next chapter I will focus on the theoretical framework to be applied in this thesis. I will explore the characteristics of a paradigm that assumes cultural themes and traditions located within an African philosophical belief system, which supports kinship bonds and multi-aid networks.

CHAPTER THREE

Applying the Afrocentric Theoretical Paradigm

> '*The struggle for liberation and advancement of an oppressed group is not limited to its goals of equal rights and economic empowerment. The struggle fundamentally is to affirm the traditions, history and humanity of the oppressed by validating and promoting their cultural worldview' (Schiele, 2000:1).*

3.1   Introduction

This chapter provides a foundation for this thesis by introducing Afrocentricity as the theoretical framework applied to make sense of the historical and cultural patterns of kinship care. It will examine the role that Afrocentricity has played in refuting theoretical models that have systematically marginalised people of African descent. My aim is to show that within all forms of academic discourse the contribution that Africans have made to human civilisation has been denied, distorted or expunged from historical data. By grounding this study in an Afrocentric framework, I am seeking to explicate the distinctive nature of African culture and how it defines family functioning. It will provide the potential for interrogating and deconstructing pathological images of Black families that are based on subjugation, racism and unfounded stereotypes. In the context of this chapter it is critical to understand that the perpetuation of ideas derived from what was considered to be scientific research was based on socially constructed theories of 'race'.

First, in setting the context for this chapter, it is suggested that we cannot understand the present unless we place Black people in the context of their history and cultural values. Second, it is critical to affirm the values that support African philosophies from social and political contexts (Dei, 1999c). These values are discussed in this chapter with reference to spirituality, interconnectedness, interdependence and collectivity. Third, it is important to emphasise the uniqueness of the group and the rights of people to be self-determining. Therefore, in this thesis the Afrocentric paradigm provides an appropriate framework for interrogating concepts such as the displacement of African people, their enslavement as well as their survival. To subscribe to Afrocentricity does not exclude other theoretical frameworks, or suggest that other groups do not have the right to define their world. Indeed Schiele (2000:221) comments that no one theory is '*robust*' enough to explain all human functioning. People from many different cultural groups practice specific traditions and adhere to different cultural practices and each must be valued. However, this study is essentially about African people with a history of enslavement and it is this difference that I am seeking to explicate.

By introducing the Afrocentric paradigm as a framework, I am attempting to show that it acknowledges the need for a balanced discourse about the traditions that inform Black family life. Thus, a space is opened up to consider a worldview that accurately reveals the traditional aspects of African philosophies. As a theoretical framework, Afrocentricity provides the possibility of interpreting characteristics of African life from an African perspective. This approach provides a shift away from a

Eurocentric pedagogical frame of reference to an Afrocentric one (Nobles, 1985; Asante, 1987; Karenga, 1993).

Definitions of Afrocentricity are provided; setting it out as a distinctive worldview, as well as a critique of its main tenets. An outline of the research on Black family life that developed from the late nineteenth century onwards, influenced by Eurocentric thought is discussed. It is argued that much of this research was unquestioningly accepted because of the prominence of European philosophers who claimed intellectual and hegemonic dominance. It was as a result of the diligent research of Black scholars that the debate on Black family life was reclaimed (Billingsley, 1968; Staples, 1971). The starting point was to refocus on the impact of enslavement and colonialism, and simultaneously explain African cultural values.

3.2 Afrocentricity: A Discourse Centred in African Philosophy

Afrocentricity is based on a unique understanding of African philosophy that concentrates on classical African civilisations as the starting point for any conceptual analysis of African people and their history. Asante (1998:19) noted that it is '*very specific in its reliance on self-conscious action*'. Eurocentric theories are considered to be inadequate for explaining all the various historical, economic and political oppressions that adversely affect Black people. Therefore, the quest for knowledge has resulted in a growing body of literature that represents and redefines the nature of Black family life (Asante, 1987; Karenga, 1988; Collins, 1990).

Different terminologies are used to refer to the study of African antiquity. However, all endorse the need to examine the long-standing hegemony of European/American domination of African people. Afrocentricity is defined *as 'a*

quality of perspective or approach rooted in the cultural image and human interest of African people' (Karenga, 1988:404) and Asante (1998:19) refered to it '*as the study of African concepts, issues and behaviours*'and '*as a frame of reference*' developed by Africans themselves, and is based on '*African cosmology, axiology, aesthetic, and epistemology*'. Schiele (2000:18) also defined the Afrocentric worldview as:

> '*a set of philosophical assumptions that are believed to have emanated from common cultural themes of traditional Africa and to have survived the effects of European and Arab colonisation and imperialism*'.

As a worldview it is based on the core premise that Africans must determine their reality and view of the world. It rejects Western ideology that Greeks were at the centre of civilisation and thus informed global reality (Schiele 2000). This very idea denies an African past and inaccurately locates African people and their cultural values at the periphery of Western thought and as having no contribution to make to global history. By promoting a Greek model of knowledge, philosophers of the Enlightenment period constructed Western thought as the highest form of knowledge. In essence, Africans were marginalised and portrayed as inferior, superstitious, as savages and hence incapable of rational thought (Cashmore, 1996; Eze, 1997). Europeans argued that 'Negros' only found happiness under the rule of white slave owners, and that their characters were forever fixed (Frederickson (1987). As Hall (1997) argued the doctrine of 'race' was often associated with representations of the '*other*' in anthropological and related studies throughout the nineteenth century.

The Afrocentric paradigm directly challenges representations that have conventionally commanded claims to knowledge. Such claims were embedded in notions of superiority based on 'race', gender and class distinctions. Afrocentricity is

the study of ideas and events from the standpoint of Africans, not as victims but as people with agency. As Asante (2000:116) stated *'to be for one's self is not to be against others; this is the most authoritative lesson that can be learnt from the Afrocentric school of thought'*. Asante (1991:172) contended that there is a need to *'establish a frame of reference wherein phenomena are viewed from the perspective of the African person'*. He concluded that it is essential to *'preserve African culture, ancestral traditions and show respect for one's personal and collective ancestors'*. Obama (2007:233) considered that, it is essential not to become *'trapped in cynicism or despair'* or to be *'robbed of our agency'*. Retaining agency is to realise that the Afrocentric paradigm involves liberation from colonialism and cultural oppression (Nobles 1986; Swignoski, 1996).

Since the late 1980s Afrocentricity has grown steadily in significance both in the USA and Canada. (Schiele, 1994; Christian, 2001). Several Black scholars such as Diop (1974), Akbar, (1976) Nobles (1974b, 1985, 1986), Mbiti (1970), Asante, (1987, 1990), Karenga (1993) and Myers (1988) have promoted the need for an African centred paradigm using it as a vehicle for action and empowerment. Some academics have used Afrocentricity as a *'tool for replacing Africans in European history into situations from which they have been mostly erased* ('Hylton 2000:7). Equally, Graham (2001:9) makes reference to the impact that 'African Worldviews is having on Black communities and organisations and the knowledge it provides, liberating them from the manacles of *'mental slavery',* by exposing them to *'historical truths'*.

A central concept within Afrocentricity is that there are other ways of knowing. It provides academic freedom to end the perpetuation of the types of knowledge that maintain domination (Hooks, 1989). Accordingly, Asante (2002:102) submits that:

> 'Afrocentricity presents one way out of the impasse over social and cultural hegemony: the positioning of the agency of the African person as the basic unit of analysis of social situations involving African descended people is a critical step in achieving community harmony'.

The Afrocentric paradigm can therefore be applied from all perspectives, whether this is social, historical, political, educational, economic, medical, literature, arts or within the sciences. It presents a challenge to the long held hegemony of power and "*forms of exclusion that have led to social injustice*" (Graham 2001b:6).

At the starting point of this worldview is the centrality of the Nile Valley (North East Africa) as a reference point for establishing an analysis of ancient African civilisations (Asante, 1994; Browder, 1989). This region of Africa consisted of Ethiopia, Kemet (Egypt) and Kush (Nubia). Diop's (1974) research on Africa established that the Nile Valley was significant, because its people existed as an ancient civilisation and, because it was the region from which Africans were dispersed throughout other areas of Africa. Diop's (1991) historical exploration of African history revealed two important aspects of African life. The first is the importance of a rich ancestral past, which includes antiquity that forms the basis of an ancient civilisation. The second is the connection between the forces of enslavement, colonialism and the dispersal of African people to other parts of the world. In this regard, Diop (1991) made a significant contribution to developing the Afrocentric school of thought. His in-depth historical study of African civilisation revealed that,

although many of the early African cultural values had been modified, these nevertheless reappeared and were prevalent among African people in other African regions. He pointed to the Nile Valley as providing a significant point of reference for interpreting the cultural patterns of African people (Carruthers, 1986; Hilliard, 1986; Schiele 2000).

The Afrocentric paradigm places emphasis on ancient African customs. (Akbar, 1981; Baldwin, 1981; Nobles, 1986; Wilson, 1993; Karenga, 1997). African-centred consciousness is embedded within an old African tradition called Maat, centrally connected to rituals. These rituals include music, dance, storytelling, proverbs, metaphors and the promoting of family; rites of passage, naming ceremonies, child rearing, and celebration of birth, death, elder-hood and values of authority and with it a belief in the supremacy of the universe (Akbar, 1976; Asante, 1987; 1990; Noles, 1980; Myers, 1988; Schiele, 1997; Wilcox, 1998). Schiele's (1997) discussion of how African-Centred thinking can promote resilience is rooted, first of all, within a model that places emphasis on self-worth and a shift away from materialism and individualism. There is a realisation that self-worth and happiness are internally and not externally determined. Definitions of success within an Afrocentric frame of reference are not predicated on wealth or status, but on interdependence and a strong relationship between the individual and the group.

Bernard (1998:4) emphasised that a person is successful when he/she contributes to the success of others and engages in collective identification with problem solving. Such acts '*uplift the family and the community*'. Similarly, Baldwin (1981) revealed that success is connected to fostering collective survival and the

concept of self-consciousness. Asante (1998: xii) stated that *'Afrocentricity is a moral as well as an intellectual location that posits Africans as subjects rather than objects of human history'*. Thus, Afrocentricity opens avenues for understanding the contribution that Africa has made to world history and to the development of knowledge about Black families in the context of their history.

Afrocentric thinkers apply a theoretical perspective, which reflects the realities of people's lives, to adequately explain their behaviour. As Henry (1992:212) states it is the *'politics of self-representation poised against the hegemony of dominant groups'*. Thus, the aim is to provide a new framework from which to understand behaviour, from the standpoint of the problems that Black people experience as a result of enslavement and colonialism.

In order to extend one's knowledge of human functioning it is essential to use a theoretical paradigm that will best explain people's social world. This will help to provide a fuller picture of their behaviours and ways of knowing. For Black families in the UK, it is essential to use constructs that explain oppression, racism and sexism in order to move away from pathological models. Bernard (2001:2) argued that there are many examples of *'misconceptions that inform professional practice'*. Moreover, it is the way that normative judgments and assumptions lead to pejorative assessments.

The Afrocentric thinker will aim to develop appropriate cultural knowledge. This involves an examination of the difficulties and strengths within the family against the current social conditions in which Black people of African descent continue to experience social exclusion.

Theoretical concepts that support community life and a sense of belonging are considered within the Afrocentric paradigm to mirror the types of systems that work best for Black families. Community perspectives reinforce traditional helping responses (Graham, 2002).

In specific relation to the Black family, Afrocentricity is grounded in an ethical debate that supports cultural customs, in particular spiritual kinship. Kamalu (1990:96) suggests that the concept of kinship is '*like a connection among and between persons in society*'. This idea is based on more than skin colour and implies that identity is a way of behaving and responding to group membership. Since kinship is located within the family and community, decisions are made on the basis of group membership. This would help to explain how kinship enables people to gain a sense of their identity because they are connected to each other through a spiritual bond.

In considering Afrocentricity as a framework for this study, it was important not to lose sight of the fact that enslavement and colonialism fundamentally affected the self-knowledge of Black people throughout the Diaspora. Wilson (1999:48) makes the point that '*people who suffer from lack of knowledge of themselves and of their history are people who suffer from a loss of identity*'. In this sense, their development and personhood cannot be realistically achieved.

In alien settings it is more difficult to practice cultural values in a way that promotes self-awareness. While it is important to be part of a society, the struggle is to remain conscious of one's heritage and cultural roots. Separation from anything African for Afrocentrists is to deny one's self. As Wilson (1999:51) stated, it is

crucial to '*accept the good, the bad and all of the possibilities that go with being Afrikan* [Wilson's spelling]. Equally, it should not be forgotten that the rediscovery of '*hidden histories*' has played an important role in the development of social movements and as such are sources of '*resistance and identity*'.

Hall (1997:52) argued that until recently Africa was the '*civilisation that was missing in most historical analyses*'. Consequently, we need to draw on distinctive traditions to validate the experiences of Black people. The significance of Afrocentricity is that it sets forth an alternative approach to analysing and understanding the Black family.

Before moving on to consider how Black scholars have used the ideas surrounding Afrocentricity to explain Black family functioning, I will turn to how it has been contested. There are three particular perspectives that are of interest to this thesis. First, is the criticism that the search for an African identity is idealistic. Appiah (1992) and Lemelle (1994) argue that it is essentialist to impose the idea of cultural unity on all people of African descent. To do so, would be to deny the complexity of culture and diversity among diverse groups of people. Gilroy (1992:57) posits that culture is not '*fixed, finished or final, it is fluid actively and continually made and remade*'. To this extent, exposure to multiculturalism is a force that evokes change. Africa is a large continent with diverse cultures and to speak of it as a single entity is to minimise this complexity. The search for an African identity dismisses the fact that people of African descent have been colonised and westernised, as a result, they may assume multiple identities. It should also be recognise that identity is a complex concept and is ever changing. What this indicates, is that identity

formation occurs at different levels. For example, Hall (1997:20) argued that identity is '*a way of becoming as well as being*'. Hence, it is constantly undergoing transformation.

Second, feminist critiques argue that gender is not given equal weight with 'race' even though they are both within the realm of oppression. Weedon (1999:130) states that feminists reject essentialising theories, but support theoretical positions that are in the '*interest of understanding and transforming oppressive relations*'. For Collins (1990) Afrocentricity should embrace a distinctive feminist approach. Any discourse that engages in liberation must also examine the complex interplay between race and gender showing how Black men and women have different types of experiences according to power relations. Commentators such as Hooks and West (1991) and Fox (1992) are critical about the discourse on African-Centredness, because they argue that this debate is rooted within a '*neo-nationalist, heterosexual and Black fundamentalist*' perspective.

Third, is that Afrocentrism presents a counter position to Eurocentrism. In so doing the risk is presented of overlaying one form of racism with another. Henry (1993:212) suggested that the pre-capitalist, pre-colonialist past should not be '*over-romanticised or over-mythicized*', but it should be embraced with all its '*contradictions*' and '*ambiguities*' showing where the tensions exist. Collins (1986:16) expressed the view that Black women have a self defined standpoint, which is linked to their paid and unpaid work and is an inherent part of their experiences. This is where experience and consciousness collides and is '*described and explained in different expressions of a common theme*'

Having outlined the criticisms that have relevancy for this thesis, it is critical to say that the Afrocentric paradigm has significant value, because it offers an alternative form of knowledge which has not been hitherto applied or tested in the social work arena. Asnate's (1980) thesis was not concerned with biological determinism, but he focused on bringing African people from the margins to the centre. Moreover, Afrocentricity provides a conceptual framework, which is intended to assist in analysing historical and contemporary data. Thus, the inferences drawn in the analysis must be consistent with an African cultural orientation (Nobles, 1984:8).

The implication for the inferences drawn in the analysis provides an understanding that Afrocentricity is rooted in cultural and political debates and in the context of liberation from enslavement. Identity is achieved as people within the Diaspora come together with a common purpose which is '*singular and unifying*' (Hall, 1992). This reflective stance helps in developing a better understanding of how Black people have been marginalised. The imperative is to seek to understand how traditions have been preserved and transmitted inter-generationally. This perspective is essential if one is to fully analyse different manifestations of culture and connect people of African descent with their past. Drawing on the ideas of feminist thought, the analysis of how Black women are affected by cumulative oppression represents an important space for resistance and activism within the context of Afrocentricity.

3.3   The Legacies of Black Family Research

Theoretical approaches have played fundamental roles in interpreting complex human behaviour and providing explanations of the social world. Theories also form the basis of all assessments and social needs (Everitt et al, 1992). Theories about

racial differences were given legitimacy during the period of Enlightenment, when prominent philosophers like Kant, Jefferson, Hume, and Voltaire articulated representations of the world within a racist discourse. The notion of white supremacy was pervasive and was unquestioningly accepted as 'science' and therefore, logic (West, 2002). Foucault (1977a:27) argued that *'knowledge is linked to power and not only assumes the authority of truth, but has the power to make itself truth'*.

It is critical to understand that those who developed grand theories about Black people were protected within a strong academic base that granted them powerful and hegemonic intellectual safety (Eze, 1997; West, 2002). For example, Voltaire's support for white supremacy was unchallenged as his views were written into history. He claimed that *'Blacks and Indians were a distinct species from Europeans'* (West, 2002:105). Much of the discourse projected into studies about the Black family was based on racist stereotyping and negative attitudes (Omi and Winant, 2002). An important part of this debate was the duplicitous role that the church had in sanctioning and justifying slavery. Salley and Behm, (1973:22) show that justification for slavery was based on the belief that there was a hierarchy of 'races' and that this was ordained by God. In this context, the vantage point from which 'race', was constructed had no scientific validity. Thus, Everitt et al (1992:21) stated that:

> *'race is merely a construct in our society used to categorise people, to make differences between people, to discriminate between people on account of these differences, and to exercise control over people'*

Analytical frameworks were formulated by social scientists to explain various family forms: patriarchal, matriarchal, monogamous and polygamous. According to

Nobles (1985:1) as researchers attempted to explain Black family functioning, they consistently offered '*scientific evidence*' '*information*' '*theory*' and '*analyses*' which were pathological. Concepts and ideas were formulated suggesting that the Black family was a malfunctioning system. Although the discourse on racism is reflected in all disciplines, sociology and psychology have strong links with a perspective that placed considerable emphasis on differentiation between people (Robinson, 1995). Nobles and Goddard (1984:53-54) identified five themes within Black family research.

1. The Poverty Acculturation theme which suggested that Black families became successful as a direct result of acculturation, and by accepting and living out the norms, values and beliefs of the dominant society in which they were living.

2. The Pathology theme which characterised Black families as inherently disorganised and lacking in structure.

3. The Reactive Apology theme which argued that Black families are the same as white families, except for the experience of discrimination and poverty.

4. The Black Nationalist theme or Africanity theme which acknowledges that Black families, while living in the Western world and in environments that are alien to their African origins, have nevertheless retained their African identities.

5. The Domestic Colonialism theme implied that Black family dynamics are better understood in the context of domination, economics and politics,

conceiving the Black family as operating within a wider system such as a colony.

The most problematic was the pathology theme. Moynihan (1965) and other critics of the Black family cited (a) the preponderance of unmarried mothers, (b) missing fathers (c) children conceived out of wedlock, and (d) dependency on welfare as the main factors leading to unstable families. They argued that pathology was the prime reason for a disorganised structure within the Black family.

Moynihan's (1965) conceptualisation of the Black family as '*a tangle and a web of pathology*', and Black women as matriarchs who excluded men was unquestioningly accepted as if it were truth. His research was interpreted and followed by many later writers, who ignored the forces of enslavement, colonialism and racism and focused on lower-class families as problematic (Aldous, 1969; Rainwater, 1970; Rainwater and Yancy, 1967). Poor families were relentlessly researched and negative valuations were systematically applied to them (Rodman, 1971). Rainwater (1966:122) concluded that '*Black families reflected destructive features resulting in violent, repressive, depraved and debased life styles*'. The burden was shifted away from structural problems and onto the Black family. The strengths of Black families were often negated or omitted from the research.

Frazier's (1939) research was important because his thesis rested on a link between poverty and social conditions. Placing the focus on ecological factors and the effects of slavery, he argued that external factors were the cause for their '*disorganised functioning*'. Frazier's study, 'The Negro in the United States' undoubtedly provided information that had been previously unavailable, but as a

Black researcher he had used the methodologies of white researchers. As Nobles and Goddard (1984) argued, because his research followed white pathological models, his findings were not consistent with Black historical reality and were lacking authenticity. In many ways his descriptive analysis of Black families had ramifications for the discourse and conjectures that were later made about the Black family.

A flaw in Frazier's analysis was his contention that while other races had been able to maintain their traditional values, slavery had played a pivotal role in the destruction of '*household gods, the dissolution of sympathy and the affection between men of the same blood and household*' (in Barrow 1996:5). This was not accurate, since kinship care had survived and was reinforced by slavery and colonialism. Nobles (1974a) considered that this type of analysis was faulty, because it ran counter to the experiences of Black people. Furthermore, the models and conceptualisations that were frequently applied did not reflect the lived experiences of Black people.

The need to advocate new ways of interpreting Black historical data and the urgency for a shift from the negative research to a strengths-based approach and a feminist perspective was advanced by Black scholars (Billingsley, 1968; Ladner, 1971; Hill, 1972; Staples, 1978; Davis, 1981; Nobles and Goddard, 1984; Nobles, 1985). These approaches are reviewed in the next section.

3.4   Shifting Thematic Orientations: Reconceptualising the Black Family

Black scholarship has been an important way of reconceptualising the Black family, placing it in the context of history. This means that Black scholars were charged with the responsibility of refuting social theories, 'scientific' thinking and a

social construction of 'race' that was unproven and therefore without validity. W.E.B. DuBois (1908) was one of the first Black scholars to advocate that 'scientific' investigation was required to carefully measure economic conditions that contributed to the different problems that were impacting on Black families. He challenged negative models, and cogently argued that the positive aspects of Black family life had been ignored at the expense of pursing pathological orientations that distorted Black family life.

The main problem identified by Du Bois was the distortion of historical data. From a historical and sociological point of view, he played a significant role in shaping Black consciousness, through his expression of the spiritual depth of the Black experience. He described the social conditions of African American families as being uniquely linked to their experiences as an enslaved people. As a radical thinker he wrote prolifically on the effects of colonialism as having disinherited Black people, by historians and sociologists who assumed that "*every vestige of spontaneous social movement had disappeared leaving the slaves without expression of their common lives, thoughts and strivings*" (in Foner 1970:97). He declared that this analysis was erroneous and that there were many aspects of African life that had survived '*unscathed*' by the plantation system.

Thus, Du Bois advocated the need for a shift from the problem-oriented approaches to a more humane and strengths-based way of interpreting the substance of Black people's lives. This involved understanding the concept of informal kinship patterns which were ideologically based on a tradition of communal help and mutuality. This analysis explained the function of multi-generational networks and

the reasons why women were placed in the position of cultivating kinship networks. In order to understand the concept of informal kinship networks it was essential to use methodologies that would help to explicate how the Black family coped with enslavement, and how they adapted to new environments.

In response to the deficit models, other Black scholars followed Du Bois in conducting studies to show that other theoretical models could be more effective in explicating Black family life. These included Billingsley, 1968; 1973; Hill, 1972; McAdoo, 1982; 1988; Nobles, 1978; Nobles and Goddard, 1984; Ladner, 1971; and Martin and Martin, 1978). They took a proactive stance in reconceptualising the Black family by analysing the true impact of institutional racism. In so doing they provided a historical, sociological, psychological and political context that has helped to refute the negative valuations and assumptions that were written into history books. These researchers are considered to be among the most influential Black scholars who researched and systematically examined Black families; showing their difficulties and strengths.

Among the strengths identified within the kinship system was informal fostering and adoption of children within the extended family network (Stack, 1974; Martin and Martin 1978, 1995). Informal adoption was considered to be a way of stabilising the family at a time when parents were sold as slaves. Hill (1997) referred to this informal practice as an integral part of the responses of Black families.

Black scholars provided an intellectual debate on scientific studies and Black family research (Asante, 1998; Akbar, 1984; Myers, 1988). The sustained focus on the cultural hegemony that white researchers held within 'scientific' research was

challenged. Nobles and Goddard (1984) contended that some Black scholars had been caught on the horns of an epistemological dilemma, because they were using the same methodologies and thought processes that had led white researchers to analyse the Black family negatively. He concluded that the worldview adopted in any research process is normative. Hence, the assumptions that are made are consonant with the researcher's worldview or the '*ideological premise*' on which the research is based (Nobles, 1985:48). His starting point was that any empirical study of Black families needed to concentrate on the roots of African culture to gain an understanding of the '*symbolisms, meaning, definitions, feelings, attitudes, values and behaviours that are transmitted to each and every member of the group*' (Nobles, 1985:41). Consequently, alternative analyses were developed to take account of the ability of Black families to retain their cultural traditions. (Ladner, 1971; Staples, 1971; Staples, 1985; Nobles and Goddard, 1984).

When Billingsley and Giovannoni (1970) examined the American child welfare system during the late nineteenth century, they found that Black children were often placed away from their families and community. They concluded that diverting children away from their relatives by placing them with strangers was a strategy that ignored informal kinship patterns. They saw it as an attempt to destroy a system that was crucial to the survival of Black children and their families. In examining the effects of racism, Billingsley (1968) and Billingsley and Giovannoni (1970) concluded that racism was institutionalised, and thus had a detrimental effect on Black children. They advocated the need to conceive, analyse and design child welfare services from an alternative perspective, contending that services needed to

be 'considered in the context of Black family and community life instead of adhering to the white perspective which is perverted and pervasive'. Billingsley's (1973) work was critical in dismantling theories that had little relevance for Black families. He contended that it was by placing value on the group (as opposed to the individual) that the common good of the community would be served.

This analysis of Black family functioning in the USA later developed in the UK in a similar way. Social work like other professional disciplines relied on various theories and social constructs to interpret human behaviour. Many of these theories were rooted in Eurocentric thought, but were nevertheless automatically applied within all practice contexts.

There are few theoretical frameworks that explain human behaviour from a Black perspective. Payne (1991) made the point that colonial influences have largely dictated the form and nature of social welfare and essentially the theories on which practice is based. A fundamental problem is that theories informing social work practice are constructed from a Eurocentric perspective and a hegemonic position. Thus, it might be argued that the study of the Black family has been over-shadowed by a powerful discourse, which has had negative consequences for them, both historically and contemporaneously.

In attempting to refute these (Eurocentric) theoretical perspectives, Black feminists have actively sought to address this imbalance, particularly in relation to the claim that female headed households were matriarchal, taking over a dominant male role and emasculating men (see Ladner (1971: Cress Welsing, 1991). Feminist thought forged a dynamic relationship between severe economic conditions under

which Black women were nurturing and caring for their children, and the hardship caused by racism and male dominance. An important aspect of their focus was placed on strengths as opposed to weaknesses. This intellectual discourse refuted negative valuations through political awareness and empowerment strategies. For example, women like Hooks (1989; 2000) and Collins (1998b, 2001, 2000a, 2002) articulated the connection between 'race', gender and class oppression, arguing that:

> '*oppressed people resist by identifying themselves as subjects, by defining their reality, shaping their new identity, naming their history, and telling their story'* (Hooks, 1989:43).

The Black feminist perspective also challenged white female researchers, showing that the experiences of Black women were qualitatively different to those experiences of white women. They questioned the notion of egalitarianism, suggesting that there was a need for a closer examination of power relationships, not only along race lines, but also in terms of gender. Collins (1990:207) points out that in some instances the experiences of Black women may be closely aligned with Black men, but at other times they may have similar experiences to white women. However, there are times when *Black women may have to stand apart from both groups'*. The attempt to understand the positioning of Black women is thus a unique one because it opens up the possibilities of considering dualities and different forms of dominance. Omolade (1987:32) contended that feminist pedagogy '*sets forth learning strategies informed by Black women's historical experiences with race/gender and class bias and the consequences of marginality and isolation'*.

Reference is drawn to Hill's (1972) research which clearly identified discrete strengths within the Black family and the Black community that supported and bolstered family survival. These were thus identified:

1. *'The Black family comprises several individual households, the concept of the family transcends the household unit;*

2. *Structurally it expands and diminishes in response to external conditions (elasticity)*

3. *It is a child-centred system which gives the family its raison d'être*

4. *The family network is revealed as close, and relationships between families are not necessarily related by blood'.*

The ability to mobilise support systems and develop networking strategies through collective consciousness is of crucial importance (Elsass, 1992, Luthar, Ciccheti and Becker, 2000). Knowledge is a key component of freedom since it is a resource that provides a means of expressing one's cultural heritage and gaining freedom from 'mental slavery' (Dei, 1999d:9). The traditions of the Black family were considered to be culturally unique, performing '*social and psychological functions*, particularly at times of movement and crisis Nobles (1985:75). These theoretical perspectives of African philosophy hold the key to the structure and function of Black families of African origin which is rooted in ancient thought.

The foregoing discussion identified the concepts of the Afrocentric paradigm that are relevant to this study. It shows how Black families have been analysed from a Eurocentric perspective, which did not reflect their lived experiences. It was an

alternative discourse located within an Afrocentric theme that elucidated the search for an epistemology that accurately reflected their patterns of family organisation.

3.5   Applying the Characteristics of the Afrocentric Paradigm to Kinship Care

It has not been claimed that the Afrocentric paradigm is the only way of viewing the world, but that it is central to understanding African history and its contribution to the production of knowledge. It brings a critical awareness to the factors that promote the concept of family (Graham, 2002:69). In the discussion that follows, I demonstrate how the key principles of *spirituality, interconnectedness, collectivity* and *interdependence* are related to kinship patterns and thus, how they can be applied as a framework for this study. These four Afrocentric characteristics assert a strong relationship between all aspects of human functioning.

1. <u>Spirituality: A Relationship with God and the Universe</u>

An essential element of this paradigm is that at the heart of African people is their spirituality. Spiritually is defined as '*an invisible substance that connects all human beings to each other and to a creator*' and is '*taken to mean the non-material or invisible substance that connects all elements of the universe*' (Schiele, 2000:25). Within the spiritual realm or the cosmos, people are not constrained by time and space, but emphasis is placed on a relationship between spirit, body and mind. (Mbiti, 1970; Akbar, 1984; Nobles and Goddard 1984). All aspects of life whether animate or inanimate are considered to be interconnected, influencing each other. Reality is both material and spiritual. There is no separation between these two entities (Asante, 1980; Myers 1985). The cosmos is described as a spider's web that

has many individual parts but which are nonetheless connected. To destroy one part of the web is to destroy the entire web (Nobles 1980). As Kamalu (1990:155) notes *'man did not weave the web of life; he is merely a strand in it, whatever he does to the web he does to himself'*.

Thus, an individual is one part of the web and consciousness is centrally located within the unity of family and community. This is essentially the reference point for connections to all other aspects of life. Schiele's (2000) thesis is that Black people who are living in materialistic societies lose sight of the need to remain spiritually connected to each other and to the '*Creator*'. This he argued, is the cause not only for spiritual alienation, but also can be traced to violence, substance abuse and other behaviours that can lead to stress, fragmentation and disintegration.

Personhood is a staged process that allows people to grow, morally, intellectually and socially (Karenga, 1997). The spiritual aspect of one's development is also part of the socialisation process. This is revealed in the practice of Rites of Passage, a transforming process, where young people are taught how to contribute to family and community, through traditions which are an inherent part of their culture (Hill, 1992). It also helps to insulate them against hostile environments by teaching them how to act towards others, giving them adequate tools to break free of the psychological chains and trauma of slavery and the incarcerated mind.

Spirituality seeks to show that group connectedness and group identity are interrelated and bind people together (Myers, 1988). Herein is established the application for kinship, in that the spirituality helps the individual to conceive him/herself as giving and taking within a complex array of family and community

relationships. It espouses the need for togetherness, unity, harmony and working in partnership with others. In this way, the neediest members of a group from the youngest to the oldest are given support through spiritual bonding. According to Karenga (1997) spirituality supports balance, truth, justice, harmony and unity which all point to wellbeing and self-esteem. These values encourage a shift away from materialism and individualism (Coppock, 1990). It is the spiritual connection that people have with each other that predisposes them to helping those who are in distress. Thus, the spiritual element within the individual and group can be utilised as a tool for strengthening kinship bonds, and creating positive alternatives that will enable the family to survive stressful and threatening life events.

In his discussion of spirituality, Schiele (1997:289) asserted that theoretical models of social welfare de-emphasise the spiritual aspects of human functioning. He argued that this disposes an individual towards promoting his/her own interests. Spiritual alienation results when there is a disconnection between the spiritual and other elements of human functioning. Spiritual alienation is thus defined as:

> *'The disconnection of nonmaterial and morally affirming values from concepts of human self-worth and from the character of social relationships'.*

Hence, spiritually is maintained and mirrored through a sense of interconnectedness between people.

2. <u>Interconnectedness between People and Community</u>

An important concept within Afrocentricity is that at a cosmological level, all elements of the universe are viewed as interconnected, nothing is separate. People are centrally connected to each other and their community and are therefore dependent on each other (Mbiti, 1970; Nobles, 1985). The idea that there is unity forms the

basis on which people function through reciprocal relationships. The fact that families rely on each other provides a sense of belonging, to family and community. Completeness is understood in terms of the humanity people bring to each other to provide a sense of identity. Indeed, Hall (1997:52) argued that cultural identity is a way of '*becoming as well as being*', and it is only from this position that we can begin to understand people's uniqueness, how they have been positioned and how they in turn position themselves (Hall, 1997).

From a philosophical point of view, Afrocentrists see that it is harmful to be disconnected (Holdstock, 2000). Accordingly, the more people build on the strengths within their relationships, the more likely it is that they will be able to solve social problems, and use social support to benefit all those who are included within the family and community network. Interconnectedness provides a sense of oneness in, and between people (Myers, 1988:24). This begins at birth, and continues beyond death so that, as was discussed in the previous section, people remain spiritually connected. It is believed that those who die remain connected to the group as much as those who are not yet born. This idea is present in Alex Haley's genealogical search for his roots. He wrote:

> '*Three groups of people lived in every village. First were those you could see walking around, eating, sleeping, and working. Second were the ancestors, whom Grandma Yaisa had now joined. 'And the third people - who are they?' asked Kunta. 'The third people,' said Omoro, 'are those waiting to be born.' (Haley 1976)*

Mbiti (1970) declared that an individual's existence depends on collective unity and an awareness of others. This is an ontological concept or belief system, which forges an important relationship between the individual and the universe of

which the individual and the group is a part. Thus, individualism and materialism are diametrically opposed to the concept of oneness, of group identity and the ability to share one's resources. Indeed, during the early 1920s Marcus Garvey acted as a spiritual leader and warned Black people exiled from Africa to resist materialism and never to forget God.

Since the Afrocentric worldview postulates that all things are interconnected in the cosmos, people cannot exist unless they are connected to a source within the universe and to each other. African thought is based on 'Oneness of Being' and an interrelationship between nature and spirit. These forces are connected to the existence of all things (Mbiti, 1970).

The significance of this theoretical perspective is the realisation that being interconnected helps to avoid isolation and loneliness. Currently, there is considerable concern about Black boys and how they have become disconnected, criminalised and over-represented in the prison statistics. Hill (1992) suggested that the Afrocentric paradigm, forces one to ask the alternative question '*why*'? For Morell (1996) the answer lies in the problems that emerge when a society discourages human interconnectedness, i.e. discourages people from relying on each other and working interdependently.

3.   Interdependence: Building on Human Relationships

The concept of interdependence describes an important relationship between the individual, the family and community (Suda, 1997). Support is derived from group activities and these promote harmony and oneness or what Nobles (1985) refers to as '*we-ness'*. The individual can only be complete '*when other people are there to complete his or her humanness'* (Graham 2002:70). Mbiti states (1970:141)

'I am because we are, and because we are, I am'. Placing emphasis on interdependence imposes a duty on individuals to show commitment to the interest of the group (Bernard, 1998). This differs from the conventional western philosophy of Kant and Hegel, where the right of the individual is given higher priority than that of group interest.

An approach to the rights of the individual has been reflected in social work since its inception. Biestek (1965) provided the principles that underpinned early social work, placing individualism and purposeful expression of feelings at the top of a hierarchy of social work values. These values teach the unique qualities of the individual that promote self-determination and freedom of choice (Banks, 1995). By comparison, within the African concept, interdependence validates group experiences within the context of family and community. For White and Parham (1990: 38) it is the concept of interdependence that reflects mutual dependency. When this concept is applied to kinship care, the reliance on family and friends provides a significant support network for learning, encouragement and discipline of children, not only by parents but by many individuals (White and Parham, 1990). Thus, it is the concept of informal kinship that forges an important relationship between people so that they build on their collective strengths. This is the point at which people in a community, that are not related by blood, contribute to the building of the family network and strive to establish membership within the kinship system (Hill, 1992). Delgado (2000), states that the community has the potential for linking people together and actualising a sense of belonging within them. In this context people's ability to communicate, and relate to each other, activates a collective source of support. Thus,

at the foundation of kinship relationships is the concept of harnessing group energy through collective efforts.

4. <u>Collectivity: Group Relationships</u>

Within traditional African philosophical belief systems, the over-riding rights of individuals were discouraged in preference to the interest of group membership. Belonging to a group transcended individual identity (Myers 1988; Gyekye, 1992). Child rearing practices rested primarily on collective responsibilities within the group, thus making the growth of all members possible. Importance was placed on group processes. The notion of collectivity stressed commonalities rather than differences and this emphasis fostered inclusiveness. (Akbar, 1984; Baldwin, 1981; Myers, 1985).

Schield, (2000:27) states that Afrocentricity places '*considerable emphasis on collective survival*'. The importance of this concept is that in order to achieve survival, people must share their resources however meagre. Consequently, the practice of kinship encouraged the sharing of wealth as well as other commodities (Williams 1987). Even though the Afrocentric paradigm focuses on collective identity; there is no suggestion that people should not have individual identities, but that collectivity promotes the interests of those who are identified by a common experience of enslavement. Although people may have different experiences, the commonalities they share do not cease to exist. The emphasis is placed on the need to become conscious of the impact of enslavement and colonialism and the need for people to work as a group and not as individuals.

Afrocentricity promotes the survival of individuals in the context of the group (Akbar, 1984; Baldwin, 1981). Children are regarded as a collective responsibility so that the community has a role to play in caring for them. A family friend will be called aunty or uncle, not only out of respect, but because they are considered to have a moral responsibility for raising children within the community. People in the community are called godparents because they are accorded responsibility for the child's spiritual wellbeing. Engels (1884) argued that the terms father, child, brother, sister were not merely complementary forms of address but carried serious mutual obligations. His construction of the family, and the relationships that existed within a community was based on the notion of production which was the means of existence. He saw that groups were connected through marriage ties, through exchanges of food and manufactured goods. Moreover, he argued that sexual inequality did not exist before the introduction of private property; as men and women worked in complementary and collective ways. It was the system of economic reproduction that fundamentally changed the relationship between men and women.

Afrocentrists argue that the concept of collectivity has been central to the support system found within kinship networks. Hill (1997:192) asserted that a community approach, self-help is one way to *'build strong families'*. This contributes to strong social and economic institutions as well as *'protective mechanisms for building resilience'*. To achieve this goal people must *'empower themselves socially, economically and politically'*. Interaction and involvement with one's community

reduces states of powerlessness and isolation by emphasising collectivity, harmony and unity among people and within the kinship system (Coppock 1990).

3.6   The Strengths and Limitations of Afrocentric Cultural Values

From a strengths perspective, Afrocentric cultural values provide an explanation for kinship care and the principles that support care-giving. It is argued that each value provides the basis for strengthening the family by insulating it and helping its members through their spiritual connections, interdependent relationships and collective efforts. Since Afrocentricity it is linked to freedom from mental slavery it is a gateway to empowerment. Accordingly, reciprocal giving preserves the essence of family life. The Afrocentric cultural values are potentially helpful because they present the possibility of improving life experiences. Such values are shaped by people's subjective life experiences.

Survival strategies are intertwined with the quest for liberation and freedom within the context of self-help. Concepts such as mutual aid, solidarity, collective responsibility, spirituality, and reciprocity are strongly linked to family survival. Such methods of self-help were recorded in the stories of Black people's early encounters with British society. For example, Hylton (2000) made reference to a variety of activities that were created in Leeds during the 1960s to mobilise resources for self-help. Music was and continues to be a method of unifying Black people because song carried political messages and a call for freedom and liberation. The 'Negro' Spirituals is one example and the songs of Bob Marley are another.

A tradition of self-help has been evident in Britain among people of African descent, but its roots and foundations are based on African concepts, ways of thinking

and knowing. Thus, the church, the family and the community are viewed as the most consistent forms of support. The growth of community organisations specifically targeted at self-help has been commented upon by Bryan et al (1985).

The concept of informal kinship care is predicated on the history of self help in Black communities (Dove, 1995, Hylton, 2000). It typifies welfare activities that provide welfare support and emphasise the local and informal types of provision that are community based and relevant to people's needs. This was most evident in the early Pentecostal movement in the UK (Chester and Smith, 1996)

This type of community support has proven successful in challenging Eurocentric models of social care provision and is a non-oppressive, supportive and empowering tool for working with Black families. Within this model the focus is holistic and is based on the strengths of the family, on involvement of the community and on people's rights to participation. Hylton's (1997:4) study among Black and minority ethnic parents in London linked resilience to a number of strategies that the families had utilised. Among them was '*strong reliance on self, family, friends, community, religious, cultural networks and prayer.* The study also found that families demonstrated adaptability in the face of adversity.

The concept of reciprocity is also vital within kinship bonds, since people enter into relationships between kin, without a clear expectation of return (or at least not in the short term). In Black families the expectation of reciprocity can be delayed until old age. Sahlins (2003) proposed three types of reciprocal relationships between kin:-

(a) Giving with clear expectation of return,

(b) An expectation of equality within giving and

 (c) Manipulating the system by gaining something for nothing.

Others have acknowledged that reciprocal relationships are more positive than negative. Since it provides the assurance of help, there are gains to be made on both sides (McAdoo, 1988). The concept of reciprocity activates the rights of people without legal enforcement, but through the notion of obligation (Jordan, 1996; Ganong and Coleman, 1999). Reciprocity is a central concern within kinship care, because it evokes '*empathy, concern and responsibility for others*' (Sahlins, 2008:50).

Yet it could be argued that there are limitations within these cultural values. When the family unit is overwhelmed with problems, it is possible for them to lose the capacity to utilise the cultural values that are intended to preserve the family to aid its survival. For example, poverty and economic deprivation are factors outside of the individual's control, but these factors could have an adverse impact on the level of help that family members are able to offer. Equally, the social environments and un-regenerated communities in which families are located are limiting factors for the individual, the family and the community.

Marginal participation by family members and an inability to reciprocate is another limitation to bear in mind. The absence of collectivity and interdependent relationships could lead to instability and less cohesion within the extended family network. A study carried out by English (1991:23) showed that African American families provided evidence of the traditional strengths that have been described above, yet the families did not share all of these values. There was variation due to

such factors as '*mobility, urban experiences, exposure to racism, discrimination and childhood socialisation*'.

To critique spirituality in the context of kinship care is to highlight the ways it shapes and gives meaning to life as a philosophical underpinning that would explain the desire to help. From an Afrocentric perspective evidence has been provided to show that it creates a basis for unity and reciprocal relationships that guides human interactions. Thus, the spiritual aspect of kinship is a cultural value that holds the key to a helping tradition. Some commentators have suggested that spirituality is an important dimension of caring at all stages of the life cycle (Howse, 1999:63; Lynch and Hanson, 1998; Watson, 2000).

Within the Black community there has been reliance on traditional forms of support from the church and other religious and faith based organisations. This form of support enables people to become expressive as they look after the wellbeing of others. Collins (1990) describes three interrelated components that support spiritual beliefs in caring. These are (a) individual uniqueness, (b) appropriateness of emotions in dialogue and (c) capacity for empathy. It is these aspects of the belief system that encourage coping capacity under stress, particularly in coping with oppression. Having spiritual beliefs is one way of coping with the pain and distress that is caused through abuse and maltreatment as well as the heavy burden that is associated with the caregiver's role.

It emerged from this study that spirituality plays a fundamental role within parenting from a kinship perspective. There are two concepts that validate the caregiver's role: (a) providing guidance and (b) discipline of children. Spiritual

guidance teaches children how to enter into reciprocal relationships by appreciating the needs of others. Spirituality is a strengthening system because it embeds principles within the child and encourages holistic development and social competence. In conjunction with a holistic approach is the promotion of respectful behaviour. Thus, the caregiver is seeking to set boundaries and awareness in the child about his/her relationship with others and the universe, which is the building block of success.

Discipline is the method by which guidance is given and boundaries are ultimately set. Lack of discipline can lead to lack of respect for self and others and lack of self-control, resulting in anti-social behaviour (Schiele, 2000). Spirituality gives the caregivers the authority to train children, so that they can fulfill their duty to society by contributing to their own and other people's success.

However, problems can arise in relation to the method and severity of physical chastisement. Physical chastisement can become abusive when it is applied in a way that seeks to subdue the child's will. Thus, I am arguing that spirituality has a significant part of the caregiver's role, but the dividing line between guidance, chastisement and abuse is a fine one, particularly when the caregiver perceives that there are few alternatives to control and manage the child's behaviour. The qualities that are being promoted could become problematic if acts of punishment or methods of chastisement violate the child's rights (Children's Rights' Office, 1995). It is possible for abusive acts to the perpetrated on the child and justified through the inappropriate use of power, and interpretation of the belief system.

Even if people do not profess to believe in God, the principles of spirituality are no less relevant, because it is related to how people feel interconnected to others and to the universe (Furlong, 1997). People's spiritual centre can be manifested in a variety of ways; through openness to new ideas, to their level of tolerance for others or through their connection with nature. As Collins (1998) states, some may express their spirituality in the struggle for justice and freedom against oppression, and use it as action for social change. Yet, others may express it through their belief in ancestors, through symbols, dance, storytelling, art, drama or other forms. While the concept of spirituality can be elusive, it cannot be separated out from other forms of development, because it is constructed on the philosophy of wholeness of life, and '*in light of the whole experience*' (Akbar, 1995:29). It remains integral to caring.

3.7   Summary

I have provided insight into Afrocentricity as a theoretical framework, showing the principles that underpin and guide it as a philosophical paradigm. Afrocentricity is based on African philosophy and identifies the unique patterns and belief systems that are consonant with the experiences of African people. It places them within the context of their identities and cultural frame of reference. For this reason, Afrocentricity makes a contribution to our knowledge and provides a theoretical framework for understanding the cultural motifs that apply to past and current Black family life. It underpins kinship care as an integral part of Black family history as way of knowing and being.

Afrocentricity arises out of oppression and a struggle for self-expression and self-determination. It places emphasis on consciousness-raising as an imperative for

moving forward. European thought devised a hierarchy of human species, and in so doing constructed representations that reflected their philosophy based on superiority and inferiority. Such theories were racially based and promoted racism. Thus, Afrocentricity forges a powerful link with resistance and the need to intellectually challenge hegemonic ideas, which place African peoples at the margins of society. Afrocentricity provides a shift that is necessary to more accurately interpret human behaviour, rituals, customs and traditions. In so doing it strives to give people agency and empowers them to value their history, culture and identity, in short, to value their humanness.

Using the Afrocentric Paradigm is intended to enrich this study, by seeking to create a clear focus on the cultural norms that affirm and confirm interconnectedness between and among people. The function that Afrocentricity plays within the kinship system is how it supports the idea of strong family obligations linked to a community dimension. In this sense, the Afrocentric paradigm is the most appropriate framework for understanding and interpreting the traditions and behaviours of people of African descent.

In the next Chapter, a discussion is provided that concentrates on how informal kinship care has become a formal welfare service. In a review of the literature, I will discuss some of the national and international research that is relevant to this study, showing both the strengths and limitations that are evident within the literature

CHAPTER FOUR

Formalised Kinship Care

'The Children Act encourages Social Services Departments to work with the extended family when relationships within the nuclear family are under stress. Where children have to be looked after by the local authority, a relative, especially a grandparent, may provide a very effective placement (Home Office, 1998:18).

4.1   Introduction

The purpose of this chapter is to examine the current literature relating to the formalisation of kinship care as a welfare service, which has occurred in the UK since the mid 1980s without particular reference to Black children and their families. Neither did the development of kinship care take the cultural values, which I have described in the preceding chapter into account. It is my intention to explore some key issues relating to formal kinship care, namely the placement of children and young people in kinship care otherwise known in the U.K. as relatives and friends care (Children Act, 1989).

I begin by presenting the national and international literature specifically related to the formalisation of kinship care as a welfare service. The paucity of literature is made evident in this chapter, thus providing a reason for turning to the literature in the US that relates to African American children, and showing the necessity for this study. It is acknowledged that there are significant differences between the experiences of Black children in the U.K. and the U.S., but what links them is the history of enslavement. What is known from the literature about the views and attitudes of professionals as well as the responses of local authorities in the

UK is discussed in terms of findings from other studies. My critique of the literature will make reference to the Afrocentric paradigm showing where it has either been missing from the literature or where it could be usefully be applied to make sense of and redefine kinship care in the British context. This chapter ends by identifying the research questions.

4.2   Reviewing the Evidence: **Understanding Kinship Care**

In the UK, research into kinship care began in a piecemeal fashion. The finding that local authorities were placing children with their relatives was discovered as a derivative of a study by Rowe et al (1984). They were investigating the success of non-relative foster placements and found that children who were placed with their relatives were making better progress than those who had been placed with non-relative foster carers. However in a later study they could not confirm these findings (Rowe, Hundelby and Garnett, 1989). In Berridge and Cleaver's (1987) study of foster home breakdown it emerged that children in kinship placements experienced less disruption than those who were placed with strangers. Similar findings in relation to placement stability were reported in a study conducted by Millham et al (1986). Furthermore, Ryburn (1998:33) commented that the evidence was pointing to kinship care as being *'potentially more viable and stable than the care offered by strangers',* particularly for adolescents, a group who typically have a high rate of foster placement breakdown.

In general, the lack of attention to kinship care as a welfare service in the U.K. stands in sharp contrast to the plethora of literature in the U.S.A. where kinship care has been explored, showing the connections with enslavement, survival and African

cultural values (Danzy and Jackson, 1997). The determination to place African American children with their relatives pre-supposed that their families could better nurture them and meet their cultural needs than an institution. The Child Welfare League of America (1994:12) argued that a system that is respectful of family strengths is more likely to prevent unnecessary separation of children from their families. This thinking has had a significant bearing on the approach to kinship care and the emphasis that is placed on family traditions and cultural competence.

From 1993 onwards, the National Foster Care Association in the U.K. became aware of the dearth of services for kinship carers (NFCA, 1993). In a report published by them, Waterhouse (1997) highlighted disparities in training and support between non-relative foster carers and kinship foster carers. Significantly, Waterhouse found that carers who were looking after relatives had very limited access to services or social work support. A help-line set up by NFCA, to support foster carers revealed that kinship carers were isolated, had little access to information, and were most concerned about financial hardship (Flynn, 1998). The discrepancy between non-relative foster carers and kinship caregivers was identified as a failure within service provision. Wheal and Waldman's (1997) study in four local authorities reported that local authorities did not have adequate provisions to support children in kinship placements.

Importantly, in their study, Waterhouse and Brocklesby (1999) discovered that the needs of children and kinship foster carers had been neglected, and that the advice given in the Children Act (1989) had not been followed by the local authorities where their study was conducted. Two Department of Health funded

studies were conducted in England and Wales by the National Foster Care Association (NFCA, 2000a, 2000b). The outcome of these studies provided opportunities to develop training materials for both social workers and kinship caregivers. The materials for social workers were aimed at getting them to organise better services and training for kinship caregivers (Flynn, 2001:130).

These early studies into kinship care services called for local authorities to adequately address the needs of family and friends carers. Waterhouse (1997:48) found that varying polices led to different levels of service, advice, support and training and thus, concluded that more explicit polices were required.

The introduction of kinship care as a welfare service was haphazard, with different standards being applied, and studies identified discriminatory practice caused through variation and absence of coordinated approaches. For example, Farmer and Moyers (2005) found that placements were unplanned, and that children tended to be placed with their relatives in a crisis. The caregivers were not given the same level of training and support that is ordinarily offered to non-relative foster carers. It is only very recently that the Government has committed itself to producing statutory guidance, requiring local authorities to develop transparent and equitable policies (CWDC, 2009).

The Family Rights Group study (Richards and Tapsfield, 2003) showed different philosophical approaches to kinship care in the U.S., New Zealand, Ireland, Sweden and Germany, each approach affecting how kinship caregivers are assessed, paid and supported. There has been a growing tendency for local authorities in England to place children with their relatives or with friends. Although it has been

difficult to quantify how many children are actually looked after in this way, information published at the end of March 2002 showed that 6,900 or 12 percent of 59,700 children were looked after in kinship placements (DH, 2003a). However, there are many children who live with their relatives under informal arrangements who do not have sustained contact with local authorities. Such children would not be covered in this statistical data.

Due to the lack of research in the U.K. and because of cultural and geographical differences, comparisons are difficult to make. Nevertheless, lessons can be learnt from the U.S. literature, and, if not applied in their entirety, can be used to provide avenues for developing research ideas. In the U.S. there was a dramatic increase in the numbers of African American children who were placed with their relatives during the 1980s and 1990s. The overriding concern was to enable children to maintain contact with their relatives by offering culturally sensitive services. The aim was to work intensively with families to keep Black children out of care, or where this was already the case, to support reunification with their families. The purpose of this strategic approach was to preserve the family (Alstin and McRoy 2000).

Numerous U.S. studies reported that there were unprecedented numbers of Black children who were entering the welfare system (Scannapieco and Jackson, 1996; McFadden, 1998; Scannapieco and Hegar, 2002). Welfare agencies began to place these children with their relatives (Report to Congress, 2000; Berrick, Barth and Needell 1994; National Commission of Family Foster Care, 1991; Thornton, 1991). A link was established between the historical cultural patterns of African American

families and the need to divert children away from an unsympathetic welfare system. Scannapieco and Jackson (1996) argued that kinship care was always a family survival strategy among African American families. A study conducted in Oregon (Lahti, 1982) demonstrated that kinship care avoided children drifting in the care system.

From an Afrocentric perspective the very idea of incorporating a cultural perspective into service delivery was an attempt to recognise the significance of the historical and informal practice of kinship care among Black families. Mutual aid was respected as a fundamental principle underpinning kinship care (Stack, 1974) and this concept is reflected in each of the Afrocentric principles described in the previous chapter.

The U.S. literature indicated that the placement of children in kinship care was linked to the increasing need for substitute care during a period of rapid change (Wulczyn, and George, 1992). A variety of reasons were cited for this, among them the rising numbers of parents misusing substances, such as crack cocaine; children's exposure to harmful substances and parents who became incapable of meeting their needs (Brooks and Barth, 1998). Other factors included mental health and emotional problems, HIV/AIDS, death, and incarceration (Pasztor et al, 2002; Pruchno and McKenney, 2000). In order to avoid children entering the care system, grandparents and particularly grandmothers, became central figures in caring for their grandchildren. Jimenez (2001) found that when African American children were placed with their relatives, it was less stigmatising because as families migrated to the north during 'The Great Depression', it was customary for older women to raise

children. Moreover, it fitted the expectations of the family for grandmothers to guide and support their grandchildren, as it was a source of pride to do so (Gibson, 2002).

From a formal perspective, kinship care was 'identified as the first priority resource for children removed from their family of origin' (Gleeson and Craig 1994:12; CWLA, 1994) and was informed by a cultural perspective and ethnic traditions (Paszstor et al 2002). The reliance on relatives to care for abused and neglected children is supported by Title IV-E funding which is Federal funding aimed at supporting kinship caregivers and improving outcomes for children in these placements (Allen, 2006). A factor that holds particular relevance for this study is how kinship care has been utilised to meet the needs of African American children (Child Welfare League of America, 1994; Everett, 1995). A number of studies have found that across the States over 80 percent of children placed with their relatives are African American, and that women are most likely to be the main carers (Le Prohn, and Pecora, 1994; Ingram, 1996; Link, 1996).

Some studies have found that kinship care provides a safe-caring and protective environment, while simultaneously keeping children culturally secure in their families and communities (Berrick, Barth and Needell, 1994; Kusserow, 1992; Inglehart, 1994). Kinship care thus provides an ideologically important connection for Black children. Barth and Needell (1997) found that there is a higher risk of Black children entering the welfare system and less chance of them reunifying with family or being adopted, a pattern that is also evident in the U.K. The difference between U.S. developments and those in the U.K. was the emphasis the U.S. placed on developing kinship care as a welfare service, while in the U.K. emphasis was

placed on the need to recruit Black foster carers. This is an important distinction to make, since looking to the family as the first option was not a central theme in the U.K. debate that surrounded the need to find solutions that could work for Black families.

There is also a lack of research into gender and kinship care, but a study by Nolan and Scott (2006) indicated that women reported giving and receiving more help than men. Two recent studies in the UK have only researched grandparents as kinship caregivers. While these are useful studies, they fail to offer a broader perspective on a range of family members who act as caregivers for children within the family or examine the cultural meaning of it (Richards, 2001; Pitcher, 1999a). However, they provide insight into the changing role of grandparents and their increasingly active involvement in caring for their grandchildren. Both studies support previous findings, and show that practical as well as limited external financial support and access to information are common themes within the literature. This is significant because in Richard's study of 134 grandparents, who were caring for a total of 314 children, some of them had acted as caregivers since the birth of their grandchildren. Some were caring for more than one grandchild. This represents a major saving to the local authority and placed considerable pressure on grandparents who were caring for children with a range of difficulties including learning disabilities, physical difficulties, emotional and behavioural problems (Richards, 2001).

In a Scoping Paper prepared for the Department of Health, Hunt (2003:84) conducted a review of the research evidence and concluded that what is known about

kinship care is *'fragmentary, complex, sometime contradictory and fragile'*. Hunt recommended that *'cross-cutting government initiatives'* were required to advance kinship care, rescuing it from *'poor relation'* status. She found that there was a pressing need for central government to take action to finance kinship care and provide a framework of service provision, as well as commissioning research to inform practice. The need for more evidence is clearly important, since Hunt (2003) stated that lack of evidence can result in conclusions either for or against kinship care that are unhelpful. What is of interest to this study is that in providing Government funding for kinship care research and other projects, a Black perspective has been missing and there is a lack of voice about the needs of Black kinship care families in the U.K.

Broad (2001) argued that kinship care is relatively invisible, because it is dissimilar to existing welfare services. Children in kinship care placements do not fit neatly into current legal categories as do children who are being looked after by strangers. While this may be the case in the U.K, other European countries have long established models of welfare that are based on the concept of kinship care. For example, in Ireland between 18 to 26 percent of children in care are looked after by relatives (Richards and Tapsfield, 2003). Aldgate and McIntosh's (2006) study indicated that children, who remain with their relatives show better outcomes than children placed in foster or residential care. Stelmaszuk (1999:21) reported that in Poland, over 120,000 children were in various types of out of home placements, most of the foster carers being their relatives. Stelmaszuk argued that policy positions that explicitly recognise kinship foster care provide avenues for preventing *'more severe*

and widespread problems and gain social acceptance by respecting traditional and religious patterns and values'.

It might be argued that in England, kinship caregivers have been exploited and used as a cheap option, and a way of masking the growing problem facing local authorities in recruiting foster carers. I have argued that kinship care has had very little policy relevance for Black children, and that there are considerable gaps in knowledge among professionals about how to integrate a Black perspective into service delivery (Ince, 2001:141). Furthermore, my findings from an earlier study focusing on young Black people (Ince, 1998; 1999) showed that their experiences of being in foster and residential care only served to separate them from their cultural heritage and cultural roots.

The main argument presented in the above discussion concerns the lack of development of kinship care in the UK, both in terms of research and policy. At the same time local authorities have been placing children with relatives and friends without a full understanding of the demands this can place on them. This lack of investigation into kinship care immediately highlights the need for more research from every angle, including a cultural perspective.

4.3   Kinship Care: A Cultural Perspective

There is some research that concentrates on the benefits of kinship care. Inglehart (1994) argued that the child's racial, cultural, religious and linguistic needs are more likely to be met in their family than in any other placement. This fits with the theoretical position adopted for this study, in that cultural values I have previously described can be activated and applied in practice. Researchers have found that

relatives are more likely than strangers to have an interest in the child and are more likely to love and nurture them because of their connections with the child and parents (Wilson and Conroy, 1999; Minkler and Roe, 1993). Once again, the link with the Afrocentric paradigm is the need to give children a sense of their history and identity, by encouraging close proximity with people in their kinship network. An important factor identified within the research is the attachment and bond that the child develops and maintains, with the caregiver and others within the kinship network. This is reinforced by the proximity of the caregiver and a number of relatives who remain connected to the child (Testa, 1997). It includes their connections with familiar people in their neighbourhood and community settings (Brooks and Barth, 1998; Berrick, 1997).

There is evidence to show that Black children benefit from kinship care because it promotes their identity, and reduces the risk of separation from siblings and other extended family members. Typically, they stay in kinship foster care for longer periods, which also promotes stability and continuity (Berrick, Barth and Needell 1994; Farmer and Owen, 1995; Mosek and Alder, 2001). Research indicates that helping children to retain their connections and links with significant people within their network can lead to positive outcomes (McFadden, 1998; McFadden and Downs, 1995). For this reason, formal adoption is often viewed as culturally unacceptable for some kinship caregivers because they may not wish to formally adopt the child and cause conflict with the birth parents (Berrick, Barth and Needell 1994). An important finding is that the proximity of family members maintains

children's connections with familiar people in their community settings (Brooks and Barth, 1998).

There is some evidence showing that the positive nature of family contact reinforces children's identity and keeps them connected to significant others (Beeman and Boisen, 1999). In this regard, even though contact may not always be ideal, and in some instances complex, the literature points to positive outcomes for children. Indeed, a positive finding from Farmer and Moyers' (2005) research indicated that the children in their study had higher levels of contact with aunts, uncles and cousins and, significantly, with fathers, than children in non-relative placements. They also found that kinship caregivers were more likely than non-relative foster carers to have more difficult relationships with the parents of the children (Farmer and Moyers, 2008).

The extensive nature of kinship care among African American families is supported in the literature (Berrick, Barth and Needell 1994) and can be linked to the values that underpin the Afrocentric paradigm as was discussed in Chapter Three. For example, it is shown that kinship caregivers encourage a high level of contact with parents and other relatives to help the children maintain a sense of connectedness to extended family members (Berrick, Barth and Needell, 1994). Le Prohn and Pecora's (1994) research showed that kinship caregivers played an important role in reducing separation and loss by encouraging contact with their birth parents. Logan, Freeman and McCroy (1990) explain that Black families are part of a community system with variant and flexible family patterns.

In order to understand how kinship care fits into the overall debate concerning permanency, evidence suggests that children remain with their relatives for comparatively long periods and in so doing achieve stability (Berridge and Cleaver; 1987; Meyer and Link, 1990; Scannapieco, Hegar and McAlpine, 1997; Webster, Barth and Needell, 2000; Ehrle and Green, 2002). Talbot (2006:5) commented that '*stability is multidimensional and affects the young person's experience of the placement*'. It is also linked to other factors such as '*health*', '*education*' '*community*' and '*personal identity*'. Essentially, stable placements reduce the potentially negative outcomes that are historically associated with disruption and drift in the care system (Millham, et al, 1986; Rowe et al, 1984). However, the evidence indicates that kinship care is less frequently used to achieve permanency in terms of legal adoption. There is contradictory information and even at times, scepticism about the overall benefits of kinship care and whether it should lead to reunification with birth parents or adoption with the caregiver (McDaniel, Merkel-Holguin, and Brittain 1997; Johnson-Bonecutter and Gleeson, 1997).

A number of studies indicate that kinship caregivers tend to show commitment to children and that children derive benefits that they would not if they were looked after by strangers (Thornton, 1991; Berrick, 1997; Flynn, 2001; Tan, 2001). Save the Children (2007:3-4) identified a number of benefits, stating that kinship care is '*culturally appropriate and is a long standing tradition of looking after one's own*' (also see Messing, 2006). Among these benefits is family preservation (Warsh, Pine, and Maluccio, 1995), the transference of cultural values and reduced risk of institutionalisation.

The findings of a study among young people placed with their relatives showed that they were able to maintain family links and identity. Being '*rescued*' from the care system appeared to hold special significance for the young people, who described their experiences in the care system as '*traumatic*' and characterised by '*rejection*' and a '*sense of isolation*' *(*Broad, Hayes and Rushforth, 2001:17*)*. Moreover, the views of children and young people are an important indicator of what they think about kinship care. In particular, some studies show that being given the opportunity to be placed with siblings can be a positive choice for vulnerable children (Doolan, Nixon and Lawrence 2004).

Research evidence suggests that the quality of care provided to children in kinship placements is variable, but Beeman and Boisen, (1999) found that most kinship caregivers provided good quality and competent care to children. In a study of 15 children from 11 families in the UK, Hunt and Macleod (1999) revealed that kinship care placements had provided protection for children and at the same time promoted their well-being. They found that none of the placements had been terminated by the local authority as a result of maltreatment, although in three cases the placements had not worked in the best interest of the children. Furthermore, Hunt and Macleod (ibid) concluded that the children in kinship care placements had a brighter future than those who remained with their parents, and that their '*trajectory tended towards improvement rather than deterioration*' (p94).

Determining quality of care is difficult, but some researchers found that children in kinship placements experience a greater depth of bonding and a better quality of life in terms of relationship building (Altshuler, 1999). Quality of care is

also linked to the commitment of the caregiver to the child and family, and is reported as a positive factor both in relation to their motivation and sense of loyalty. Thornton (1991) found that caregivers responded out of concern and a wish to keep children out of the public care system, concluding that motivation might account for the way in which caregivers perceived their role and discharged their responsibilities.

The behaviour of children is a common concern for foster carers, and while this can be a problem for kinship caregivers, the evidence suggests that children in kinship care exhibit less challenging behaviour than children in non-relative foster care (Rowe et al, 1984; Benedict, Zuravin, and Stallings, 1996).

This literature indicates that there are clear benefits to kinship care and that this is because it preserves identity and can potentially maintain children in stable placements.

4.4   Risks in Kinship Care

There is a small but growing body of research which has examined the risk factors within kinship care. Particularly in the U.S., researchers have focused on the adjustment difficulties of children in kinship care. (Dubowitz, Feigelman, and Zuravin, 1993; Barbarin, 1993). Criticisms are located within a discourse that concentrates on family dysfunction, questioning whether family members are in the best position to safeguard the child's welfare and intervene to stop abuse and maltreatment. Some researchers have indicated that risks can be higher in kinship care when there is a history of serious problems such as child abuse, drug and substance misuse, mental health problems and domestic violence, all of which can increase stress (Cimmarusti, 1999). These problems can be generational making it

hard for the caregivers to break free of these legacies and patterns of behaviour. Crumbley and Little (1997:5) referred to this phenomenon, pointing out that *'legacies and patterns of behaviour are passed on between generations and among family members'*. Moreover, he argued that *'even though the caregiver may interrupt the cycle of behaviour, other family and household members may repeat these legacies'*.

Past family history and negative life events are reported to have a stressful effect on kinship caregivers, thus placing limitations on their ability to offer quality care to children (Dowdell 1995; Fuller-Thompson and Minkler, 2000; Whitley, Kelly and Sipe, 2001). Additionally, the kinship caregiver, the child and the extended family may face other significant losses that are stress inducing. Forehand et al (1998) found that children whose mothers were infected with the HIV virus and were placed with their relatives, suffered from depression, and aggression and were less socially and cognitively competent. Similarly, Forsyth et al (1996) also found such children to be withdrawn and suffering from behaviour problems. Grandparents in particular may feel a sense of failure and guilt and their emotional feelings may affect the quality of care they are able to offer and their ability to safeguard the child's welfare. Indeed, the impact of HIV on the caregiver and the child cannot be under-estimated as there is considerable stigma, stress and strain attached to it (Joslin, 2000a).

The issue of whether or not kinship caregivers are able to keep children safe from abuse and neglect has not been sufficiently researched in the U.K. Moreover, concerns were reinforced when Toni-Anne Byfield who was in the care of Birmingham Social Services was murdered after being placed with an aunt and given

unsupervised access to her father who was a drug dealer. The Observer newspaper *'uncovered a catalogue of errors by Birmingham Social Services who consistently broke guidelines in Toni-Anne's case.* It was suggested that *'Ministers would be under increasing pressure to address the issue of kinship fostering'* (Bright and Townsend 2003)

Child safety is fundamental to understanding the limitations of kinship care, since children can also be abused by their carers and other relatives. This reinforces the need for professional vigilance, and the application of appropriate standards to kinship care. Hence, the shortcomings of kinship care are important to identify and understand if child safety is to be a priority. But as Bernard (2001:14) states, the relationship that Black parents have with welfare agencies may deter them from reporting child abuse promptly because they may perceive them as *'reinforcing oppression'*.

Hunt (2001:13) makes the point that fears for child safety can promote anxieties in terms of *'placing children with carers whose own poor parenting skills may have been responsible for the inadequacies of the parents and thus for the children needing substitute care'*. While there may be professional misgivings about the safety of children in kinship placements, there is a lack of conclusive evidence that children in these placements are at higher risk than children in non-relative placements.

Observations about the merits of placing children with their relatives was first commented upon by the DHSS (1976, cited Greeff, 1999) cautioning professionals to be aware of the pitfalls and the stresses that families encountered, portraying family

conflict as a factor that could seriously damage the child's emotional well-being. Reference has also been made to the link between stress, poor neighbourhoods, poverty and physical safety of the home as impacting on the child and caregiver. Kinship caregivers tend to be older and less financially stable and have more health related problems (Billing, Ehrle, and Kortenkamp, 2002; Le Prohn, 1994; Thornton, 1991). There is also some evidence to show that children in kinship care display similar types of behavioural problems to those in non-relative placements, but receive fewer services (Dubowitz, Feigelman and Zuravin, 1993).

The DH (2002) noted that kinship caregivers may not have a high level of contact with social workers, which could make it more difficult to detect potential abuse, or to monitor kinship placements adequately. This observation reinforces Faber's (1990) study of social workers in New York, which suggested that caseworkers did not comply with supervision requirements and that when they had visited the caregivers, did not record their supervision visits properly.

It has been suggested that it is difficult to assess the quality of kinship care because the research is limited and contradictory (Connolly 2003:8). It is also difficult to define standards in kinship care, because the children are living within their families and this is '*essentially different in nature to foster care*'. Wilhelmus (1998) found that the lack of monitoring was a common threat within kinship care. Conflict between the agency and the caregiver can be a dynamic in their relationships. Moreover, risk may be exacerbated through lack of sensitive services and defined support systems. Berrick, Barth and Needell (1994) made a similar point

related to the difficulty of assessing the quality of care due ostensibly to the lack of supervision of these placements.

In general, much more research is needed to comment confidently on the quality of kinship care. However, available research indicates that there are a number of factors that might have an important bearing on lack of services to kinship caregivers. For example, research in the U.S. has found that caregivers tend to be single women, are among the older population, are less well educated, are Black and experience financial hardship (Seaberg and Harrigan, 1999; Hegar and Scannapieco, 1995). Each of these factors can lead to discrimination and inequality when accessing services.

The National Foster Care Association study training project and survey (Wheal and Waldman, 1997; Flynn, 1998) indicated that kinship caregivers were at a disadvantage in terms of opportunities to learn through training and preparation for fostering, creating implications for how they look after, manage children's behaviour or cope with stress. A number of studies indicate that children in kinship placements exhibit emotional difficulties, and in some cases mental health problems. These findings suggest that kinship caregivers do not always have the skills to manage children's behaviour. (Dubowitz, 1994; Yorker, et al, 1998; Benedict, Zuravin and Stallings, 1996).

The health of the caregiver can determine their ability to meet a child's needs. In this regard, Minkler and Roe (1993) found that grandmothers reported poor health after becoming primary carers. Depression and psychological distress contributed to their deteriorating health. Some studies point to standards in the home environment,

arguing that they differ markedly from the standards that are achieved in non-relative foster homes (Kusserow, 1992). In their study of 123 custodial grandparents and 1152 non-custodial grandparents, Marx and Solomon (2000) found that custodial grandparents were eighty percent more likely to report fair to poor physical health than grandparents who did not have the responsibility for their grandchildren.

A difficulty is that children, who are placed, with their grandparents, who are suffering failing health, may be at greater disadvantage than children, who are placed with younger caregivers or with non relatives. Health issues must be balanced against the child's age and short and long term needs. Therefore, the literature indicates that age is particularly related to the longevity of the placement, can be particularly burdensome, and may consequently result in feelings of loss of freedom and resentment (Crumbley and Little, 1997). Along with this, are the changes that the caregiver makes in order to accommodate the child's needs.

Richards (2001) found that the majority of the sample in her study (169 grandparents) had experienced financial problems in caring for their grandchildren, but did not have access to external support. She reported that thirty six percent of her sample had given up work, and seven percent had reduced their hours of work, to look after their relatives. Grandparents who were looking after younger children experienced difficulties in communicating their needs, and accessing support. Some did not have access to computers, and felt unable to help children with their homework. These findings could have serious implications for children's education and eventually place them at a disadvantage.

Some studies have shown that children in kinship placements may also continue to experience problems (Billing, Ehrle, and Kortenkamp, 2002). For example, poverty is an insidious factor, and one that does not easily disappear even with time. The research has shown that children who remain with their relatives also continue to live with poverty and that there are a number of interrelated factors that have been correlated with the increase of poverty (Burnette, 1997; Caliandro and Hughes, 1998; Doolan, Nixon and Lawrence 2004; Ruiz, 2004a).

A problem that has been highlighted is children's continued exposure to drug abuse and domestic violence (Berrick, 1997). A pessimistic view has also been reported in relation to the ability of kinship caregivers to meet children's health needs and keep abreast with medical and dental appointments (Dubowitz, 1994). It is concerns of this nature that may cause professionals to feel sceptical about placing children with their relatives.

The case for not placing children within their kinship networks is strengthened, in relation to factors that lead to lack of safety. Accordingly, the research advises that caution must be exercised when decisions are being made to place children within the family setting. However, a balance is required and this can be found in the literature that deals with kinship care and its resilience-enhancing factors.

4.5   Resilience in Kinship Care

A secure base is an important factor that promotes resilience by providing children with a sense of stability and connectedness. Programmes that promote an Afrocentric approach to child welfare, aim to reduce the numbers of children entering

the welfare system. One way of achieving this is to harness the strengths and resilience of family members. The launch of the first African American Child Welfare summit called '*Children in Social Peril*' focused on the preponderance of African American children in the care system. The delegate feedback concluded that there was a need to promote resilience by using the family's support system. This could help caregivers to transmit positive messages and values, which include spirituality and fostering interdependence, trust, respect and education over materialism and individualism (Brissett-Chapman and Issacs-Shockley, 1997).

Since balance, harmony and leadership are important characteristic of kinship care, when there is lack of reciprocity it creates an imbalance. Cultural values within the kinship system rest primarily on exchanges of mutual aid and sharing between family and community members. Within a tradition of help, sources of support are a fundamental way of passing on cultural values. The role that the 'church family' plays has spiritual significance since according to Boyd-Franklyn (1989) '*after the family and extended family, the church is the most common source of help*'. Utilising community resources has implications for building strong spiritual values and supports resiliency.

There has been a call for an ideological shift away from the popular view that '*West Indian families are weak because of some ill-understood relationship with the ways of life enforced upon them as slaves*' (Rashid, 2000:15). Indeed, Thoburn, Norford and Rashid's (1997) research among minority ethnic families found that they relied heavily on support from their own family members and people within their network. Church attendance and commitment and spiritual values were strong

themes in the accounts that the families provided. The church community was described as '*a significant support, far more highly regarded than fostering support groups organised by the local authority*' (Rashid, 2000:21).

Johnson-Garner and Meyer's (2003:264) study of 30 African American children in kinship placements found that a subset of these children thrived in kinship care homes. The most critical dynamics, determining whether the children became resilient or not, was the family's ability to adapt to change, and to adjust family roles. The caregivers of resilient children reported that they had more control over their situations and this reduced their levels of stress. They also reported that when their role as caregiver was clearly defined it '*helped them to 'establish their authority*' and '*regulate the influence of birth parents in the children's lives*'. Important sources of support came from extended family members and spiritual support came from church members. The respondents viewed these as key factors influencing how they were able to support the child's resilience (Johnson-Garner and Meyers 2003:265). According to Burton and Dilworth-Anderson (1991), factors that encourage successful adaptation are interdependence and joint decision-making. The utilisation of extended family networks is an important source of support for family preservation, because historically many non-relatives were selected to support and care for children. Embracing the four principles of the Afrocentric paradigm promotes resilience.

The notion of reciprocity as previously discussed is a key theme within the Afrocentric Paradigm since kinship care is seen as a way of overcoming adversity and is a survival strategy (Sandven and Resnick, 1990). According to Ronnau and

Marlow (1993) the concept of informal kinship care was based on a way of life and supported unity and reciprocity between family and community as mechanisms for mobilising social support (as was stated earlier). Gilligan (2001:16) suggests that reciprocal relationships help to build resilience. He states:

> *'Reciprocity in a relationship helps to build and sustain bonds of trust and commitment. If I do something for you and you do something for me in return, this sequence of mutual help brings us closer and builds on bonds of commitment between us'.*

It is significant to note that the literature dealing with the construction of African families makes a link between enslavement, survival, reciprocity and mutual-aid as the factors that lead to resilience (Hill, 1997). An Afrocentric approach to the provision of welfare services supports the enhancement of the family. For example, a distinctive feature of African and African Caribbean families is how the concept of interconnectedness and interdependence are interlinked with such concepts as unity and balance (Johnson, 1995). Caldwell (1996:335) refered to this phenomenon as the family '*stretching infinitely backwards into the past and forward into the future with those now alive having responsibility for its continuation*'. It is also important to note that Afrocentric principles support family and community alliances and see them as strengthening systems.

Social support is a key factor that helps to build resilience and reduce risk. Researchers have found that African American adolescent mothers adjusted better when they had support from kin (Taylor, Casten and Flickenger, 1993; Taylor and Roberts, 1995). Therefore, in order to develop and maintain resilience a reliable network of support is necessary to offset risk. Thus, there is a need for professionals

to engage with family and community systems by developing an awareness of the cultural values that support kinship care with the aim of promoting resilience.

When resilience is considered in the context of kinship care, it is evident that there are strengths within kinship networks. However, as a welfare service, the literature indicates that it has been given very low priority, and falls short of an adequate framework to support caregivers and the children/young people in their care.

4.6   The Professional Response to kinship care

 Social workers have considerable power and authority in making decisions that will affect people's lives. Yet, it is not only the social worker but agency policies that determine the quality of service delivery. Lack of clarity, lack of resources, procedures, planning and record keeping are cited as problems that impact on the quality of practice in this context (Flynn, 1998). What evidence there is, points to variable practice both in relation to the standard of assessments and support that kinship caregivers receive (Richards, 2001, Broad, Hayes and Rushforth, 2001;Calder and Talbot, 2006). Working collaboratively and in partnership with extended family members has proven to be a barrier since, according to Flynn, (2002), social workers may focus on an abstract notion of fitness to foster rather than ascertaining the strengths and the benefits that children can derive from remaining in their families.

Gleeson and Philbin, (1996:29) found negative and unsympathetic attitudes among social workers towards kinship caregivers concerning the difficulties they experienced in looking after their relatives. In their study, case managers identified a number of areas in which case workers needed training. However, cultural

competence was not considered to be important. This was striking given that the '*race and culture of the family*' were considered to be crucial. There was also the potential for negative attitudes to influence decision-making. Beeman, Kim and Bullerdick's (2000) research, showed that inbuilt biases are generated by discriminatory practices based on such factors as age and/or race.

Resistance to working with family members can arise out of suspicion, fear or antipathy, and this may be overlaid with an imbalance of power. The use of jargon may cause mystification among caregivers. Tension between the legislative requirements and professional judgment in considering child care options that are unconventional and which carry a certain degree of risk may be manifested. Indeed, Johnson (1995) states that professionals may apply inappropriate value judgments when working with kinship families. Waterhouse and Brocklesby's (1999) study found variation, in practice and, according to Flynn (1998), in some instances variation promoted illegal practice. Nevertheless, local authorities are depending increasingly on families to care for vulnerable children (Sykes et al, 2002).

Another issue that has received attention is the confusion that social workers experience when assessing kinship carers. O'Brien (2000:197) suggested that there are four factors that lead to fundamental differences between kinship care and non-relative foster carers. First, the child may be living with the caregivers before an assessment is made. This can make the process difficult and uncomfortable for all concerned. Second, kinship caregivers do not make a conscious decision to apply to become carers. It arises out of family problems and their responses to problem-solving. Third, the demographic profile of kinship caregivers show them to be older,

more likely to be caring alone, and generally less economically stable than non-relative foster carers. Fourth, the positioning of the agency in relation to the kinship caregivers is different, in that the role of the social worker is not as central as with non-relative foster carers.

In considering the professional response, the literature provides some evidence to show that the values and attitudes of professionals can have an adverse effect on kinship families. For example Alshuler (1999) found that children in kinship foster care and their families did not receive the same level of contact from service providers as children in non-relative foster care. An added problem is the lack of development of policies and procedures, which can lead to disparity in service provision.

In summary, the literature has provided a picture of the lack of research into kinship care and outcomes for children in these placements. The most serious omission is the lack of evidence relating to the wellbeing of children in kinship placements (Alshuler, 1999). Thus, it was as direct result of reading the national and international literature surrounding informal and formal kinship care the research questions were formulated.

4.7   Emerging Research Questions

It was as a result of applying the Afrocentric paradigm and conducting the literature review that three main research foci could be clearly defined for three groups of interested parties - *kinship caregivers, young people and social workers*:

1. *The experiences of each group from different perspectives within their past and current contexts.*

2. *The meaning or sense they made of their experiences in the context of their history, cultural values and traditions.*

3. *Their understanding of risk and resilience in kinship care.*

Two subsidiary cross cutting themes were devised:

1 *The relevance of the Afrocentric paradigm and*

2 *A comparison of formal and informal kinship care.*

CHAPTER FIVE

Methodology

'Humans engage with their world and make sense of it, based on their historical and social perspectives. Thus, Qualitative researchers seek to understand the context or setting of the participants through visiting this context and gathering information personally. They also interpret what they find, an interpretation shaped by the researcher's own experiences and background' (Creswell, 2009:8-9)

5.1   Introduction

This chapter outlines the overall methodological framework for this study, explaining the steps and the processes that were followed. In so doing I make connections between the rationale for the choice of methodology, the Afrocentric paradigm and the research questions. The study design is discussed with reference to sensitivity and opportunistic issues which were involved in choosing three sets of participants and gaining access to them from different locations. An essential part of the study was to develop the data collection instrument and take steps to collect data, namely through the use of individual and in-depth interviews. Having collected the data, the next step was to complete the analysis and I describe the process of using some of the techniques of Grounded Theory as advocated by Glaser and Strauss (1968) and Strauss and Corbin (1990). I also concentrate on how the analysis supported the ideas and thoughts that are encapsulated within the Afrocentric paradigm.

I outline my role as a researcher and what this meant for me. All researchers face ethical dilemmas and these dilemmas are explained as well as how I overcame them at various stages of the fieldwork. Finally, issues concerning validity and credibility are discussed and this leads to the presentation of the findings.

5.2   Taking an Afrocentric Approach

My aim was to design the study in a way that would answer the research questions stated in Chapter Four. The rationale for my approach was informed by the wish to reflect the values of the chosen paradigm by linking the research process to the production of knowledge (Mama, 1995). The design was to assist in contextualising the behaviours of the participants involved in kinship care, thereby placing them at the centre of the study (Stewart, 2004). This was critical to understanding the collective experiences of the participants, and how the Afrocentric values I had captured in Chapter Three could be understood in the context of their lived experiences.

An objective was to make a connection between Afrocentric principles, and the methodology as a way of building cultural knowledge. The four principles of the Afrocentric paradigm (see Chapter Three) were woven into the study at each stage of the research process. The relevance of the study design was to create a way of examining the meaning of life experiences from a particular vantage point that would help to explicate the survival strategies that Black families have used through their kinship patterns.

I was particularly interested in capturing and defining the significance and the nature of kinship care from a Black perspective. I considered that it was important to design a study where the participants could verbalise events as a way of opening up channels of communication with them in face to face encounters. This process enabled me to gather data that the individuals would provide about their social worlds (Loftland and Loftland, 1984). I took into account that Black people are a largely hidden group to researchers (see Chapter One) and that a design using conventional methods such as experiments and quasi-experiments which are frequently used in quantitative research

would not be appropriate for this study. These methods were rejected because they do not lend themselves to interrogating people's lived experiences. Additionally, I considered that there might be some memories which shaped their unconscious world. I considered that sensitivity was required to assist them in revisiting and verbalising these memories in a safe environment.

From an Afrocentric position, it was critical to understand the participants' experiences, how they gave meaning to their spiritual beliefs, sense of interconnectedness, interdependence and collective activities and this was a good reason for choosing qualitative research. In Chapter Three I established the problems that have been associated with research that has neglected to consider Black people's experiences. Therefore, researching Black families from an Afrocentric perspective required a methodology that could be sensitive to their experiences as people with a history of enslavement. It was essential to investigate the phenomena under study from the perspective of the participants. Christian (2001:14) contended that few scholars who are empowered to conduct research from an Afrocentric philosophical and '*pedagogical perspective*'. This has resulted in a lack of scholarship focusing on Black people's experiences and consequently the reinforcement of '*traditional models*' in social work practice which are based on Eurocentrism. Thus, the struggle was to embed an Afrocentric theoretical perspective within the study, in order to create interest in a worldview that explicates the historical experiences of African people. Hence, the Afrocentric paradigm served as a tool for addressing the research questions within an epistemological and an appropriate ontological frame of reference.

A way of achieving this goal was to ask those who were most involved in kinship care, to assist me with my exploration and allow them to speak about their experiences and the meanings they associated with kinship care. Qualitative research was considered to be an effective way of discovering the subjective meanings and numerous realities of the participants in terms of their cultural values (see Chapter Three). The goal was to '*produce knowledge*' that could be utilised for '*the specific purpose of generating change (*Gillis and Jackson 2002:15). Socially constructed insights are particularly valuable in understanding how experience is brought into being and the impact that it has on our social interactions (Lincoln and Guba, 1985; Lewis and Lindsay 2000, Denzin and Lincoln, 2005). Crotty (1998:42-43) suggests that meaning is '*constructed by human beings as they engage with the world they are interpreting*'.

Within the Afrocentric paradigm considerable emphasis is placed on how people perceive and interpret their world, and how this is linked to their survival and problem-solving strategies. Consequently, the philosophical worldview of those who are marginalised or disenfranchised can be emphasized when a qualitative approach is taken (Creswell, 2009).

Qualitative researchers adopt a design that commonly focuses on talk, the descriptive and narrative accounts are used to understand how human beings make sense of and *comprehend* their *social world'* (Pope and Mays, 1996:7).

Denzin and Lincoln (1994:2) posit that its aim is to: '*Study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them*'. People are placed in the context of complex

experiences that characterise their world (Marshall and Rossman, 1989). As the principal instrument of data collection the researcher strives to be sensitive, and is immersed in the data '*advocating many ways of knowing*' (Hartman 1994) and becomes '*an object for another*' (De Laine, 2000:57).

5.3   Selecting the Research Methodology

There are two general approaches to conducting research, categorised as quantitative and qualitative methods. The former is based on numbers and the latter on words. Both have advantages and disadvantages and the researcher might opt for one over the other depending on the '*theoretical orientation that guides the research*' (Fay, 1987:23). Quantitative research is deductive, while qualitative research is inductive and adopts a flexible and sensitive approach to those who are being '*researched*'. Traditionally, distinctions have been made between quantitative and qualitative research. This is because historically quantitative research has been regarded as 'scientific' and positivist; using experimental designs, or surveys, approaches that are said to provide a basis for 'scientific' objectivity (De Poy and Gitlin, 1993; Silverman, 2000). Predictions are made as the researcher seeks to test a hypothesis and test theories. While quantitative methods have advantages in terms of how relationships can be established between variables, and how the findings can be generalised, these methods have been criticised for the way that statistics are used to render people voiceless in the pursuit of objectivity (Oakley, 1981). Some researchers have considered that quantitative methods can be context stripping and reductionist (Padgett, 1998).

The research questions emphasised the need to understand peoples' lived experiences and the meanings they attribute to life events. Therefore, quantitative methods were not considered to be feasible or appropriate. On the other hand, qualitative methods are considered to be conducive to empowering people to participate in research. The strategies it employs place emphasis on mobilising individuals, and is consistent with such concepts as advocacy, self-help, cooperation and self management. These approaches involve groups, individuals or organisations coming together *'to share an experience or problem'* (Adams 2008:15). Such an approach is relevant to social work because it attempts to place people at the centre of the research processes (Evans and Beresford, 1999). While this research was not participative in terms of the meaning that is provided above, there was an attempt to involve the participants by talking to them about their experiences as opposed to sending them a postal questionnaire.

There were six main reasons for choosing qualitative research. First, it permitted meaningful interaction with the participants in order to develop knowledge about their lived experiences. Thus, it was an effective way of discovering subjective meaning, recognising, as the United Nations Educational Scientific Cultural Organisation (UNESCO, 2004:1) stated, that there is a need *'to end ignorance about 'cultural diversity in favour of learning and developing the free exchange of ideas, increasing information between people and fostering shared values'*. Therefore, it offered a pathway for understanding the significance of multiple cultural meanings that people attach to their behaviours. The participants were permitted to tell their

stories in an open-ended fashion, thus empowering them to control and sequence their language.

Second, because qualitative research is inductive, the words that the participants used to describe their experiences led to rich sources of data. Hammersley (1992:45) stated that qualitative research *'documents the world from the point of view of the people studied....rather than presenting it from the perspective of the researcher'*. This points to a more holistic approach, because I was able to analyse the actual words that were used to describe and give meaning to significant life events.

Third, qualitative research encourages a reflective stance, which in this instance involved a critical examination of my personal values (Rice and Ezzy, 1999). Reflexivity and critical thinking are vital to social work research because they offer a way of challenging beliefs, judgments and values (Schon, 1991; Brown and Rutter, 2006:3). Being reflexive meant thinking about why I took certain actions and how the actions I took contributed to answering the research questions. In this way it was possible to reflect on my personal experiences, subjective values and personal feelings as the research was being conducted. The ability to reflect enabled me to show an interest in the uniqueness of each individual and their personal stories and to accord them respect and dignity.

Fourth, qualitative research is heuristic because it allows the researcher to expand knowledge of the phenomena under investigation and to discover the nature and meaning of experiences (Moustakas, 1990). As such, it becomes a vehicle for personal and professional development. It is particularly useful for helping the

researcher to make a connection with the topic and it is this that leads to '*self examination and significant personal learning*' (Stiles, 1993).

Fifth, Black scholars have pointed out that there is a relationship between the validity of the researcher and the methodologies that are used to interpret Black reality (Nobels and Goddard, 1984). Since this research was focusing on historic processes that have devalued or denied the contribution that Black people have made to world history (see Chapters Two and Three), it was crucial to move away from methodologies that deny people opportunities to contribute to the production of knowledge. Thus, the benefits of this research are significant in terms of consciousness-raising about the legacy of kinship care and understanding how these values can be passed on to a generation of children who are growing up in the U.K. An important consideration in the choice of methodology was linked to the wish to present an alternative worldview and a qualitative approach was best suited to achieving this goal.

Sixth, in order to investigate the lives of African people, the chosen methodology needed to reflect the underpinning values of Afrocentricity so as to create the conditions to empower the participants to verbalise their experiences. Kershaw (1992), states that the Afrocentric scholar must produce *emancipatory knowledge*' and, according to Mazama (2001), the kind of research that provides a challenge to a tradition of positivism. The key to success is how the researcher opens up new vistas so that any knowledge generated will speak to the experiences of the participants. This was a particularly important point to bear in mind, given that I have already stated in Chapter Four, that Black service users are rarely given

opportunities to participate meaningfully in research. Others have referred to the need to build up cultural knowledge within the Black community as a reconstruction project (Dei, 1999b, Bekerie, 1994).

5.4   Designing the Study: An Overview

At the outset of the research my aim was to ideally conduct a qualitative study among a sample of informal and formal kinship caregivers. The reason for doing so was that the literature indicated that the history of kinship care among Black families is largely informal and linked to enslavement (see Chapter Two). The original proposal was to recruit sample of formal kinship carers, and young people from one local authority, and a sample of informal carers and young people form a community group. At this stage it was felt that a sample of 36 participants would be adequate and that this number could be divided equally between all of the participants in each group. This meant selecting 18 caregivers (9 informal and 9 formal), and 18 young people from the same categories. Padgett (1998:52) states that the *'sample sizes in qualitative studies can range from one to as many as the researcher needs (and can pursue) given the constraints on time and resources'*.

The purpose of the informal community sample was to include kinship caregivers and young people who did not have contact with Social Services and who were practising kinship care informally. I also considered that it would be important to investigate kinship care from a formal perspective. The need to do so was established in Chapters Two and Four. It also took time for consent to be agreed, but what assisted this process was the prior knowledge of the 'gatekeepers' who were in central positions, namely senior managers with authority to give consent. Likewise, in order to

make discoveries about informal kinship care a Community sample was obtained through a religious organisation located in South London known to me through my personal contacts and informal networking. Again, it was the ability to link with a gatekeeper that provided the results I was hoping to achieve.

During the early stages of the research I became conscious of emerging professional debates surrounding the placement of children with family and friends. I felt it prudent to adapt some of the early ideas, and design the study in a way that would integrate a professional perspective within it, and I sought to recruit a sample of social workers involved in kinship care.

As to the nature and extent of the involvement of the participants, the determining factors were willingness, availability and opportunity to participate in the study. Initially the process of recruitment began with approaches to three local authorities for consent to conduct this study. They were situated in different geographical settings, which included Shire counties in England. While discussions took place, they did not materialise because there were difficulties in providing the sample. This placed me in the position of having to review my plan by considering new sources in order to access the sample. This required patience, flexibility and adaptability on my part. What eventually assisted in this regard were my professional connections with people in key positions in two local authorities. They were interested in developing kinship care services and were located in South and North London. In order to facilitate my access, they requested an ethical statement (see Appendix 1).

There was a need to be flexible in accessing the sample because I was interested in gathering data from a population that can be difficult to access. I was also interested in gathering data from social workers. I considered that it was important for the social workers to have an existing link with kinship families, but not necessarily those in the sample, although they had knowledge of them and did at times make reference to their histories. It was not my intention to gain specific information about specific families, but to gain an overview of organisational policies and practices. It was considered important to understand how the social workers experienced their interactions in general with kinship families, what they understood about kinship care. I also wanted to explore their awareness of Afrocentric values in the context of their interventions with kinship families of African descent. While I did not stipulate that the professionals had to be of African descent, it was an advantage that two of them were from this ethnic group.

The demographic makeup of the two Boroughs was similar in that they were both located in inner city London, this was not by choice but by expediency. For purposes of anonymity they were called Saxon and Walton.

Saxon is the largest of all the inner London boroughs and at the time of the fieldwork had a growing population of 260,000 residents with a population of approximately 53,000 under the age of 18. The proportion of children from Black and minority communities was around 30 percent and was forecast to increase steadily.

Walton had a population of over 181,000 people and almost one in four, (24.7 percent) of the population belonged to a minority ethnic group. Within the categories

of minority ethnic groups, a significant number of their residents were Black African and Black African Caribbean families. While Saxon had a history of developing kinship care services, Walton had focused on developing Family Group Conferences (a concept referred to in Chapter Two) to support families but which could lead to kinship care and was of interest to the study.

Community was the third research site and it involved accessing participants from a faith-based organisation in South London with a large membership of people of African descent. It was as a result of linking with the key leaders that access was granted.

The process of recruitment focused on these three locations. There were thirty two participants in the study. Group one comprised fourteen caregivers. Of this sample five were grandmothers, seven were aunts, one was a sister and one was a step uncle. Group two comprised thirteen young people of both genders and group three comprised five social workers (four females and one male). The mean age of the young people was 15.9 and their ages ranged from twelve to seventeen at the time of the interviews. Figure One shows that there was a good spread of ages within the samples both in terms of the young people and the caregivers. This led to the richness of the data and the findings. The shortest time span for a young person in placement was two years and the longest was sixteen years. The majority of the young people had been living with their caregivers for between five to sixteen years. Initially a letter requesting consent was sent to each participant who was identified as meeting the criteria via the responsible person with whom I was liaising (see Appendix 2). Figure one below outlines the samples.

Figure One: The Research Samples

The Respondents	Saxon Formal Kinship Care	Walton Formal Kinship Care	Community Informal Kinship Care	Totals
Caregivers	7	3	4	14
Young people	6	5	2	13
Social Workers	3	2	-	5
Totals	16	10	6	32

5.5   Developing the Data Collection Instrument

In order to develop the data collection instruments interview guides were developed. These guides were created to promote conversation and interaction with the participants. The interview guides were pre-tested by conducting a pilot study with one caregiver, one young person and one social worker. The purpose of this was to pre-test the instruments and refine and rectify any difficulties and problems that became evident. It also assisted in gauging the timing of interviews and the appropriateness of the questions. This resulted in modifications, such as including more prompts, and rephrasing some of the questions to allow for better interpretation and more in-depth answers. A decision made after conducting the pilot was to defer gathering the demographic data until the end of each interview. I discovered that it was more productive to begin by asking the participants to reflect on their experiences. Although the term kinship is not considered to be jargon, it was not initially

understood, because people do not usually use this term in everyday language. This indicated that I needed to precede the interview with a brief definition of this term (see Appendix 3A to 3C).

The content of the interview guides was based on the research questions. The participants were asked to talk about (a) their experiences of kinship care (b) the meanings they attributed to kinship care as shaped by their life experiences and realities (c) the risk/adversities they had experienced (d) and how they had overcome these adversities (resilience). The collection of demographic data from the young people and their caregivers covered such areas as age, length of time the young person was placed with the caregiver, family relationships and the source of the sample. Additional information was also collected from the caregivers relating to their place of birth, length of time living in the UK, status, contact with Social Services, accommodation, employment, reason for looking after their relatives and the length of time they were doing so. The demographic information about the social workers included their ethnicity and professional status.

The third consideration in developing the instruments was to facilitate data collection in the most appropriate way. This meant avoiding a highly structured instrument that would detract from the flexibility I was seeking to develop (Miles and Huberman, 1994). Jones (1990) suggests that a goal of an individual interview is to break down barriers and open up spaces for critical interaction with the participants.

5.6   Drawing the Sample

The logic behind the sampling was to choose participants on the basis of their relevance and knowledge about the research questions. This approach is referred to

as purposive sampling (Padgett, 1998). This technique indicates that the sample is chosen because it will '*yield the most information about the phenomena of interest*' (Merriam 2002).

In order to answer the research questions, specific criteria were applied:

- The caregivers, and young people whether in the local authority or Community sample had to be of African or African Caribbean descent to fit in with the overall aim of the study;

- The caregivers were required to have been looking after a young person who was a relative for a period of more than one year.

- One year was considered to exceed a short-term arrangement.

- The young people were required to be between the ages of twelve and eighteen;

- The social workers were chosen for their knowledge of service provision to kinship families or their personal interactions with social workers who did so.

Figure Two (p130) describes the sample, and shows that two young people from the Community sample did not participate. This was because the caregivers did not give their consent; they did not wish to stir up old issues due to the length of time the young people had been living with them. However, one caregiver was looking after siblings and another was looking after cousins, and these young people participated in the study, making the sample adequate. It is noteworthy that only one caregiver was a man.

Involving children and young people in research can cause anxiety for researchers because it raises many ethical issues (Coady, 2001). Increasingly, there has been a move toward helping children to participate in research in meaningful ways (Lancaster and Broadbent, 2003; Lewis et al, 2004). There are a variety of useful methods for researching their views, but the focus should be child-centred in approach and the rights of the child must be observed (Alderson, 2000a). Langsted (1994:55) argued that it is '*imperative*' that '*researchers should include children's understandings and experiences in studies which may affect them*'. A number of methods can be utilised to achieve this goal (Roberts-Holmes 2005) whether through observation, drawing, writing, poetry storytelling, vignettes or interviews. I chose to conduct interviews, because this method was considered to be an approriate way of interacting with the participants. Since the study was seeking to understand their experiences it required them to divulge information to a stranger about personal family issues. For my part, it required a level of sensitivity and ability to communicate effectively with them. The final sample is provided below.

Figure Two: Demographic Information for Young People and their Caregivers

Young Person	Age	Time with Caregiver	Relationship of Caregivers to young people	Source of Sample
1. Alana	12	5 years	Grandmother – Mazy - 61	Walton
2. Basil	13	5 years	Sister – Cora - 25	Saxon
3. Charles	16	5 years	Grandmother – Mazy	Walton
4. Devlin	16	10 years	Grandmother – Roma -40	Community
5. Gina	17	10 years	Grandmother – Fran -57	Walton
6. John	15	2 years	Aunt – Tina & -41 Step Uncle – Thomas – 49	Saxon
7. Kim	17	7 years	Aunt Esmie - 30	Community
8. Ray	16	5 years	Grandmother – Lucile – 64	Walton
9. Sandy	14	8 years	Grandmother – Lucile	Walton
10. Sam	15	14 years	Aunt – Brenda – 46	Saxon
11. Tony	17	16 years	Grandmother – Sylvie – 61	Saxon
12. Wanda	12	11 years	Aunt – Donna – 30	Saxon
13. Zelda	14	2 years	Aunt – Vicky – 43	Saxon
Non participant	-	-	Aunt – Amelia – 50	Community
Non Participant	-	-	Aunt – Sonia – 47	Community

5.7 Data Collection

In order to explore kinship care from the perspective of the participant, my rationale was to focus on individual in-depth interviews as a way of collecting the data. First, this method provided the opportunity to use the technique of asking open ended questions that were of an exploratory nature. Second, based on the type of research I was conducting, the utilisation of interviews allowed for values and beliefs to be explored. This was particularly important for this study, given that I was interested in exploring the cultural aspects of kinship care and was searching for meaning. By utilising interview techniques, I was able to *go beneath the surface and to focus on detail and uncover new areas or ideas that were not anticipated at the outset of the research'* (Britten, 1995:1).

A third consideration was that interviews presented opportunities to access sensitive and complex information in innovative ways. This was an important strategy that I used across the three groups of participants. It was particularly effective when the young people were asked to say what they would write about the story of kinship care and when the caregivers were asked to describe themselves in the form of a pen picture. For the social workers, it was to reflect and offer a statement on how an Afrocentric approach could be incorporated into social work practice. This type of creativity within the interview process enabled the participants to reach into their experiences and to be expressive.

A further advantage of using interviews was the ability to uncover consistent themes while taking account of variation across the three groups. For example, while maintaining a focus on experiences, meaning, risk and resilience, the young people were asked questions that related to being cared for by a relative. The caregivers

were asked about their childhood and recent experiences as caregivers, while the social workers were asked to describe their experiences of working with kinship caregivers and children/young people in kinship placements. It was these specific types of foci that required different guides (see Appendices 3A, 3B and 3 C). In this way, it was possible to build a connection between the three sets of data at the stage of analysis.

It could be argued that interviewing is laborious and time consuming; but I found that this strategy provided opportunities to connect with the participants. The use of personal skills such as self-awareness and the ability to involve people and interact with them was an advantage (Reason, 1994). Interviews allow people to talk about what they perceive to be important, and the interviewer, while allowing expression to take place must have the skills to probe and access information that is of interest to the study. The researcher must also have a level of sensitivity through experience, because such factors as age, gender, and ethnicity can have a bearing on the participants' '*willingness and honesty'* in disclosing information (Denscombe, 1998:116).

At the interviews, each participant was given information about the purpose of the study, and the steps that would be taken to safeguard their identities. They were requested to sign two copies of a consent form (see Appendix Four). They were given a final opportunity to give their informed consent or to withdraw. A card with my name, mobile phone number and the names of my supervisors was provided in order to further protect the participants and ensure soundness of the findings (Anastas, 1999).

The interviews were held at the caregiver and young person's homes, and I interviewed the social workers in their offices. These natural settings enabled them to

feel comfortable and at ease. Interviews are commonly conducted in a naturalistic environment, which replaces the '*decontextualising approach of scientific inquiry*' (Padgett 1998:2). A naturalistic environment is considered to be the place where people are most likely to be comfortable and where control is minimized, so that conversation becomes natural and relatively informal (Mason, 1996). In each interview, permission was sought to use a tape recorder. The data was later transcribed verbatim, which proved essential for effective analysis (Edwards and Talbot, 1999).

During the interviews, my first priority was to establish rapport with the participants. Having established a friendly atmosphere the interviews began and flowed from one question to another without any difficulty. Mason (1996:45) states that when conducting interviews '*the task is to orchestrate an interaction which moves easily and painlessly between topics and questions*'.

At the end of each interview, I reflected on and disengaged with the process of interviewing. I did so by designing a template for debriefing and writing field notes about each interviewee to record my thoughts immediately after each interview (see Appendix 5). This system was particularly effective when emotive topics were discussed, in that it created some distance between the interviews and allowed me to interpret the data. For example, talking about a lifelong separation from parents or losing relatives through bereavement elicited emotional discomfort from some of the participants. This was also significant for me, as it was during this period that my own mother was in the last stages of her life. The personal tragedies I had experienced enabled me to be empathetic while retaining my equanimity. Other types of losses

such as feeling emotionally separated from birth parents clearly affected the young people as they spoke about their life experiences. There were touching moments when some of the caregivers spoke about being looked after by grandparents who had passed away. Resolving these ethical dilemmas with sensitivity meant achieving a balance by not prolonging or ignoring discomfort for the participants.

It was essential to acknowledge their personal expressions of pain and to pause, offering the choice of taking a break or ending the interview. Acting in this way eased these situations and allowed the participants to continue. Writing field notes immediately after the interviews was cathartic for me, and this information also became very useful later on, as some of it contributed to my analysis and eventual understanding of the meaning of kinship care. This is where qualitative research is different from quantitative research because it allows for the human element of each personal interaction to be taken into account and later integrated into the analysis.

5.8   Role of the Researcher

My role as interviewer was a significant one, in that I was conducting the research in the context of professional practice. While being aware that my ethnicity was a positive attribute, I was also aware that my professional status could create a power imbalance. In other words, being a Black female did not mean that I would naturally be sensitive or conscious about the realities of the participants.

Outlaw (1983:71) argued that *'oppressed people come to embody in their very being the negations imposed upon them and thus... perpetuate their own enslavement'.* While I am not arguing that the participants perpetuated their own enslavement, I agree with Outlaw that it is possible for a researcher to be unconscious of the continuing

impact of enslavement. Lack of consciousness could lead the researcher to take an approach that is inconsistent with the realities of the participants. Hence in my view being conscious was the key to reducing the potentially negative impact of my interactions with the participants. I remained mindful of the paradigm I was applying and the need to liberate, not oppress, by opening up a space for mutual exchanges within the research context.

Part of the process of consciousness was acknowledging my past experiences. This included my observations of how my own family had constructed support networks and survived the migration experience. This personal experience of kinship care was declared in Chapter One. Personal experiences can in part provide the rationale for conducting research, but the researcher also needs to be objective. Therefore, declaring one's interest allows for an objective stance to be taken, and it is this openness and honesty that enriches the research. There were moments when I could clearly identify with the participants as I later analysed their unfolding stories.

My reference point was not only in relation to the kinship context, but was also subtly linked to my understanding of the relationship between ethnicity, gender, and class. I considered that my own ethnicity helped me to have a greater understanding of some of the experiences that Black families undergo in British society. I understood what the young people meant when they talked about their experiences of growing up in Britain and the desire to maintain a normal life and not to be problematised in the midst of being cared for by their relatives. I instinctively knew what the caregivers meant when they said '*but you know what I mean*'. I understood that they were drawing on shared meaning. I understood the struggles

that women face as single parents, and I knew what it meant to occupy the status of a professional female and what it could signify for the participants. It was this dynamic relationship and contemplative interaction with the process of analysis that emphasised that a reciprocal and reflective stance be taken.

There are advantages and disadvantages to being an 'insider' when there is shared implicit knowledge between the researcher and the participants. Interviewing people from the same racial group, gender or class can be positive in that the researcher will have a degree of insight about the group that is being researched. Firsthand knowledge can result in a sensitive approach to the participants. It has unique methodological advantages, in terms of how it gives insight into the experiences of people who are historically underrepresented in research and who are colonised (Banks, 1998). Yet, the danger is that the researcher's positioning and alignment with the participants could lead to preconceived ideas and bias (Gergen, 2000, Ellis, 2004; Rabbitt, 2003). Consequently the researcher could lose objectivity both in the data collection and interpretation of it.   'Insider' status could distort the findings if the participants were fearful of speaking to '*one of their own*' (Padgett, 1998:66). Awareness of the positive and negative aspects of insider status must remain fixed in the researcher's mind at each stage of the process.

5.9.   Data Analysis

Having completed the interviews, the stage of analysis became critical to understanding the data and using it in the most effective way. My rationale at this stage was to use some of the techniques of Grounded Theory for the purpose of unravelling the data and making sense of it (Strauss and Corbin 1990). This approach

was chosen because it is a thematic way of coherently organising the data and linking the themes to the research questions (Banister et al 1996). Developing themes began with analysis of the first interview and continued until the interviews were completed. At the same time, it was crucial to keep the distinctive cultural characteristics of the Afrocentric paradigm in mind, and the extent to which these were being consciously or unconsciously applied in the context of kinship care. From the outset, the analysis began to identify significant codes within core categories which could be linked to the four principles of the Afrocentric paradigm. For example, the emergent themes demonstrated how spiritual values supported the caregivers' commitment and kept the family connected and interdependent.

Strauss and Corbin (1990:57) stated that analysis begins with coding procedures that involves mapping themes, categories and subcategories. Grounded theory is also a way of conceptualising data, so that *'patterns of action and interaction between and among various types of social units'* are identified (Denzin and Lincoln, 1998:169). Grounded Theory is a rigorous process which involves a number of coding strategies (Strauss and Corbin 1990).

The first step was to set up a coding system for each interview so that the identities of the participants could be kept confidential. Initially, each participant was number coded but once the study was finally written they were given pseudonyms not only to protect their identities, but also to personalise and bring the study alive.

The analytic process of open coding (A in Figure Three, page 141) is described by Strauss and Corbin (1990:61) as "*breaking down, examining, comparing, conceptualising and categorising data*". The data were examined '*line-*

by-line' and '*word-by-word*', following which codes were assigned. This was a process that involved asking questions, and comparing similarities and differences between the data.

During this process open coding was completed. This meant clustering phrases and words that were used by the participants. These are termed '*in vivo*' codes. Strauss (1987) suggested that '*in vivo*' codes provide '*analytic usefulness*' in so far as meaning is clearly specified and used to formulate an emerging storyline. For example, the words '*caught* and *taught*' were taken directly from the data and used to form a specific theme that brought meaning to a particular type of experience (see Chapter Seven). '*In vivo* codes' (Glaser, 1978:70) also provide '*imagery*' through the construction of meaning, thus eliminating the need to write too many illustrations. For example, the category called 'bridging the gap' represented the image of a supportive system, and is presented in diagrammatic form in Chapter Seven. At this stage, *the most important strategy was 'to name the category'* in order to '*think about it, remember it and most of all develop it analytically*' (Strauss and Corbin, 1990:67-68).

The second stage of coding was called '*axial coding*' (B in Figure Three, page 141). This is an important feature of Grounded Theory because it is used to reconstruct the data in new ways by making connections between categories. Three coding structures were followed and these are outlined below:

(1) Scanning – The first step is to scan the data looking at it line by line. This was a meticulous process and required time to read the text and make

analytical sense of it. At this stage I was looking for words that were consistently used to describe experiences.

(2) Open coding – this type of coding required breaking down, examining, comparing, conceptualizing and categorizing the data. During this stage patterns became apparent. For example, when the caregivers were asked about their childhood experiences of kinship care, they all referred to it in terms of their memories of '*helping*', '*caring*', '*togetherness*', '*being there*' and '*sharing*'. These words led to an understanding of the concept of storied knowledge, which was an important aspect of their historical experiences. The main category was called 'Bridging the Gap' and was the concept that held all of the categories together and gave significant meaning to the caregivers' experiences. These ideas were linked to the theoretical framework illuminating how spirituality, interconnectedness, interdependent and collective sharing contributed to problem-solving and promoted resilience. Thus, a mode of helping emerged as an important aspect of their stories. According to Strauss and Corbin (1990: 130) it is important to '*identify patterns and to group the data accordingly because this is what gives the study specificity*'. A similar process occurred for the young people and the social workers.

(3) Axial coding – follows open coding and enables the researcher to develop an emerging picture. This is what is known in Grounded Theory as the '*story line and sequencing the data* '(Strauss and Corbin 1990:129). It is used to reconstruct the data in new ways by making connections between categories.

The researcher utilises the coding paradigm of '*conditions, context, action/interaction strategies and consequences*' (Strauss and Corbin 1990:99). Axial coding forces the researcher to make important links and connections.

(4) **Selective coding** – Selective coding involved systematically relating a core code and linking to other codes (Strauss and Corbin 1990:116). For example, for the young people the main code was called 'Normalising'. It was selected as the main code because it held the key to all other codes. Thus as codes were developed they were strategically linked to it. Codes which were not consistently repeated were discarded. However, there remains the possibility of developing these codes in the future. The core category means that the analysis was limited to the codes that were selected to support a category. The codes validated relationships in the data, further refined the categories and substantially grounded them in the data (Strauss 1987). As interviews progressed the analysis pointed to themes that could be further explored and constantly compared with the selected code. Figure Three provides an example of how the coding structure developed and how connections were made between the data and the theoretical framework.

Figure Three: An Example of Data Analysis from an Interview Text:

Developing the Categories

(A) Open Coding	(B) Axial Coding	(C) Selective Coding
"You offer help to aid a situation". "You are doing something for someone by taking care of your relative". "It's lending a helping hand, it's supporting and sharing.	**Example of Collectivity** Helping, caring, sharing means supporting	**Example of Interdependence** Bridging the gap is the activity that supports and bolsters kinship care.
Interview text - Young People		
"I don't feel different really". "I didn't notice any difference". "It wasn't no different it was like the same".	**Example of Interconnectedness** Sameness, feeling closeness and togetherness	Normalising A sense of belonging and identity
Interview Text – Social Workers		
"…There is a strong religious thread running through this'	**Example of Spirituality** Identifying beliefs	How values are understood

Theoretical Memos were frequently written at every stage of the process. These are notes/recordings that provide analytical distance from the data and are an integral part of the process of analysis (Strauss and Corbin 1990). As connections were made, these memos integrated all aspects of the data (Strauss 1987:33). Such recordings served as perceptions of what was developing and provided insight into subsequent codes to be developed. Over time, a large number of memos were written in conjunction with the data collection. Memos can be in written notes or diagrams, which form part of the analysis at various stages and these, were eventually

incorporated in the findings. An example of a written memo is provided below. In a memo

Figure Four: An Example of a Memo

The initial undertaking to look after relatives represents a wish or a response to help and is therefore a problem-solving strategy. The length of time the caregiver was involved in helping was partly determined by a level of commitment and resolve to assume ownership of the young person. The words most frequently used to describe the relationship between the young person; the parent/s and the caregiver are helping, caring, giving and sharing. Accordingly, these words are linked to what the participants remember as being 'caught' and 'taught' in their early childhood experiences or process of socialisation (collectivity). These words can also be linked to what was described in Chapter Two as mutual-aid and in Chapter Three as the principles of interconnectedness and interdependence. As such, kinship care was perceived as a natural response and was related to their spiritual responsibility to care for children and discharge their duties. This was described as a custom of looking after relatives or children in the communities where they lived. While the caregivers were referring to kinship care as 'natural', the young people were referring to it as 'normal'. Thus, this indicates that down through the generations, there has been very little difference in how kinship care has been perceived.

By the very nature of qualitative research, substantial amounts of data are collected. Typically, data reduction is achieved by effective management and by setting up categories at a very early stage of the analysis. A process of setting up core categories and establishing the most salient themes is the key to managing and reducing the data. Dey (1993:94) advised that the researcher must engage in

developing conceptual tools to categorise and '*compare the essential elements of the phenomena*'. I found that creating categories that encompassed many codes, made it possible to refine and reduce the volume of data. Essentially, immersion in the data was crucial in developing in-depth knowledge and familiarity with the data.

Figure Five below shows the process of coding that took place as the analysis moved from one stage to another.

Figure Five: Template for Analysis

First step: Scanning	Scanning the data line by line
Second step: Open Coding	Establish initial observations. Refer to field notes throughout analytic process
Third step: Breaking down the data	Establish core category and sub-categories.
Fourth step: Putting the narrative/story line together	Establish interactional patterns by identifying actions/interactions
Fifth step: Resolutions and paradoxes	Identify strategies and consequences
Sixth step: Constructing stories	Write the story line – put the data back together
Seventh step: Interpretation	Draw out meaning
Eighth step: Writing up the findings	Use quotes as evidence for analysis

5.10   Ethical Considerations

Ethics are the principles by which the research is guided and the code of conduct which determines *'what ought to be done and what ought not to be done'* (Denscombe, 2002:175). The research is judged by the actions that are taken to protect the rights of the participants (Dey, 1993). This is a salient issue when researching people from oppressed and marginalised groups because there is always the opportunity to exploit and use them in ways that do not support their interests. In this regard, most universities now have a Research Ethics Committee to ensure that the rights of human subjects are safeguarded. However, at the time of the field work the University of Birmingham did not have these procedures in place. This meant that a greater burden was placed on me to ensure that I avoided any form of exploitation (Oakley, 1981). I had previously conducted a qualitative study for an MPhil degree into the experiences of young Black people leaving care (Ince, 1998). This eased the problem because I understood the need to meet ethical requirements of research.

There is a moral and ethical obligation to avoid causing harm, to show respect and to allow people to be self-determining. These ideas pervade social work practice (Banks, 1995, BASW, 2001) as do ethical standards of justice, freedom of thought, *'beneficence and nonmaleficence'* (Shamoo and Khin-Maung-Gyi, 2002:9). The researcher has a duty to use the research to benefit those who have contributed to it by showing respect, applying values/principles, using the findings to enhance and develop the community and reduce powerlessness (Freire, 1970; Solomon, 1976, Gutierrez, Parsons and Cox, 1998).

Ethical considerations focused on each stage of this research, from planning, gaining access, interviewing and analysis to writing the findings. For example, writing the ethical statement, gaining informed consent, showing respect for the participants and acting with integrity all contributed to sound ethical principles (see Appendix 1). Participants can only truly give consent if information is provided. Providing a written ethical statement helped to reduce harm and protected the rights of the participants (Freedman, Fuks and Weijer, 1993; Padgett, 1998) (see Appendix 6). Permission was sought to interview each participant. Contact was not initiated with the two young people whose caregivers had not given permission for them to participate.

Unlike quantitative research where safety is provided in numbers, qualitative researchers are unable to promise anonymity in a strict sense because the identities of the participants are known to the researcher (Padgett 1998). Notwithstanding, the researcher has a responsibility to respect their rights and to maintain confidentiality. This may not be as straight-forward as it might at first appear because there are some situations when the researcher might have to disclose information.This would particularly apply when there are disclosures of child abuse or domestic violence. Israel and Hay (2006:80) argue that *'researchers may find it extremely difficult to keep secrets during the field work'*. The local authorities asked me what action I would take should a disclosure of abuse be made or if I became aware of it. My response was that the needs of the participants would supersede my wish to collect data and thus, their welfare would take paramount interest. I considered it to be fair, open and honest to advise the participants of my professional duties to report such information if this became necessary. This gave them rights over disclosure of sensitive information.

I undertook an analysis of risk both in relation to the participants and to my personal safety. Some of the areas in which the participants lived could be hazardous. Moore (1996:87) stated that when assessing risk, it is necessary to identify as far as possible '*the influence of external factors and their risk potential*'. Therefore, interviews were planned during daylight hours and I adhered to appointments. My son was the individual who knew about my whereabouts and we could contact each other if it became necessary. Making an assessment of risk was an important strategy in periodically gauging how an interview was progressing and mentally rating how the participants were responding and reacting to the questions.

Entering the Black community is particularly difficult because historically, Black people have been objects of concern rather than actively consenting to meaningful involvement (Asante 1988). Black scholars have drawn attention to the legacy of negative research based on methodologies that have had the effect of pathologising Black families (Graham, 2002; Robinson, 1995). Undoubtedly, there is the need for researchers to question their privileged position, particularly when they enter communities where people experience marginalisation and inequality, or where there is '*tokenism*' to give the impression of involvement (Thompson, 1998). The risk is ever present to patronise those who are being researched. In this regard, steps were taken to reveal the aims of the study to each participant so as to protect their interests and minimise any potential harmful effects on them.

Thus far, I have demonstrated the various steps that were taken at each stage of the field work. Significantly, each of these steps enabled the study to provide evidence for reliability and credibility of the findings.

5.11 Achieving Validity and Credibility

All researchers must show that rigorous steps have been taken to achieve validity and credibility. Jones (1983:152) argued that both are established when the researcher can demonstrate that, '*explanations are congruent with the meanings through which people construct their realities and accomplish their everyday activities*'. Patton (1990) indicated that validity in qualitative research relates to information richness of the cases selected, and the observational/analytical capabilities of the researcher rather than the sample size. The findings must be credible and make sense.

First, I achieved validity and credibility by asking each participant to read the accounts they had provided, giving them an opportunity to make changes to the transcripts. Second, I presented the findings at meetings in the three locations from which the participants were drawn, and third in writing up the study, direct quotations were integrated into the analysis as prime evidence for the findings. In this context, there are two types of validity that can be applied to this research. The first is descriptive validity, which refers to the '*accuracy*' of the findings. The second is interpretative validity, which explicates the meanings that the participants attach to the topic under investigation.

Other strategies for achieving credibility and validity involved discussing the research with disinterested peers. I joined a group of doctoral students at the University of Hertfordshire (where I was an employee when I initially began this research). I provided four presentations on different aspects of the study to fellow students undertaking their PhD studies at the University of Birmingham; to students

and faculty at the University of Chicago, Illinois, U.S.A, and California State University, U.S.A. and to students on the Post-qualifying Child Care Award in Social Work at the Universities of Birmingham and Northamptonshire. On each occasion participant evaluations provided positive feedback and commented on where the study could be further developed. Considerable interest has been generated among students and practitioners as I have spoken about the Afrocentric paradigm linking it to the practice of kinship care.

Each of these strategies supported the findings which are presented in Chapters Six Seven and Eight. These chapters adopt a consistent pattern showing how experiences, meaning, risk and resilience were explored. Each chapter commences by introducing the participants. These chapters are structured in a way that provides the answers to the research questions beginning with experiences, followed by meaning, risk and resilience for each of the three groups. Chapter Nine brings the findings together by comparing and contrasting the differences between the three groups of participants.

CHAPTER SIX

Kinship Care through the Eyes of Young Black People

6.1   Introduction

Thirteen young people made a significant contribution to this study by describing many aspects of their lives, and verbalising what it feels like to live within their kinship networks. They offered specific knowledge that was informed by their personal experiences. This chapter begins by introducing each young person and their caregiver(s). Their legal status is provided, linking them with Walton, Saxon or Community. The young people's experiences, the meanings they gave to kinship care and the findings that demonstrate risk/adversity and resilience are discussed. As the findings are presented the voices of these young people can be heard and is of critical importance in bringing their stories alive.

6.2   Introducing the Young People and their Caregivers

Alana (12) and her brother **Charles (16)** were placed with their **grandmother Mazy** (61) after they were neglected by their mother who was suffering with a mental health problem. They had been living with Mazy for five years having been placed on Care Orders.

Basil (13) was cared for by his **sister Cora (25)** and had been for five years. They were both looked after by the local authority due to domestic violence. However, two years after Cora left care, she made a request to the local authority to become her brother's carer. Therefore, while remaining on a Care Order he was placed in her care.

Devlin (16) was looked after by his **grandmother Roma (60)** and had been for 10 years. He was sent by his parents to be looked after by his grandmother on an informal basis and to get an education in the U.K. He was not known to Social Services and is part of the Community sample.

Gina (17) was being looked after by her **grandmother, Fran (57**), and had been for 10 years. Her parents migrated to Canada. Once in Canada they were divorced and Gina was not reunited with them. She was effectively abandoned. The court granted a Care Order and she was placed with her grandmother.

John (15) was being cared for by his **aunt, Tina (41),** and her husband, **Thomas (49**), (whom he called step-uncle), and had been for 2 years. Previously, he was looked after by non-relative foster carers after witnessing domestic violence and being physically abused by his father who suffered from a mental health problem. His name was placed on the Child Protection Register and he was made the subject of a Care Order.

Kim (17) was being cared for by her **aunt, Esmie (30**). Her mother had several children and Kim lived with her grandmother from birth and grew up in the same household as Esmie. After her grandmother was unable to continue caring for her, she remained in the household, but Esmie became her main carer. When Esmie moved to the U.S.A. she took Kim with her and eventually, they both came to live in the U.K. She was not known to the Social Services and is part of the Community sample.

Ray (16) and **Sandy (14)** are cousins, and had been looked after by their **grandmother, Lucile (64),** and had been for eight and five years respectively. Sandy's mother had died from a heart condition and her father from a drugs overdose. Ray's parents were abusing substances and had neglected him and his siblings. Two

of his younger siblings were also being looked after by Lucile but were not included in this study as they were too young. Lucile was granted a Residence Order for Sandy shortly her father's death. Ray and his siblings were made the subjects of Care Orders and were placed in Lucile's care.

Sam (15) had been looked after by his aunt, Brenda (46), and had been over a period of 14 years. His mother suffered with a mental health problem and he was placed with a non-relative foster carer for the first year of his life. Once placed with his aunt, he grew up in a household with her daughter whom he called his sister.

Tony (17) was placed with his grandmother, Sylvie (61), at age one year and remained in her care for 16 years. His mother suffered from a mental health problem. Sylvie was assessed by Saxon as a foster carer for Tony, and he remained on a Care Order.

Wanda (12) was placed with her aunt, Donna (30), at age one year and remained with her aunt for 12 years. She had been neglected by her mother who was a drug addict. She lived in a household with her cousin, whom she called her brother. She was on a Care Order, but Donna expressed a wish to adopt her.

Zelda (14) had lived with her aunt, Vicky (40), and her two children for four years. She was on a Care Order. Previously, she had been placed with a non-relative foster carer due to her mother's mental health problems, which led to instability. While in foster care, she consistently expressed a wish to live with her aunt, and when her foster placement broke down irretrievably, Saxon made the decision to place Zelda with her aunt.

The demographics showed that the young people had been living with their relatives for a number of reasons, but the most common reason was the parent's mental health ill health which led to neglect. The presence of domestic violence,

physical/emotional abuse, neglect, drug addiction, abandonment and poverty were significant themes in their life stories. They had all experienced loss and emotional turmoil, but they had lived with their caregivers for substantial periods of between 2 years to 16 years. Significantly, 10 of the 13 were placed on Care Orders from the local authority.

6.3 The Experiences of Young Black People in Kinship Care

One major theme called 'normalising' emerged in the analysis of the data and was conceptualised as a key experience within the stories of the young people. It was surrounded by a cluster of other interrelated sub-themes. This main theme was linked to the relationship that had developed with their caregivers over time. A sense of connection with the caregiver was expressed and this was linked to the caregiver's actions. They said: '*she acted like a mum*' (Tony) '*she loves me*' (Sam) '*I am part of the family*' (Kim), and most of all because kinship care made them feel '*normal*'. Sam and Charles expressed their feelings thus:

> '*Well it was as though she was my mother, I don't feel any different really it feels normal*' (Sam).

> '*I didn't really notice any difference. There was no difference living with my granny it was just like living at home*' (Charles).

They found it difficult to differentiate between living with their caregivers and living with their own parents, perceiving kinship care as a normal extension of living with their parents. This helped them to make the transition from one household to another. The findings showed that the longer the young people lived with their caregivers, the stronger was their sense of connectedness and feelings of attachment to the caregiver:

> '*It wasn't no different, to me it was like the same, I started living with my aunty, it wasn't no problem for me*' (Kim).

Kinship care was experienced as enjoying a normal life, even though the move to the caregiver's home occurred at a time when there was disruption and separation. The four young people, who were placed with non-relative foster carers, before they went to live with their relatives, felt that something was missing. In their eyes, living with their relatives felt similar to living with their parents in that they carried on the same activities and continued to relate to family members.

> '*It hasn't been really no different than if I was living with my real mum, I don't think it would be any different because my aunty is like kind of, she is like a mum to me, I see her as my mum*' (Sam).

Nevertheless, the young people felt a sense of guilt, because of the perceived cost to the caregiver. Loss, guilt and embarrassment are some of the factors that are referred to by Crumbley and Little (1997) as prevalent in kinship care. These feelings can escalate as the child attaches securely to the caregiver. Moreover, complex emotions can pose dilemmas for the parent and the caregiver, and can have an impact on the child's development.

It emerged that an intervening factor was the stability offered by the caregivers, who were consistent in their caring and parenting before and after the young people had changed households. In order to maintain normality within their experience of family relationships, it was important for the young people to normalise their circumstances. In order to manage their feelings, they minimised conflict and the emotions that they alluded to as guilt, anger and resentment.

> '*It wasn't a problem to me, I've been living with my aunty for my whole life it's been 17 years*' (Kim).

The length of time they had lived with the caregiver also confirmed their emotional feelings about the caregiver. This indicated that a sense of belonging, identity and connectedness to the family was maintained. This was the case for all thirteen young people who spoke of their feelings of acceptance, and of '*being loved*'.

A consistent theme arising from the young people's accounts was that living within their extended family made up for the deficits of their parents, as it offered an opportunity to feel positive about retaining strong bonds with their family over long periods of time. Normalising is a central phenomenon within the young people's accounts, because it provided an experience of being centred in family reality.

> *'It's been good, she treats me as if I am her own. We live like a family, we live so close it's very good'* (Kim).

> *'Like I live with my sister so it feels normal. It makes me feel good, yea good'* (Basil).

> *'I didn't really notice any difference. At first there was no difference about me living with my granny, it was just like a home. I had everything I wanted. I didn't really think about the relationship with my mum because I didn't have that' (Gina,).*

In the examples below, the young people refer to their feelings for their caregivers, as a sense of '*feeling good and feeling loved*'. The word that captures this experience is also expressed as feeling the '*same*'. Therefore, when seen through their eyes, the emotional state of 'feeling the same', which implied that nothing had changed or that, at least, they had experienced a sense of continuity and normality. What actually felt good was that the caregiver was acting like a parent, and this action held the family together in the midst of turmoil.

> *'It's been good, cause now the family is complete, everyone is back together, I have grown up but it's still the same, so it's the same'* (Zelda).

> *'She acts like my mum, because she loves me. I am her grandson, but she is like a mum basically'* (Tony).

Thus, the findings show that an integral part of the kinship experience is closeness to the caregiver and the sense of belonging that it provides to satisfy the young person's needs.

The experiences of the young people are summarised in Figure Six in four main categories, which determined their responses and supported their feelings of

normality. The first was having a sense of belonging, resulting from the length of time they had spent with the caregiver. The second was their expressions of closeness and togetherness indicating the importance of the family working together to problem solve. This concept can be linked to interdependence and collectivity since they are referring to the core belief system. The third category revealed a strong attachment with the caregiver. This attachment served to provide a sense of identity, belonging, stability and continuity. Fourth was the expression of connectedness to family through the willingness and availability of their caregivers to look after them and meet their needs. The processes of normalising involved a sense of belonging. In their words, this was called '*togetherness*' and '*closeness*'. These attributes led to attachment and connectedness as is shown in Figure Six below.

Figure Six: The Normalising Experience
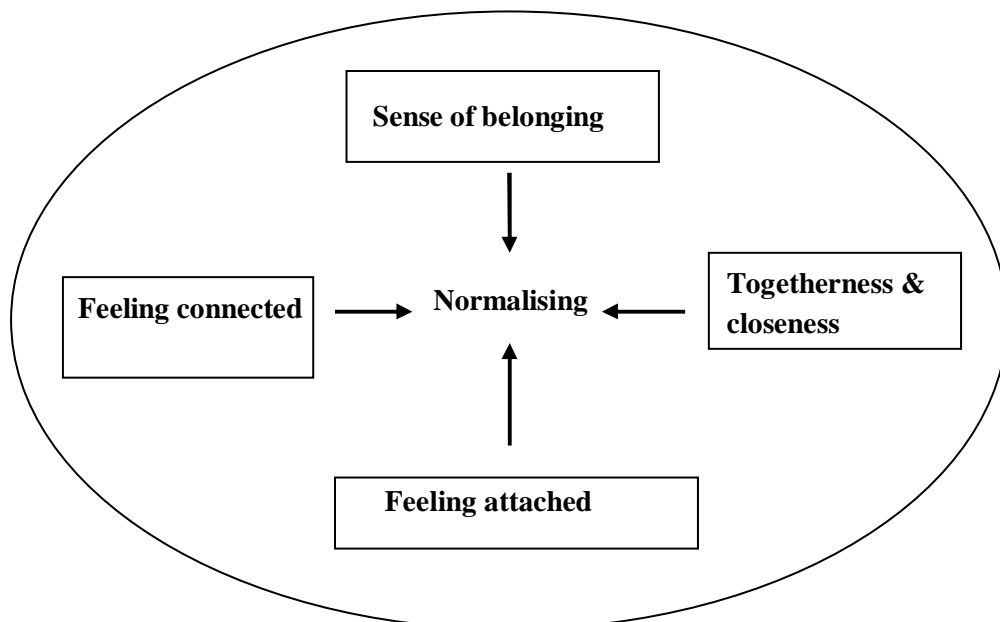
The ideas in Figure Six, can be linked to the underpinning concepts I have identified in Chapter Two showing that the original intention of building kinship bonds was to enable the family to maintain a sense of closeness, unity and togetherness. Therefore, it emerged that remaining in the family had provided the young people with an opportunity to bond with their caregivers. Kim said:

'It's like living together; it's like having a connection' (Kim).

In addition to providing a sense of connectedness, the kinship care experience also allowed the young people to retain a continual awareness of the birth parent's presence in their lives. The complex relationship between them and their caregivers was cemented by a transitional process of movement in their position within the family.

Contact was linked to the physical closeness of family members, helping the young people to express their feelings of connectedness. This was achieved when relatives took responsibility for maintaining contact with them, by physically visiting them or being emotionally available to them. Seeing relatives, interacting with them and being in their presence played a critical role in family preservation.

'I see my dad at weekends and my brothers, my dad lives with my grandma and my granddad. I see my brother and he come here to see me' (John).

'I see my brothers a lot, like I see my other two sisters, I go to stay at their homes and they come to visit me' (Basil).

Contact was often planned and organised by the young people for themselves. However, the quality of contact depended on the caregivers' willingness to facilitate it particularly during the early years of transition to their care. Once again, the age of the young people was significant to the extent that as young people, they were personally able to maintain contact with other relatives:

'Well, like, because my aunt and my mum are sisters, sometimes they go shopping together and she comes and sees me, or she might ring or I might go down there to see her. She might even tell my aunt to tell me to go down and I would just go down' (Zelda).

The findings demonstrated that even though contact with their birth parents could create conflicting feelings, it nevertheless promoted family connections and a sense of belonging:

'My family are close they are always around' (Tony).

Promoting and maintaining contact also supported self-knowledge by keeping connections open and fluid, by acting in unity and reciprocally.

'I would say that kinship care is like living with each other, it's like everybody living together, my mum is there, my aunt is there, my uncles and aunts take their responsibility. It's helping to look after my cousin; it's like having a connection' (Kim).

These findings identified a close link between contact and the possibility of accessing help. These two factors also helped to re-establish and strengthen family relationships by promoting identity.

6.4   Attributing Meaning: Positional Change in the Kinship Family

The findings suggested that as the young people made significant attachments, meaning was given to their experiences by their emotional adjustment as relationship changes occurred between themselves, their parents, and their caregivers. There were instances when a caregiver's title was changed and times when it was not. For example, Charles and Alana continued to call their grandmother 'nanny', but recognised her in the position of mother because of the role she played. However, Sam, who was placed with his aunt at the age of five months, said, '*I have always been here, so I call her mum*'.

The longer the young people had lived with their caregivers, the more likely it was that they ascribed the title of mother to them while acknowledging their birth

parents. Equally, the status of other family members shifted to accommodate this change. Examples of this shift in family positioning were provided in Kim's and Wanda's accounts when they referred to their cousins as sister and brother.

Wanda said, '*it's knowing that I have a loving mum and a loving brother*', but she was referring to her aunt and her cousin. Thus, living with a relative caregiver had the effect of shifting family positions, but this also led to an unconscious detachment from their parents. An example was provided by Wanda showing that she had given the caregiver a higher position than her birth parent. After declaring her love for her mother (aunt/caregiver), she was asked: 'What about your real mother? Do you see her?' She paused, reflected and then said:

'*Well sometimes she goes to my grandmother and I see her there.*'

For clarification, I asked, 'Do you have any feelings about the fact that your birth mother couldn't look after you?' At this question Wanda went very quiet and muttered '*no*' under her breath. Since there was a wish to normalise her situation, such emotions were denied, presenting an emotional conflict for her. I wrote in my reflective journal, this was a very painful moment for Wanda.

This unconscious shifting of positions within the family brought the young people into closer alignment with the caregiver, and out of alignment with other family members. The picture became more complicated if there were other siblings who remained with the birth parent or were looked after by non-relative foster carers. For example, John and his brother had been placed with non-relative foster carers. Later, John was placed with his aunt and step-uncle while his brother (*not in this study*) remained with non-relative foster carers, because his aunt was unable to take responsibility for both children. Figure Seven (below) provides an example of another young person namely Devlin depicting his alignment within his family. It

illustrates how the family constellation changed as he moved out of position with parents, siblings and cousins to be emotionally and physically close to his grandmother.

Figure Seven: Devlin's Realignment in his Kinship Family

Roma 60

Partner

Son/ Uncle

Devlin 16

Birth Mum

Birth Dad

Daughter/ Aunt

Partner

Devlin Place
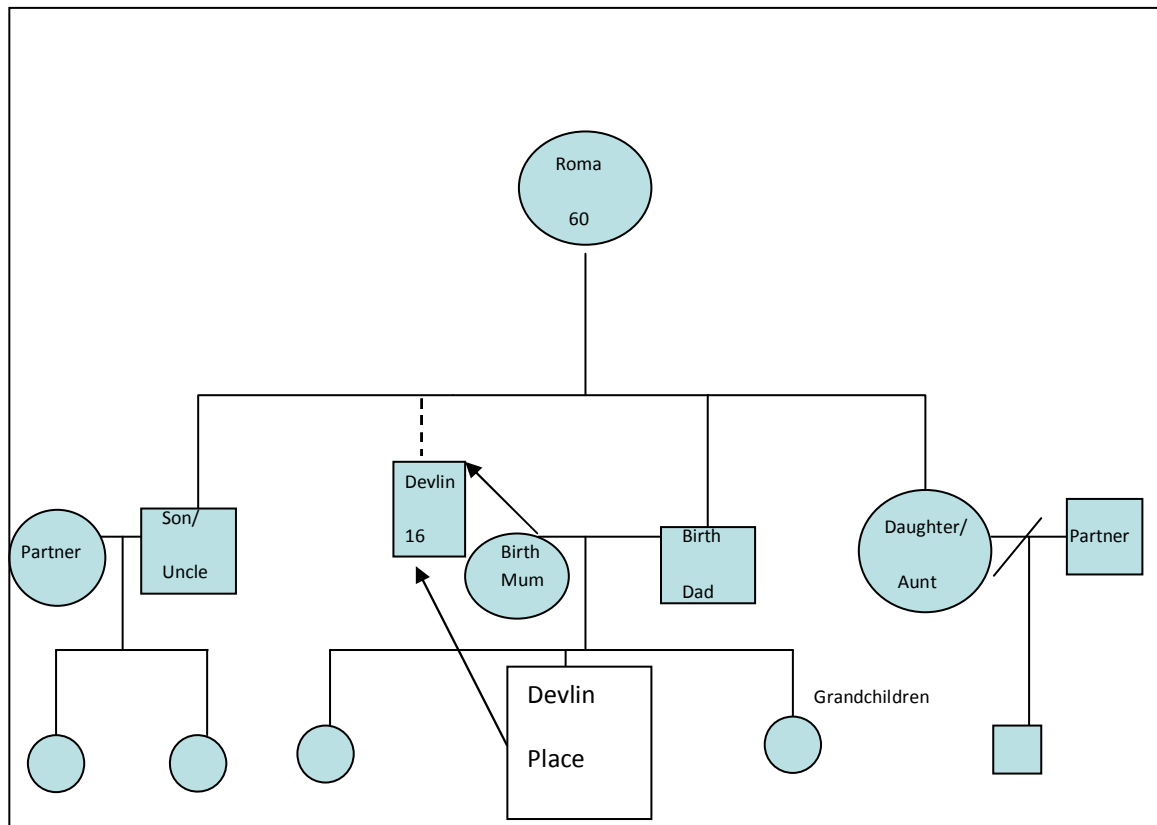
Grandchildren

Devlin is looked after by his grandmother, Roma, whom he called '*mum*', but is fully aware of the identity of his birth mother and has a relationship with her. His grandmother had three birth children and six grandchildren, of which Devlin was one. The changes that occurred in the family were perceived by Devlin as the caregiver '*filling the role of your mother*'.

Positional change is an active movement from one recognised position in the family by taking another person's ascribed place. This causes conflict and jealousy if not managed sensitively by the caregiver. The consequences and meaning of changed

positions are described by Devlin as resulting in jealousy on the part of the birth parents, and at times siblings and cousins (also see how this links with the finding on page 153).

Changes in family positions occurred as a consequence of a relational bond with the caregiver and were not a conscious act, but a manifestation of the caring relationship between the caregiver and the young person. However, when the parent was compared with the caregiver, it had a significant meaning in that:

> '*Although I see my mother often, I have always felt that she was jealous of my grandmother, because I would call my grandmother mummy but I wasn't sure what to call her because I didn't grow up with her*' (Devlin).

> '*I think my real mum could be jealous, I know that I didn't have the same feelings towards her*' (Ray).

In Sam's case, he described his aunt as his mother and thought of her in that way. Thus he said:

> '*She is my mother because I have known her all my life and she has been there all the time, so I call her my mum*' (Sam).

In Sandy's case, her grandmother was viewed as a mother not only because her mother had died, but because her grandmother was a consistent figure in her life from the age of six years, these being significant development years:

> '*I wish to call her mum because she has just been there from when I was six and I appreciate that, I really appreciate that*' (Sandy).

The change of positions served three important purposes, reflecting the complexity of relationships that are an inherent part of kinship networks. First, positional change signified a meaningful and close relationship with the caregiver. Second, it reinforced the need to feel normal as opposed to being stigmatised. Third, it reflected the activities of the caregiver's role, and concealed the true nature of their circumstances from those who were not a part of the kinship network:

'*My friends sometimes ask because I have loads of friends, they ask if she is my mum and I say yes, because she is like a mum to me, and a Nan, and I have two in one*' (Alana).

'*If I had to tell a story at school I would just say that I live with my mum and my brother and that's it*' (Wanda).

The findings showed that this unconscious shifting of family relationships served the purpose of categorising family relationships and placing family members within a hierarchy. Consequently, the caregiver's position also changed as they shifted into the role of the parent, and the parent (while maintaining a role in the young person's life) was placed more towards the periphery. This was because the caregiver was perceived to be, in the words of Alana, '*like a mum*'. In the young people's system of categorisation, the caregivers were viewed as the most significant people in their lives because they were '*stepping in and putting the pieces together*' (Zelda). The need to shift family roles was also associated with allegiances to the caregiver. Consequently, the phrase '*She is like my mum*' meant that the caregiver was honoured, as a result of the extent of their devotion.

'*She is not even doing a granny's job. She is doing a mum's job for us. She is doing a mum and dad job for us. She is the one that provides us money for school; she is the one that buys us clothes and trainers and what we need*' (Ray).

'*She treats me as though I was hers and I don't think it would be any different if I was living with my real mum*' (Sam)

The young people linked the actions of their caregivers to the problems they faced and the support they needed:

'*My sister goes up to the school, like the other day I was in trouble for fighting and the teachers sent and called her and she went up to the school and talked about it*' (Basil).

'*She gives me anything I want, if she has money. She will try and do her best*' (Kim).

They were directly influenced by the caregivers' responsiveness to their needs, and expressed the view that they were treated as if they were the caregivers' birth

children. Meaning was ascribed to the kinship bond as the young people defined the caregivers in relation to the dual role they were playing:

> '*Sometimes she is like my mum, and sometimes like my aunty because she has been with me while I was growing up, so I confide in her most of the time*' (Kim).

> '*I love my nanny, she is not just like a Nan to me, she is like a mum and a friend*' (Alana).

Reflections of the emotional bonds that the young people had developed with their caregivers indicated that there was a reciprocal exchange of love.

> '*Because of the relationship she and I had, I felt for her, it gave me a feeling of being loved and what love is...I knew that it must have been love*' (Devlin)

And because:

> '*I love my nanny to bits. I do love my nanny and I do love to see her happy*' (Alana).

An important meaning reported by the young people was related to a theme of attachment or '*closeness*', which was a dimension of the normalising experience. This finding supports the discussion in Chapter One where it was suggested that children can develop significant attachments with people in their network. This study shows that as a close and meaningful relationship was developed with the caregiver, it mitigated some of their early poor experiences linked to adversity. The descriptions of their childhood experiences were critical in terms of the level of adversity they had faced. Figure Eight provides the factors that caused the young people to be placed with their relatives. The antecedents are complex social issues, which indicate the level of support they needed in order to overcome their life experiences. In making sense of their situations they clearly identified the actions that were taken by the caregiver on the opposite side of the diagram which promoted closeness, reduced loss and enhanced resilience.

Figure Eight: Example of Antecedents and Outcomes

Factors leading to kinship care	Factors supporting attachment, closeness and resilience
Parent with mental health problem resulting in neglect (5)	'*She acts like a mum cause she loves me*' (Tony) [Unconditional love].
Domestic violence and physical abuse (2)	'*My aunty says that fighting isn't the answer you can walk away or tell them to get out of your face*' (John) [Building self control].
Economic hardship resulting in parent unable to cope (2)	'*I lived with my grandmother and then with my aunt so it wasn't some distant person*' (Kim) [Maintaining connection and identity].
Alcohol, drug abuse and neglect (2)	'*I would ask my nan to help me along the way. I'd make it so she would understand and she would help me*' (Alana) [Building inner confidence]
Death of a parent (1)	'*It was her encouragement that helped me, she helped me to be independent and to treat people the way you want to be treated without expecting anything in return*' (Sandy) [Learning how to overcome adversity].
Abandonment (1)	*It was the security, and the fact that I had a bed to go to every night, and I had my own room to go to. I was able to eat, I never went hungry. I was able to go out and play. I was able to go to school*' (Gina) [Having basic needs satisfied]
Experience of loss for all of them in addition to the other factors	'*I would come and tell my aunt about it, because my aunt can deal with it*' (Zelda). [Building support]

It was important for the young people to feel loved, be provided with boundaries and to feel that their needs were met. The continuous support of the caregiver had a crucial bearing on what they visualised as protection. This dynamic determined their feelings towards the caregiver:

'*She cares for me and loves me she is fun and playful, she protects me and is a loving caring person*' (Alana).

'*I feel fine because she shows me affection like she shows the other kids*' (Zelda).

Equally, as the young people experienced being '*comfortable*' and '*accepted*', these in turn created feelings of security and perceptions of closeness and connectedness to the caregiver:

> '*If I had moved with some other people, then it would be different, I would be feeling like oh, I don't want to live here in this house, but it's like my Nan's house. I've always been up here. I'm comfortable here*' (Charles).

Closeness to the caregiver was also based on the perception that the caregiver made life easier or comfortable for them, and this had the result of creating stability. This perception was made possible as they experienced their caregivers as making a '*sacrifice*' for them through self-denial:

> '*I think it drew us closer together and it helped me to realise the sacrifice my grandmother was willing to make to assist and to make things easier for my mother*' (Devlin).

Sandy's account also showed that her positive experience of attachment allowed her to enjoy a sustained close relationship with her grandmother after the death of both of her parents:

> '*I was more close to my granny and I would have chats with my granny*' (Sandy).

The experience of a close relationship with the caregiver was role-defining and linked to their perceptions of the caregiver's role in providing substitute parenting through helping activities. Consequently, this close relationship became an important way of neutralising risk from further harm or mal-treatment. Part of this was the security of knowing that the caregiver was there to support them through their difficulties, which was described as '*being there for me*' (Sandy*)*, as '*guiding my life*' (Devlin) as '*teaching me*' (Sam) and as '*helping me to be somebody*' (Gina). Nevertheless, there were some factors that emerged from their stories even within the

context of kinship care that they found difficult to verbalise. In this sense, the pain was implicit in their stories.

There were a number of themes that emerged showing what kinship care meant to the young people. First, meaning can be understood in context of the emotional adjustments that were made to encourage attachment to the caregiver. Second, it was the behaviours of the caregiver that were interpreted by the young people as a labour of love and sacrifice. Third, in developing a close and meaningful relationship, changes in family constellation became inevitable. Fourth, it was this dynamic that had a negative impact on some young people, who expressed a sense of guilt for the special place they were accorded in the affections of the caregiver. It meant that they had to deal with the resentment of their birth parents. Fifth was the allegiance they expressed towards the caregiver in recognition of their gratitude. This was an emotive topic for them as they remembered and reflected on the interaction between themselves and others in the kinship web of relationships (also see page 105, 157 and 159 which are interlinked).

6.5   Understanding Sources of Risk

The sources of risk to the young people were identified in the study as quality of parenting and environmental factors. It was predominantly these factors that resulted in the need for family members to offer support. For the young people, it was this experience that became the most difficult to verbalise, due to their feelings of loyalty and family commitment. First, the young people minimised their adversity by focusing on the positive intervention of the caregiver. Second, they valued contact with parents primarily because it kept them connected, yet risks were present. This was a tension that was reflected in Ray, Charles, Alana and John's stories. In these cases, the parents visited frequently, but their visits were unrestricted and

unsupervised, even when the young people found it difficult to cope with contact. Consequently, the young people were not given the space, opportunity or the support to explore their feelings, and any possible underlying resentment they may have felt towards their birth parents for letting them down.

Vulnerability became evident in Ray's statements as he recalled being placed in a position of parenting his siblings when his mother lay on her bed intoxicated. In the middle of Ray's interview his mother arrived unexpectedly (we were in the lounge alone), and he immediately said:

> *'There she is, I don't want to talk to her because she comes here and tries to get on my nerves'* (Ray).

While Ray's reaction demonstrated that he did not wish to have contact with his mother, he had very little choice in this, as she was not only visiting Ray but also her own mother and his siblings. When I attempted to discover the reason behind his statement, he said:

> *'She don't have a problem she must do it on purpose because she always drinks. I used to stay back and look after the kids, it was hard work for my age to be doing all them kinds of things, but it's not good for my age because the parents should be looking after the children'* (Ray).

Thus, Ray felt a sense of anger, believing that his parents did not show him love or respect and that in his case, the parenting role was reversed. He also focused on his father as not taking responsibility for his children and not making adequate financial provision for himself and his siblings. He could not reconcile this when, according to him, his father had many bank cards, such as *'Lloyds, HSBC, Barclays, Nat West and all that'* (Ray):

Further, he expressed the view that:

'He isn't showing any love to his children or respect, no respect to me really. So if the parents ain't got no respect for the children, the children won't have respect for them, they will grow up not having respect for them anyway, that's the way it's going on' (Ray).

The experience of loss for all the young people, and of abuse in some cases, was also a struggle that resulted in resentment and emotional detachment from parents. The young people who had experienced parental abuse (Ray, Tony, John, Basil, Charles and Alana) found it difficult to talk about their experiences, only speaking in guarded terms. Tension emerged out of their dual emotions to the caregiver and the parent.

'In a way I like being here, but I miss my mum at the same time how she was before when she was speaking to my nanny. I miss my mum in a way' (Alana).

The tension arising from dual feelings was very hard and some chose not to speak about it. Others recognised that it was difficult to communicate their feelings. This meant that the more difficult and complex family dynamics were hidden, because these introspections were connected to negative memories of feeling unsafe:

'I suppose I always kept my feelings to myself, something I always do now. It's hard to just talk about it because I think sometimes when you talk about it, it just brings up bad memories and to me it's like a problem, it's hard. I am older now and have a bit more understanding but it was very hard' (Gina).

In Gina's case, the question of dual feelings surfaced frequently in relation to contact with her parents, but in particular she focused on her parents' absence as an emotional loss. Her dual feelings related, on the one hand, to missing the relationship with her mother, and on the other, to her anger towards both parents, whom she felt had abandoned her, not because of family problems but because they wanted freedom. It appeared to her as if they were unresponsive to her needs.

Third, the dual feelings experienced by the young people were an important finding suggesting that there was an emotional struggle. The risk in this situation was

reconciling separation and loss, and the possible later effects it could have on the young people as adults:

> '*I miss not having a relationship with my parents, I miss having the closeness. I miss doing simple things like shopping and going out together* (Gina).

Risk was evident when there was too much or too little contact with parents. At both ends of the spectrum, it resulted in blame and internalised negative feelings, as demonstrated in Gina's comments:

> '*It's hard to really say what I've missed because I've never had it, but it's things that I see that people do that I think, oh I've missed out. But it's taken me a long time to come to the stage where I'm not so **bitter** [her emphasis] about growing up without my mother. I think I blamed my mum for leaving me here. I'm not quite sure why but it's just not having her here*' (Gina).

As Gina recalled her early experiences of losing her parents, she broke down in tears and it took some time to console her. The evidence of vulnerability in this situation was the emotional turmoil that remained with Gina, even though she had lived with her grandmother for several years and expressed love for her.

Fourth, a risk captured in the accounts of the young people was their interpretation of '*sacrifice*' on the part of their caregivers, insofar as they recognised how the pressure of caring resulted in stress and burden of care. The young people showed intense awareness of the emotional and financial cost to their caregivers and felt guilty about it, showing that feelings of gratitude can result in emotional turmoil. They made references to the sacrifice of the caregiver depicting it as an advantage, but also as a burden or risk. They were also aware of the health risk to their caregivers. However, the conflict was that being with the extended family was preferred to being in state care.

> '*I know my aunty and she is part of my family so it was better than being in care*' (John).

> *'I couldn't have lived with other people, so it's good that they let me stay with my Nan...if I was living with other people they wouldn't be able to control me'* (Charles).

It was difficult for the young people to clearly delineate their vulnerability, because they interpreted the caregivers' sacrifice as making a real contribution to their well-being and protection. Yet, as mentioned above, they were fully cognisant of the cost to the caregiver. Thus, they recognised that ***helping*** involves significant sacrifice and commitment. The theme of sacrifice can have an opposite meaning. For example, while sacrifice is taken to mean a '*hard experience*' it also means '*being there*' so in terms of risk, giving help was expressed as a double bind:

> *'It's good because it helps people to push further into their relations, but it's not good because children do not listen to their parents'*.

Fifth, the conditions of the young people's living environments did not change significantly, because some of the caregivers did not have the finances or accommodation to make material changes. While most of the young people had their own rooms and personal space, three of them were living in cramped conditions and had to share their bedroom space with the caregiver's birth children. This applied to Zelda, John and Basil. Demographic data for the caregivers' employment status and type of accommodation is provided in Chapter Seven. Lack of personal space, meant that they did not feel able to invite their friends home, but equally, it was because they did not wish to feel stigmatised that they concealed this part of their lives.

Sixth, although finance did not have an adverse impact on the quality of relationship with their caregiver, it did have an impact on their perception of the shortage of material accessories, and the dereliction of duty on the part of their birth parents and social workers. Thus, remaining in the family also meant that some of the young people continued to experience poverty. For example, Ray, Sandy, Alana, Charles and Tony were all being cared for by retired grandparents, who were living

on pensions and benefits. This had a corresponding effect on what their caregivers could afford to give them in terms of clothing, holidays and pocket money. Indeed the study showed that of the 14 caregivers four had a disability and were not working, and two were unemployed.

Seventh, in Chapter Five, I referred to safety as a factor in relation to the locations in which some of the families lived. It also emerged from the findings that this was a concern for some of the young people. For example, the boys talked about negative interactions with the police, drugs and violence, and school exclusion, as potential problems. Being followed or stopped by the police carried a high risk. In these instances they tried to conceal it from their caregivers, out of fear that it would worry them. The following types of contact were only reported by Ray, Charles, John and Tony.

> '*I see the police all the time, they know my name, they know where I live, I have been in the police station but I have never been arrested, they just come and search me...I just tell um the truth but they think I am lying, but they put something on your finger to find out if you are taking drugs...they find out that I am not lying they just let me go*' (Ray).

> '*When I have been walking down the street, cause like around here there has been quite a lot of trouble; there were shootings, so the police are always around here. I had bread coming home for my Nan and they just wanted to stop us and hassle us, but they just let us go cause they never had anything*' (Charles).

There was also a risk in spending time on the streets and with friends who were unknown to their caregivers. This was a finding in Tony's case when he was stopped by the police and was later charged with having two '*offensive knives*' in his possession. He said:

> '*I was coming back from holiday and I brought them for my friends, but I got stopped on the streets as I was going to give them to them, I did say to the judge I didn't mean to do any harm, I was just giving them a present*' (Tony).

Eight, being suspended from school was also a risk factor, since two of the sample (John and Tony) had been suspended from school at various points in their education. The disclosure of these problems indicated that these young people needed support other than what was being provided by their caregivers and extended relatives.

The strongest risk for the young people was the lack of social support both for themselves and their caregivers. Significantly, social workers were not described as supportive. In Ray's case he felt powerless to speak because he felt intimidated by professionals and the setting in which the meeting was held. He concluded that he would not be heard. He said:

> *'At the meeting, I didn't want to open my mouth because everyone would be looking at me at that big table, so I kept my mouth shut. They were things I wanted to say, but I couldn't be bothered'* (Ray).

6.6   Building Resilience: Developing a Round of Support

The concept of resilience has been well established in the literature and suggests that it is primarily associated with a sense of security, self-worth and control over one's immediate environment. Of particular relevance for this study is that people's values, beliefs and cultural practices can promote resilience in the individual the family and community (Cicchetti et al, 1993; Kotchick and Forehand 2002). It involves the use of internal and external sources of support to successfully adapt to stress (Masten et al, 1990). Social support can also contribute to resilience when the concept of reciprocity is present; particularly if the focus is placed on strengthen family and community connections (Daro and McCurdy, 1994; Cutrona, 2000).

Reference to resilience was associated with building up a network of support, which they valued. While Figure Nine (P 173) indicates that the caregivers played a central role in supporting and encouraging the young people, others also contributed

to their independence and resilience. For example, living in the community where they were born, and remaining at the same school over a period of time, was significant to maintaining relationships with other adults and peers. Importantly, they were able to name people, to whom they could turn, if their caregivers were no longer able to care for them. They also provided names of uncles, aunts and friends whom they visited regularly or who visited them and their caregivers. In Ray's example he described an individual in the community who gave him support with his homework.

An important feature of 'normalising' discussed in section 6.1 was the perception of how family and friends provided important sources of support, which contributed to their resilience. This process was referred to by Wanda as '*going round and round*' and is depicted in Figure Nine below.

The '*round*' suggests a circular, positive flow or cycle of support that allowed the young people to identity helpful individuals within their network. Therefore 'the round' was an important source of psychological support. It included extended family members as well as people from within their own peer group. However, most of this support system was devised without assistance from their caregivers or social workers. Ray referred to the lack of support from social workers, when he said:

> '*But I think them social workers should try and get a helper to help granny. I think the social workers are not doing anything* (Ray).

Figure Nine: Round of Connections for Young People
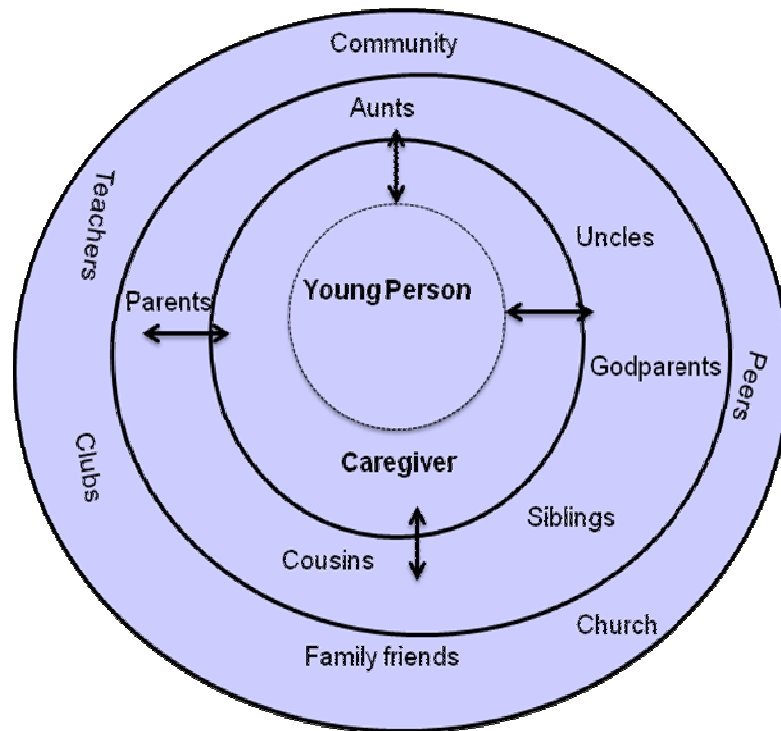
Figure Nine above illustrates helpful individuals who were identified by the young people and to whom they turned for varying degrees of support. The nearness of the caregivers to the young person indicated that they placed more emphasis on them than other individuals. This was because they made a link between their survival and the caregivers' '*sacrifice*' which contributed to their well-being. Parents were strategically placed in the outer circle, showing how they remained connected to them. However, they could enter the caregiver's circle or be on the periphery, depending on the length of time they had lived with caregiver or their perceptions of their involvement in their lives. While the parents were physically close, the emotional closeness and allegiances were towards their caregivers. Depending on the helpfulness of others in the community they could oscillate between the second and

third circle.   For example, Kim spoke of her teacher giving advice about how to express herself when she was '*upset*', and Sandy spoke of an aunt whom she visited regularly, as did Charles and Alana. Accessing support from people in the community formed an important part of the young's people's support structure:

> '*My teacher says that like when you are upset you should try to think of things and like try to express yourself, but my friends come here and we talk*' (Kim).

> '*For my GCSEs, I've got a tutor that, she lives just up the road...she is a family friend*' (Ray).

In reality, 'the round' was a conceptual framework of support that was constructed for problem-solving. The importance of 'the round' lay in the way in which it supported and validated the fundamental values to which I have referred in Chapter Three as underpinning kinship care. The concentric nature of the round is significant in terms of how it portrays connectivity.

 At this stage, it became possible to understand how the Afrocentric cultural values were being transferred to the young people, and how they were unconsciously integrating the cultural traditions into their lives.   The following quotations demonstrate this and are related to how they identified strategies for problem solving. These strategies involved their own efforts as well as soliciting help from others:

> '*If I was at school because my teacher is really close to me, I would go to her first, if she can't help me with it I would come to my mum, if my mum can't help me, I would go to my aunty, it just goes round and round*' (Wanda).

> '*I would go to my uncles and my gran, always my gran, and basically the whole family*' (Tony).

> '*Sometimes I feel down and sometimes I start to cry and stuff and I feel emotional. I speak to my Nan or my best friend. I will speak out to people or I tell the nurse in our school*' (Alana).

> '*I would talk to my uncle and my aunty*' (Basil).

> '*I go and see the other side of my family and I appreciate that I do like living with my gran, she will sit down and talk to me and I will tell her my worries*' (Sandy).

The problem-solving strategies contained within 'the round' reinforced interdependence and interconnectedness as the young people moved from one person to another to find solutions and answers to their problems. The concept of collectivity is expressed in an Afrocentric way, when support and opportunities are provided by teachers that embody anti-racist strategies, particularly if they challenge racism and discrimination at school. Black children must use the resources that are available to their advantage, but they can only do so, as the real issues they face in the school environment are resolved by teachers (Blair et al, 1999). In the context of Afrocentricity, teachers can support Black children as they strive to achieve a culturally sensitive approach to their work.

Thus, their ability to develop problem-solving strategies was determined by the nature of their relationships with people in 'the round'. Therefore, the people in 'the round', who were described as family, friends and sometimes teachers, were of crucial importance. Consequently, they had developed a strong knowledge of how to use kinship networks within their problem-solving strategies. It was the ability to access support that ultimately contributed to their personal resilience.

> *'If I had a problem I would tell my sister, and my sister will tell my dad and my dad will tell my gran. That's how it would go. My gran would say, oh, you should have said that to me first, but I would say, gran you got too much things in your head right now and I know that my sister will tell you'* (Sandy).

> *'I get on really well with my aunt and I used to tell her my problems when she comes up, like sometimes on weekdays when she is finished work or on Friday, Saturday or Sunday I'd see her'* (Sam).

Including parents in the support network was contingent on the parents' problems, and the young person's adeptness at sustaining a relationship was linked to their ability to adapt to their circumstances. For example, Charles felt empathy towards his mother [who had mental health problems], while his sister Alana did not.

Ray was very angry with his parents for the abuse they had inflicted on him, as well as for their addiction to alcohol, feeling that they were irresponsible parents. He questioned whether children would have respect for parents if parents did not respect their children. Ray's resilience became evident when he coped with complex problems without resorting to smoking drugs. He said:

> *'Drugs like really cleared out the problems that I had, but when I got up in the morning, the problems were still there, so I just decided not to bother with them, it was a waste-a-time and a waste-a-money and it was bad for my health so I stopped doing it'* (Ray).

An important strength was also located within the values concerning what they had been taught by their caregivers. This finding showed that they considered that their caregivers, particularly their grandmothers, had had a significant impact in guiding them as children. They all spoke about values that were transferred to them. Their description of cultural values included being respectful, being disciplined and sharing, remembering mottos and sayings that taught them lessons about interconnectedness.

> *'If you don't hear by the little bell, you will hear by the big bell'* (Kim).

> *'Respect and manners will carry you through this world, so you always have to respect yourself so that others will respect you' (Devlin).*

These types of saying meant that adults expected children to listen, or else they would bear the consequences of failing to do so, and that respect for self and others is an important value. Thus, remembering the mottos and sayings (oral traditions) was significant in framing the experience of kinship and placing it in context of their cultural heritage.

<u>Feeling Connected</u>

The young people placed considerable importance on being connected to people in close proximity to them. This increased the level of flexibility they had in making contact and thus, became a positive feature of kinship care. In this context, the young people revealed that the strength within kinship care was retaining a sense of identity and belonging within their birth families. From their perspective, the caregivers played a critical role in encouraging them to maintain strong links and identity with individuals within their close network. Nine of the young people did not move far away from the local areas where they had lived. This made it easy for them to visit other relatives, and to go to various family functions. Similarly, they were regularly visited in the caregiver's home. Long distances were not involved, except in the case of three young people (Devlin, Gina, and Kim), whose parents were living abroad, and of one other (Sam) whose parents were living in the north of England. In these cases, modern types of communications enabled the young people to keep in touch with their parents and other relatives. In general, however, living in close proximity to their parents and extended relatives enabled them to maintain physical contact and thereby reinforced their family identity. Despite the difficulties in relationships, it remained important for the young people to maintain contact with their parents, other relatives and friends:

> '*My dad lives upstairs, I just go up there on Friday and Saturday like when I'm home from school...I would go and ask how he is and he takes me out, so it's really cool*' (Alana).

> '*My dad and my uncles still keeps in contact, they only live down the road*' (John).

> '*I could go to my mum and dad any time*' (Basil).

> '*My Nan looks after me but I go and see my dad and he will give me a little change here and there, and my aunt always comes up to visit and see if we are all right and that*' (Charles).

By their own testimonies, kinship care kept them in touch with their roots and their cultural heritage. The caregivers, as well as other family members, played a decisive role in promoting their right to family preservation. This was a powerful way to transfer the traditions of kinship care and retain values that are an important part of their culture, promoting a sense of connectedness to the family. Living with grandparents made a difference in terms of how the young people held on to the values of kinship care. It provided them with familiarity with the generational teachings, derived from the spirituality of their caregivers. These values were described as follows: '*being taught how to have determination*' (Devlin), '*being strong*' (Zelda), '*having and showing respect*' (Charles), '*being taught right from wrong*' (Ray and Devlin), '*being obedient*' (Sam), '*having high morals*' (Kim), '*being independent*' (Basil) and '*taking care of your family*' (Gina).

It was striking that the young people were defining kinship care in terms of the cultural values that were described in Chapter Three. Two sets of evidence are provided below in which Devlin describes the spiritual and Kim the interconnected aspects of kinship care.

> '*I think it came from the fact that she had religious beliefs. She talked to us about the things that were right, she taught me right from wrong*' (Devlin).

> '*It's like all of us find ourselves linked to one another...so everybody starts coming in, we are so close*' (Kim).

People within their circle or 'the round', were influential in helping to create and sustain important connections to their personal life stories, and hence their sense of identity. This was important for them as young Black people in maintaining their cultural roots, heritage and life story. As one young person reported, '*they* [meaning the family] *could fill in the missing pieces of the jigs*aw' (Zelda). Under these conditions, they were provided with information about their family, and were

immersed in their life stories on a daily basis. A significant finding that supported resilience was to remember one's roots and background as part of character building. This is a significant finding for young Black people who are currently growing up in the U.K. Kinship care had implanted in them such values as:

> '*Believing in yourself, remembering who your people are and having faith*' (Ray).
> '*It's been good. I know that I can look after myself. I'm very resourceful*' (Gina).

Resilience building was evident in the strength of the relationships the young people were able to develop. Practical examples were provided showing how they had adapted in order to survive adversity. In adapting they had exhibited various characteristics of resilience. This finding can be linked with those in Chapter Two where it was established that kinship care fostered resilience in the giving and receiving relationship.

<u>Adaptation and Survival</u>

A significant part of the story of kinship care is the story of adaptation and survival. The young people demonstrated that they were resilient as they adapted to living with their relatives. Feeling normal was another way of saying that they had adapted to their circumstances. Not having a parent physically close made Gina feel that she had suffered a great loss, but this adversity had also made her resilient because she had learned how to be resourceful. She said:

> '*You see your friends having their dads there; or if I wanted my mum to pop down to go shopping she wasn't there. So I think it makes you, not hard, because I'm not a hard person in personality, but it makes you quite resilient, and you can generally deal with things head on, and no matter how much it hurts you've got to get on with it*' (Gina).

The young people placed considerable focus on aspiring to achieve in their education and secular activities, seeing these things as important ways of not letting their caregivers down. This meant '*you make them proud of you*' (Gina). Their

distinct wish to achieve became their inspiration for going to university or taking up a trade and this was very similar to the ideals that the caregivers wanted for them (see Chapter Seven). Of the thirteen young people, ten were making excellent progress at school or college. One had won a scholarship to a football academy (Charles) and one had represented her school in a swimming gala (Wanda). Despite her disability Alana was making good progress at school, speaking of friends who were close and helped her. The young people described various subjects including English, Biology, Psychology, Science, IT, Drama and Mathematics in which they had gained A and B grades or which they enjoyed. Sam had the ambition of becoming a lawyer:

> '*When I am no longer living with my mum, I hope to be in university and studying for a degree and I would like to do law*' (Sam).

> '*She* [caregiver] *is telling me to like try your best at school. She would like her grand children to do their hardest; she wants us to get a good education*' (Sandy).

On the other hand, there were three young people who were struggling with their schoolwork, namely Basil, Ray and John. Each of them had been excluded from school for short periods. Although Tony had problems with the police, he had managed to leave school with GCSEs and was at college completing a motor mechanics course. He was taking this course because he '*liked cars*', and thought that it '*was fun*' and would earn him '*a lot of money*'. The presence of adults as role models contributed to their adaptation and activated in them a desire both to aspire and to achieve, thus demonstrating another strand in the dynamics of building resilience.

> '*I saw my granddad yesterday and he was talking about work, and how important it is, and how I should carry on at college*' (Tony).

The wish was expressed to gain a range of academic qualifications in order to improve their employment opportunities:

'I was thinking that I would like to do biology and some more I.T. so that I would have a range of subjects and qualifications, and I could choose different jobs.'' (Kim).

'I am doing quite good at English I got two B's. I am good at graphics and drama. I want to be an actress' (Zelda).

Throughout the interviews, evidence was provided to show that the caregivers were actively harnessing the young people's potential and supporting them to achieve. Charles made a connection between his potential and his ability to mentor younger children on the estate where he lived. When asked to describe his strengths, he said:

'Obviously my sports and all that, but my leading skills as well. Like when I am outside, like I tell the little ones if they are doing something stupid, I tell them don't do it, they just respect me out there...I don't smoke and I am doing sports' (Charles).

Sam reported that it was important to have a personal interest and link it to a career and a disciplined approach to study. Thus, these young people who had started out with poor life chances had been given opportunities and the possibility of overcoming their difficulties. Their approach to life was an undeniable strength since they demonstrated that they were on the road to recovery. I would emphasise that this process was ongoing and by no means a complete one.

'Yea, the first thing that fascinates me is cars and I want to work on cars, especially the cars that I like. Work experience has been set up for me to do mechanics. When I leave school I want to go to college or sixth form' (Ray).

'I will go to a local college, but I am not sure what university. I would like to go to Oxford, but I would have to work my hardest and try my best' (Sandy).

The young people were clearly able to identify activities in which they systematically engaged, and described these as a daily part of their routine. As well as being interested in sport at school, they regularly participated in other activities that contributed to their development. The caregivers were reported as taking an active interest in these activities. A variety of interests were reported and a sample is provided below:

'Well I like music and I do that on Mondays and Wednesday. I love jazz a lot and I would like to be able to play the saxophone' (Alana).

'I listen to music a lot, I enjoy reading and I play for a Sunday team and I socialise with my friends a lot, that's about it' (Sam).

'I like watching the television and going out with my friends. Sometimes I like writing, I keep a diary' (Zelda).

'Definitely swimming is my hobby. I am flexible when it comes to sports, but number one is swimming' (Devlin).

'I play football a lot, I like swimming, music, going out with my friends and being at home. I do many things' (Basil).

'I like doing P.E. on Mondays and we go to the sports centre. I think that this year there is going to be a swimming contest called a gala and I am in it' (Wanda).

The young people were asked how they were being prepared to make a transition into adulthood. They gave a range of answers, but most had an idea of what they wanted to do. Significantly, the process they had gone through supported rites of passage, in that important messages had been transferred in preparation for adulthood. They were able to point to specific areas where they had made considerable progress. This supported their empowerment as they held on to a positive vision for the future.

'I want to leave here when I am 20–23 cause that is when I will have money to go and buy a flat. I know that my gran will help me through those times' (Sandy).

Without exception, all the young people could clearly identify the practical skills that they had been taught to enable them to become independent:

'For a start I have to do housework, washing up, washing my clothes, I know how to cook and tidy up my room, save money and I know how to use the transport system. I can do everything basically' (Tony).

In the case where a grandmother was disabled, the two young people in her care learned to be independent as a result of the need to assume responsibilities and duties around the home. Others specifically spoke about being taught how to be *'disciplined'*, how to develop *'self-control'* and how to be *'independent'*. An

important tool for survival was '*being brought up with a good level of discipline*' (Devlin) to make it possible to '*mature as a youth*' (Zelda). This was achieved by being given '*a lot of independence*' (Sam). Survival also came through being taught:

> '*She is helping us like learn what to do, like when we were in our own house what to do and how to clean up and help yourself. She showed us how to cook*' (Ray).

They did this by observation and by practice (namely what was '*caught and taught*'):

> '*She showed us how to cook; she cooks all the time, but we watch her so to know how to cook when she is not here*' (Ray).

The young people reported that their caregivers gave them personal responsibilities at home, and promoted a sense of independence, but with help and guidance. This could be seen as an interdependent relationship between themselves and the caregivers, with the expectation that they could stay on, or return to the caregivers in years to come. The sense of retaining a place within the family proved to be a strong factor that contributed to feelings of connectedness to the family. This is markedly different from the research findings for children who enter the care system where the possibility of returning home diminishes if this in not achieved within the first six months of entering care (Sinclair, 2005).

Reflections of their experiences and what kinship care meant for them, provided evidence that supported their feelings of closeness, and connectedness. Strong messages are provided that can help to change the way we see and understand the benefits young people gain from remaining within their kinship networks. This indicates that the values underpinning kinship care were transferred to the young people in an unconscious way.

6.7   Summary

The key messages from the young people show how they have benefited from being looked after by their relatives. The most profound aspect of their stories was

their wish to lead a 'normal' life; it was an objective that was achieved under kinship care. The more or less permanent nature of their placements and emotional closeness to the caregiver were strong features leading to stability and continuity and to connectedness with their families. The findings showed that the young people normalised their experiences, and did not feel that living with caregivers was significantly different from living with their birth parents.

On the other hand, the findings showed that their parents' ability to care for them posed a difficult emotional dichotomy. A number of meanings were attached to their experiences, showing how they valued their caregivers and became emotionally close to them. At the same time, this closeness had the effect of shifting their positions within the family, thus having implications for their relationship with their birth parents. The study found that adversity was an inherent part of their experiences, but also illustrated their commitment to their family and their desire to interpret their experiences as normal. There was awareness of the risks, but their age was a factor that also reduced risk in that they were at a less vulnerable stage of their development. The perception that the caregiver was dependable or as they expressed it '*was there for me*' aided them in becoming resilient. Thus, the factors that led to their resilience were the predictability of their caregivers and the round of relationships that supported their connectedness to the family. Resilience might be construed as the young people's ability to overcome adversity and weather the storms of life.

In the next chapter, the findings for the caregivers are presented, linking them to the four principles of Afrocentricity philosophical paradigm.

CHAPTER SEVEN

Kinship Care: Exploring the Caregivers' Perspective

7.1   Introduction

The purpose of this chapter is to present the findings relating to the fourteen kinship caregivers who cared for the young people that were presented in Chapter Six. It begins with the caregivers' childhood memories, which are termed 'storied knowledge'. This allowed the caregivers to construct their responses based on their early experiences and the current meanings they attributed to kinship care. The difficulties they experienced are conceptualised as adversity and the resilience is presented in their fighting back strategies.

A link is established between what the caregivers identified as critical to their tradition of caring, and the four cultural values that were identified within the Afrocentric Paradigm in Chapter Three. The chapter ends with a brief summary and leads into the final section of the findings. The demographic information for the caregivers is presented in Figure Ten.

Figure Ten: Demographic Data for Kinship Caregivers

Given name	Age	Place of birth	Time living in UK	Contact with SSD	Accommodation	Employment	Reason for looking after young person	Length of placement
Amelia	50	Malawi	20 years	None	4 bedroom house	G.P.	Death of parents	5 years
Brenda	46	Jamaica	35 years	Yes	2 bedroom council flat	Administrator	Mental Health	15 years
Cora	25	Born in U.K.	25 years	Yes	Homelessness accommodation	Unemployed	Domestic Violence	5 years
Donna	30	Jamaica	30 years	Yes	2 bedroom council flat	Unemployed	Mental health	10 years
Esmie	30	Montserrat	3 years	None	3 bedroom flat	Student	Poverty	10 years
Fran	57	St Vincent	41 years	Yes	2 bedroom house	Semi-retired Child minder	Abandonment	8 years
Lucile	64	Antigua	30 years	Yes	4 bedroom house	Retired	Alcoholism & Domestic Violence	7 years
Mazy	61	St Lucia	25 years	Yes	3 bedroom flat	Retired	Mental Health	5 years
Roma	40	Ghana	15 years	None	4 bedroom house	Student	Poverty	6 years
Sonia	47	Antigua	29 years	None	3 bedroom house	Nurse	Poverty	7 years
Sylvie	61	Jamaica	42 years	Yes	3 bedroom house	Retired	Mental illness	16 years
Tina	41	U.K.	41	Yes	3 bedroom house	Bank Clerk	Mental health & Domestic Violence	2 years
Thomas	49	Jamaica	16 years	Yes	3 bedroom house	Dairy worker	Mental health & Domestic Violence	2 years
Vicky	40	Born in U.K.	40 years	Yes	2 bedroom flat	Care worker	Mental health	2 years

Figure Ten above shows a wide age range for the caregivers. Of the fourteen,

nine were born in the Caribbean, two in Africa and three in the U.K. Apart from

Esmie, who had only lived in the U.K for three years; they had all lived in the UK

between 16 to 41 years. Of the sample, (7) were lone carers, and most (10) had contact with social services, and the majority of the young people they were looking after were on Care Orders. This indicated that these young people were considered to be in need protection. They were living in accommodation of various types and, apart from the retired grandparents, the sister (Cora) and an aunt (Donna), they were all employed. The demographics show that there were a variety of complex reasons why they were looking after their relatives. These included child abuse, abandonment, mental health problems, domestic violence, drug/alcohol addictions and death of parents. Finally, the length of time they were caring for their relatives is significant, suggesting that permanence and stability had been achieved in the context of informal and formal kinship care.

7.2   Experiencing Kinship Care as Storied Knowledge

Thirteen of the sample referred to their experiences of kinship support systems as a conscious part of their memories. They recalled that children were cared for by relatives and friends in the communities in which they grew up, as their parents migrated to the U.K. They also recalled experiences of being left behind themselves, in their country of origin to be cared for by relatives and friends, later joining parents or other relatives already living in the U.K. In the physical absence of the parents, the caregiver took on the role of the parent and was referred to in this way. This was perceived to be a cultural tradition.

> *'In my culture you have to help even if it's your aunty's child or your cousin's child. My cousin's children would call me mum, they don't call me aunty, if someone calls you mum, and you have something extra, you have to share'* (Esmie).

The experience and knowledge of care-giving was remembered as a tradition, and was initiated by conditions of hardship and a tradition of help. Accordingly, the experience of kinship care was understood as *'an automatic responsibility',* (Amelia)

and one that drew on a cultural tradition. An obligation was placed on the family and the community to help in times of adversity. This is the first point at which the community perspective was mentioned, and it began with their earliest memories. These finding accords with the information that was provided in Chapter Two which indicated that informal kinship care was predicated on community support systems.

Kinship care was defined by all fourteen of the caregivers, within their life stories as a '*natural*' response to family members, and by Amelia as '*a spontaneous act which involves oneness and unity between the group*'. Reference to the group is also an important finding since it authenticates the Afrocentric paradigm as relevant to their experiences.

It was significant that eleven of the caregivers had either cared for a young relative, or observed a member of their family doing so, in their childhood. Esmie had grown up in a household with her niece, and called her '*sister*'. However, when she reached adulthood, she took over the care of her niece (Kim) from her mother, and became her caregiver. Cora also had an experience of being looked after by her grandmother. On the other hand, Thomas and Brenda did not grow up in a household where kinship care was practised. Nevertheless, they had observed it within their community, and knew of other close relatives and friends who had been looked after by their relatives. This experience led to the perception that kinship care was part of their cultural heritage, and as such, was embedded in their consciousness as a natural family response to problem-solving.

A theme coded '*caught and taught*' emerged from the data, showing that emphasis was placed on the responsibility that older girls were given to look after younger children. This pattern of parenting was established in Chapter Two as a

historical tradition in Black families both in Africa and the Caribbean. Hence, it was perceived to be a way of life. Accordingly Roma said:

> '*People are expected to do it and they do it without thinking about it, because you catch on from very early on and no one forced it on you, but you were taught how to help your younger brothers and sisters*' (Roma).

> '*I've got knowledge of it because when I was growing up in Jamaica people did it all the time*' (Fran).

In the experience and knowledge of seven of the caregivers the notion of what was '*caught and taught*' was a significant part of their storied knowledge. I am defining this concept as their cultural knowledge of kinship care. They were acting in the present, on the basis of what they had learned, or internalised as a form of knowledge, and part of their life story. For example, Mazy had an experience of her grandchildren staying in her home on an informal basis before they were permanently placed in her care, thus stabilising an existing caring relationship with them:

> '*They would come up after school and they would ask to stay the night and I'd say yes, and they would stay with me*' (Mazy).

> '*I remember that if mum was ill, a sister would step in, it was automatic*' (Amelia).

The experience of helping was considered to bind the family together in close relationships. Thus, Roma recalled that there was an imperative to help, so that kinship care became a way of life, meaning '*that is how it is*' (Esmie). It was perceived as a tradition and a way of insulating and protecting the family from adversity. Thus, kinship care sprang from a natural desire to engage in mutual giving. This represented a way of helping close family members and friends. In this context, the caregivers reported that they developed an attitude of caring for others, because it was a family and community practice.

'Well, I suppose like in Jamaica we all live like, well I lived with my grandparents for a while before I came here, but it was like nobody took notice of who belonged to whom, you know.... it was just all there' (Donna).

Within this theme was the experience that it was natural to '*stay at tanty's house*', (Sonia's words) or move from one household to another. Amelia referred to this activity as '*house hopping*'. The concept of '*house hopping*' was developed from an '*Invivo*' code as was discussed in Chapter Five. In this context, '*house hopping*' provides the imagery of:

'Children hopping from one family member to another to be looked after or the family moving into the household to help' (Amelia).

This activity enabled families to gain support as children shifted from one household to another. Parents were described as '*living across the road*' (Vicky). They remembered that when relatives took responsibility for children, parents suspended their day-to-day responsibility of caring for their children, but continued to live in the same household or in the same vicinity as the caregiver:

'There were six of us but, in addition, we always had kids coming in, my auntie's children as well as my uncle's children. They would come in and stay for a week or stay for months, whatever, come and go all the time' (Thomas).

The study shows that this was a complex helping relationship between the caregiver and the birth parents that created a '*safety net for the child who had somewhere else to turn to*' (Amelia). Based on the experiences of the caregivers, it was the support within the family and its network that enabled children to survive and thrive. In order to achieve this goal children moved around to various relatives who looked after them as is evident in Esmie's story.

'When my mum took in my niece that was the time she started living with us. That time, I was about 10. Before that time I was living with my mum, with my cousin's mum, living with my step-father and other family' (Esmie).

Even though according to Amelia '*house hopping*' could be construed as '*chaotic*', it had a positive purpose. It allowed all members of the family to locate resources within the network, and use them to their advantage. In this respect what they were describing is similar to the '*round*', as was described by the young people.

The participants reported that children related to many individuals, all of whom contributed to their upbringing in one way or another. It was in this context that the participants gathered knowledge of how to problem-solve by contributing to family life from a very young age. A key experience of storied knowledge was transacted through '*social gatherings',* the purpose of which was '*to meet, to talk and to contribute*' (Esmie). This activity enabled family members to contribute to decision-making and is reflected in the concept of family group conferencing which was referred to in Chapter Four. Sonia named this concept as a tradition when she said:

> '*We come together as one to make decisions, and in that way I don't feel alone, that's the major one really. It's being there for me and being able to point out to me where I am going wrong, or where I am going right, or what they think I should be doing because in this situation you can't always see it and they are there to help*'.

Problem-solving as a family created social life among family members, bringing them closer together, particularly during stressful periods:

> '*We get our children to know our culture and getting that social life, it's a nice way of knowing who is around, so if something happens like a death within the family while you are here they all help, we do the ceremony*' (Roma).

Moreover, according to Lucile, staying with relatives and friends was intended to '*assist mothers who were at a disadvantage*'. The findings indicate that kinship care was spontaneous and responsive as '*you just get on with it*' (Sylvie). This system naturally restricted problems people within the family's network:

'Well, you would start living with your aunt just like that, although your parents would be down the road, so it was not a case that they took you away, it just happened' (Donna).

The memory of kinship care as a cultural tradition placed women at the centre of the family and in the role as a caregiver. They also recalled that women took on a more active role in childcare than men. This was a significant finding because the majority of caregivers of this study (13) were women and ten of them were lone carers (see figure ten).

'The grandparents would take the children as they were born, while the young parents go to work. They would take children and look after them, but they bring up the child to know the mother' (Fran).

This tradition supported the belief that new mothers benefited from the knowledge of older females, and grandmothers were important figureheads in helping to raise children. All of the caregivers believed that grandmothers passed on their skills to their daughters, so that girls could practise how to become caregivers within the network of social support. This belief reinforced the woman's role by creating dependence on the grandmother, as the one with ultimate responsibility, not only for her children, but for other children within the family and community. This was viewed as a positive family response:

'Well a lot of my friends and people I know have been raised in the Caribbean by their grandparents, so that is the knowledge I have, not with your mother, but you've been raised with your aunt, your grandmother or someone in the family, that has been my experience' (Vicky).

'I remember that quite a lot, my dad was hardly ever around, but my mum was always sort of hands-on constantly, a very busy woman come to think of it, very busy' (Tina).

This historical experience was established between what was learned through immersion in their culture (knowledge), and what was later experienced and internalised (the story) as a helping response. The significance of what the caregivers

remembered as storied knowledge had strong links with the theoretical framework, in terms of the history of informal kinship care among Black families of African descent.

The experiences referred to earlier, suggested that mutual support and self-help were informal ways of meeting the needs of family members. It was the memory of the tradition of informal kinship care that was being lived out in a modern context, even though they had migrated from one country to another.

The significance of the tradition of help in the caregivers' memories was the way in which they were living it out in contemporary times. In this context, the knowledge of the kinship system was most important in keeping it alive, and viable on the basis of what was known, remembered and internalised. Thus, as the caregivers recalled their experiences, it brought the knowledge of their culture and generational practices alive. It is in this context, their lived experiences were given meaning in the way that their stories were told. This concept is henceforth referred to as storied knowledge as is shown in the analysis that follows.

Storied knowledge is a specific type of knowledge, which is conceptualised as a powerful metaphor to explain historical and contemporary experiences. It is the conduit for transferring cultural values inter-generationally. The concept of storied knowledge is substantiated by Leininger (1985:66), who stated that story telling is one of the '*expressive human methods used to document and access individuals, group feelings, attitudes and patterned expressions*'. Leininger further stated that '*story telling analysis offers a free form of expression of roles, attitudes needs and emotions of children and adolescents*'. Leininger saw that story-telling within research involves '*expressive methods that offer important ways of analysing qualitative data*'.

Encounters with storied knowledge are built on an oral tradition, and communicated through thoughts, actions, behaviours and language. Self stories deal

simultaneously with the past, the present and the future. They deal with *'ongoing problematic occurrences in the person's life'* (Denzin, 1990:38). The analysis showed that storied Knowledge moved through different transitional stages, evolving from a basic knowledge (what the participants knew about the tradition of kinship care), to causal interaction (practicing the tradition in an unconscious or automatic way), to an enlightened stage of knowing (giving meaning and validation to the history of helping others).

At the enlightened stage, storied knowledge is a powerful tool in shaping the quality of what people know and understand about themselves and people of their cultural group. It is from this vantage point, that it provides the impetus for motivation and inspiration. Consequently, it establishes a link with the spiritual self, and is attained both through personalised and group knowledge, which is derived from experience. It was also this specific type of knowledge that allowed the caregivers to invest in the principles of *'helping', caring'* and *'sharing'*. I realised that, based on their ways of knowing, storied knowledge was built on what was *'caught and taught'*. It helps to maintain kinship patterns and was expressed as a natural way of caring for children. It was also embedded within their consciousness as a significant memory and within it; the duty to care was interpreted as an *'automatic responsibility'*.

A contributing factor to bear in mind is that kinship care is contingent on others, and is part of a wider spectrum of supportive networks. The caregiver builds her experiences on the basis of the concept of 'knowing' which is later owned by those she is looking after. To this extent, knowledge becomes a critical tool for empowerment, and moves beyond the confinement of negative experiences, to a more positive view of their roles and situations.

The act of remembering stories and oral traditions was the basis on which knowledge was formed. Storied knowledge reinforced the tradition of help, making it a viable problem-solving strategy. Because storied knowledge is predicated on a way of knowing and behaving, it enacted certain responses in the caregivers so that they ignored the problems and responded from the core of their experiences, and what they understood about the cultural values that strengthened kinship care.

It was this conceptual framework that provided insight into how a tradition of help is operationalised through story-telling, and the unique experiences of the caregivers. For example, as I interacted with the data, I became conscious of the function it played and the role it played in building knowledge of history and heritage, and how it informs and validates life experiences. A significant insight is how it permits the production of knowledge that is framed within the realities of those who lose their voices through marginalisation and oppression. Loehr (2007:4) contended that it is the '*private voice that is the master of the storyteller*'. It was this voice that became distinctive as the analysis progressed from one stage to another.

Taking this insight one step further, it can help professionals gain a better appreciation of experiences of kinship families from the position of '*knowing*', and thereby making their assessments culturally appropriate. In working directly with the family, they can tap into this concept as a valid way of developing cultural knowledge. It can also be used to provide '*structure and direction*' by contextualising experiences in space and time (Loehr (2007). This level of consciousness can enhance their interventions as they rely on the caregiver to provide the foundation for positive interactions, and communication about the cultural stories and values that are informing their care-giving activities. Linked to storied knowledge is the experience of bridging the gap.

7.3   Attributing Meaning: Bridging the Gap

'Bridging the gap' was defined as a combination of emotional and practical support that was provided to the child, the birth parent and the wider family. The aim of the bridge was to keep the family functioning by acting in unity, through reciprocity and interdependence. Reciprocity is a way of giving and receiving support at various points of the life cycle. Moreover, it is an inclusive process that draws people into an interactive relationship (Jordon, 1996). Therefore, reciprocity, collectivity and interdependence are intertwined. Each of these concepts supports family cohesion and preservation, by building a protective system for children. Crucial to reciprocity is the idea of interdependence and solidarity. These concepts are articulated through the obligation to give and provides agency through mutual interaction (Dominelli, 2004).

Protection in the context of kinship meant providing emotional support to the child/young person and parent/s. This was expressed as '*helping*', *sharing, caring*, '*togetherness, closeness and unity*', which were the behaviours commonly adopted by the caregivers. These traditional responses are supported through the four cultural values within the Afrocentric paradigm. The spiritual values that reinforced the caregivers' sense of obligation, and responsibility, kept the family functioning by building a bridge across to the parent and child. Interdependence was expressed through their expectations that the help and support of others would be reciprocated in some way. Spirituality and collectivity supports interconnected relationships between family and community showing how and why this balance is critical to kinship care. In order for one of the principles to operate effectively the other three values must also be activated.

The most important meaning for the participants was that kinship care was driven by need. It was seen as a survival technique, within the helping tradition, resting primarily on obligation. The caregivers expressed views not only of helping but also expectations of being helped by others within the family. Therefore, it was impossible to express the spirit of kinship, or live the kinship way without generosity, since for the system to succeed, balance was necessary. Bridging the gap was a way of expressing generosity within the kinship system, because it would be depleted if there was a lack of contribution to it.

> *'You can't have one family member that does all the hard work, while the other family members turn away'* (Amelia).

When an imbalance occurred, it was considered to result in deficiency so that:

> *'The resources are drained from one sub-division of the family into another, but if help is given back in some way the whole ethos, the wholesomeness of the system continues'* (Amelia).

The most important meaning attributed to kinship care was learning how to help one's relatives. This not only involved giving immediate help, but there was also an expectation of future help.

> *'Well, when I was in the West Indies, you helped with your brothers and sisters…I was there with my brothers and sisters and I had to look after them'* (Lucile).

> *'When my aunt died, and her daughter and my cousin was here, she felt that she had to continue where my aunt left off by helping out with me, so I came across. She had two children who I helped out with'* (Sonia).

Therefore, living with the cultural story of a kinship system meant practising the fundamental principles that underpin it, so that it feels like a naturally responsive.

> *'When my brother was like young, I used to live at my gran's and I used to go and get him and take him out and little things like that. I used to look after him, so I think it come natural'* (Cora).

Bridging the gap also signified that there were specific qualities to care-giving, all of which represented a framework of support for the family to avoid disintegration. Conceptually, the idea of the bridge had the profound effect of closing the gap that was shaped by need. Figure Eleven depicts the four principles from the Afrocentric Paradigm linking them to the concept of bridging the gap, which will now be described. (1) The spiritual aspects of kinship care require the caregiver to teach children moral values, '*respec*t' and '*discipline*'. (2) Interconnected requires a united response to problem-solving which is activated by '*closeness*' and '*togetherness*' (3) Interdependence means making a contribution to family and community members by '*helping*', '*caring*' and '*sharing*'. (4) It also requires the caregiver to develop and access '*broad base*' support to keep the system functioning. These values are further discussed in section 7.5.

Figure Eleven: Caregivers' Perceptions linked to Afrocentric Paradigm
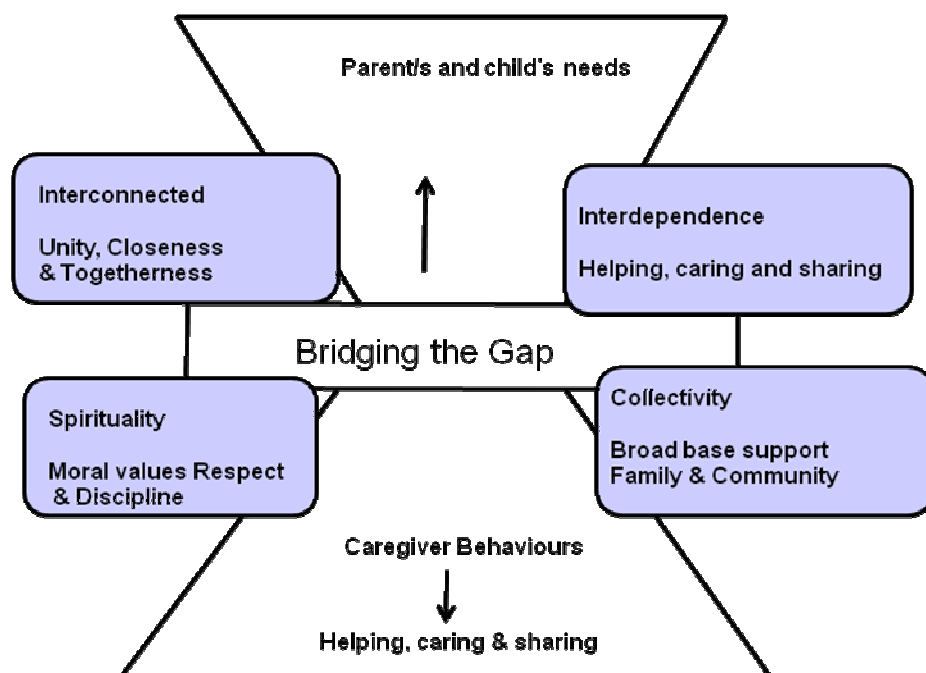
Based on their experiences and meaning of a tradition, the theme of 'bridging the gap' became an active helping response. In this context, the caregivers referred to their activity as '*being there*' (Donna). An initial reason for the construction of the conceptual bridge was to develop a support system and a contingency plan. Thus, a strong motivating factor was '*the love you have for your grandchildren*' (Lucile) and, in a general sense, the '*love you have to offer*' (Mazy). In reality, bridging the gap could involve a substantial period of time in caring for a child, as emerged from the findings of this study. For example, four of the caregivers had been looking after their relatives almost from birth though to adolescence.

While the intention was to bridge the gap, it created uncertainty and altered family relationships in significant ways. Hence, the account provided by Tina shows that her relationship with her brother, who had mental health problems, changed as she attempted to bridge the gap. This change was created by his circumstances, which had ruptured the family.

> '*The part of the family that wasn't put back together was my nephew, so when it became obvious that he would not be going back to the family; we had to look at another route*' (Tina).

The concept of the bridge is represented as a two-way flow of interaction between the person in need, and the caregiver who was meeting the need. This reciprocal relationship needed to be reinforced by mutual giving and a mutual network of support, and was described as a key concept that characterised self-help and exchange in relationships.

7.4 Broad-base Support

Amelia referred to the concept of '*broad-based support*' as the foundation or building block on which kinship care stands and has cultural meaning. It is interpreted as a shared activity that draws people together. This explains why the concepts

referred to throughout the data as *'helping' 'unity' 'caring, 'sharing'* and *'togetherness'*, are critical to kinship care. The strength of kinship care is how support is spread out among the group. This type of support is based on the caregivers' knowledge of the meaning of network support.

The caregivers' understanding of parenting was based on an approach to family functioning that transcended a narrow focus of biological parenting or the nuclear family. The extended family was considered to be stronger, when they managed problems by focusing on solutions that worked for all family members, not just for individuals. This finding fits well with the theoretical framework, which suggests that group processes are essential to sustaining the kinship network. The participants consistently referred to specific types of support that are embedded in the Afrocentric Paradigm. These include emotional, spiritual and social support:

> *' As one of the Deaconess of the Jehovah's Witness, I go out in the community and help people spiritually, so I supported others, but I was well supported from my family and my friends'* (Sylvie).

It emerged that broad-base support is significant because it encourages a range of people to work towards joint goals. Thus, the concept of bridge building mobilises help from a broad-base of supportive relationships. The caregivers identified people, such as grandparents, aunts, sisters, brothers, cousins, godparents and friends, as people who made a significant contribution within their kinship circle. They all perceived kinship care to be an approach to discharging responsibility to the group which is a key principle within the Afrocentric Paradigm. The principle is to:

> *'Discourage taking care of number one'* (Amelia).

And work towards collective sharing that included:

> *'Taking care of number two, three, four and five'* (Amelia).

From the caregivers' perspective, the concept of collective sharing was a form of intervention that held the family together as the impetus for natural adaptation and helping processes occurred.

Broad-base supportive relationships facilitated learning about how to become part of a network. In this regard, a cycle of care was reinforced not only through the family, but through community spirit. Whether '*caught or taught*', the caregivers considered that it was important for young people to learn how to participate in supporting others by '*watching, talking and learning how to do it*' (Amelia).

7.5 Underpinning Cultural Values: Spirituality, Interconnectedness, Interdependence and Collectivity

The findings showed that the caregivers' stories were strongly linked to the values they were taught as children, many of which remained with them. Thus, their childhood experiences were given meaning and became a consistent pattern that underpinned their contemporaneous understanding of kinship care. Their philosophical belief or value system stabilised kinship care, and was interpreted as a technique for sustaining the family system.

Kinship care was given meaning through a belief system which gave affirmation to spirituality. This was the starting point from which acts of '*praying*', '*having faith*', '*trusting in God*' and '*having morals*' were manifested in a practical way. The caregivers linked their religious beliefs to caring, seeing the two as interconnected. More than 50 percent (nine) were active members of a church and said that they were regular attendees. To varying degrees, they continued to replicate religious values by living them out in their approach to raising children. The way to connect with God was through praying, by maintaining faith and balance, particularly in decision making:

'I myself don't know how to deal with it, because it's not like I had a steady childhood...sometimes when I go to bed at night I pray that I can make the right decisions' (Esmie).

'I try to balance it and ask the Lord to help me to make whatever decision it is, at any time to help me to make the right decision' (Sylvie).

'I pray...it's just I think it's energising' (Vicky).

The belief system was perceived as helping to overcome problems, and was a strong part of their storied knowledge:

'Well I just get them [values] *from God, maybe its God who is helping me because many days I can't even move from my own bed...if it wasn't for Him I couldn't carry on'* (Lucile).

'Problems come and problems go, but once you believe you can overcome' (Mazy).

The act of attending church provided a community of support particularly for the older caregivers. The religious system to which they subscribed was perceived to be part of the broader base of emotional and practical support. It reinforced the notion of bridging the gap, as other people within their faith group assisted and helped with a variety of parenting tasks. The quotes below indicate that people who are not related by blood were drawn into the family circle, because they provided practical support.

'There are members of the church who help out if I have a problem with childminding, something like that. One of the members lives just around the corner, and she always says send the children round to me, and you can get some rest' (Sonia).

'The important part of my life is church life, they have club meetings and I used to go to all that. The church members were very supportive' (Sylvie).

The findings show that there was a tendency for the older caregiver to be stronger in their commitment to religious beliefs. For example, Lucile (64), Mazy (61), Fran (57) and Sylvie (61) consistently referred to God as a helping agent, and talked about the part spiritual prayers played in their lives. The other ten carers who

were younger expressed religious beliefs, but did not align themselves with formal church attendance, even though they had a religious upbringing, and subscribed to *'Christian values'* (Brenda). Values were expressed in a way that reflected their upbringing. Vicky expressed disillusionment, feeling that religion did not reflect the realities for Black people of living in British society. She associated religion with negative memories of punishment and religious zeal, to which parenting was linked. An example also came from Tina, who linked formal religion to racism, feeling that it represented dominance and oppression. A factor was that while she held on to a belief in God, she questioned a white caricature of Jesus, and construed this as a misrepresentation of his identity. She expressed this in the following way:

> *'If I go to church now, I guarantee every picture I will see is of Jesus is white, but for my own personal feelings, when he grew up it was in Africa and the people there were Black. I am not saying that there isn't a God, but I don't think that I should worship him in the way I was brought up. I just feel it's the way we are taught about Him and how we are perceived to see Him. I don't agree'* (Tina).

Nevertheless, she continued to have an awareness of the religious values into which she had been socialised as a child. While she did not encourage her own children, or the child she was looking after to attend formal church, she maintained the values that provided a reference point for raising children.

> *'We don't go to church anymore I don't instill that in my kids, but it's there, I am aware of it, it's in my mind'* (Tina).

Spirituality represented a relationship with others, a link with God and with the universe. Thus, being aware of a spiritual entity also meant being aware of one's contribution to the support of others, and realising that spirituality makes people strong and able to cope with adversity. This way of thinking was considered to enrich life by allowing the individual to perceive the presence of an omniscient and

omnipresent Creator and, in so doing, to be compassionate towards others. Vicky expressed this concept as:

> '*Knowing to do the right thing and knowing how it will affect other people if you don't do it in the right way. It's like there is a universal law and you've got to do right by others, because it's going to come back on you*' (Vicky).

In essence, making a connection with spirituality was expressed in different ways, and operated at different levels. However, a consistent factor was how it underpinned their caring task expressed through their beliefs and values. An important part of the caregivers' role sprang from the belief system, and was manifested in their approach to disciplining children and teaching them how to respect others, particularly elders. Calling adults '*aunty*', '*tanty*' and '*uncle*' was considered to be a sign of respect. The caregivers' perception was that adults had God-given authority to discipline children. Therefore, it was believed that discipline formed an integral part of the duties and responsibilities that were conferred on them as caregivers. Kinship care was perceived to be meaningless without discipline:

> '*Children should be disciplined in all respects, when you train them, you teach them how to get home on time, how to clean their bedroom, how to handle others outside...they need to be trained and disciplined*' (Sylvie).

In the next example, there was a clear link between religion and discipline and what was taught in childhood, showing how these values were applied to the caregivers' parenting strategies:

> '*Teenagers you know, they go through stages and with my cultural background, I had to be very strict, he has to go to church on Sundays, he is 17 but he has to go, so one way or the other, my culture is strict*' (Roma).

Respect for elders was described as a code by which children are expected to show honour for elders as well as respect for themselves. This idea was reported in

the following account, showing that in the caregiver's mind, respect was at the heart of her belief system:

> '*My values are that you respect your parents, honor your mother, honor your father, you respect them. You respect your elders, you wasn't rude to anybody whether inside or outside the home*' (Mazy).

It is the wisdom of elders that earns them a position of authority and privilege:

> '*If you were a stranger and you saw me doing something naughty, you automatically have the right as an older person to tell me off, and I couldn't go home and tell my parents because they would want to know why*' (Mazy).

While living out the tradition of kinship care, the caregivers were aware that disciplining children in British society was very different from the way in which they were parented. The perception was that it was more difficult to control children's behaviour in today's society than it was in their childhood. Their perceptions of change were linked to what they interpreted as a decline in moral values. For example, Fran expressed her perception of how changing values were having an impact on children's behaviour.

> '*The difference is in their behaviour. Most of them out there are on drugs, they misbehave, they don't respect older people more than themselves, they do not respect anything, and they don't fear anything and that is dangerous. I think that is all through taking religion away from them, especially in the schools, that's what half of it is, and no respect*' (Fran).

I refer back to Chapter Six, where the young people spoke about respect, but saw it as a two way requirement for parents and children. However for the caregivers, looking after children in a cross-cultural context meant that there was a struggle to implant cultural values in their minds, because there are '*dangers, risk and influences that can pull them away*' (Donna). These include materialism and subscribing to modern values. As Donna said, '*they have computer games, walkman, CDs, videos; we didn't have these things*'. Thus, the most important task was to '*equip young people with the tools to become strong people*' (Vicky) and to '*keep the conscience*

trained' (Sylvie).   Moreover, it was thought to be imperative to cope with the fear of losing cultural values by finding a balance and by keeping the young people connected to the family.   Esmie verbalised it in this way:

> '*I am scared that if I am too strict I will push her away and if I am not she might say it was because I was not tough on her. So I try to balance it and ask the Lord to try and help me to make whatever decision it is and hope that I'll make the right one*' (Esmie).

The caregivers consistently referred to the words '*closeness*', 'unity' and 'togetherness' which is another way of referring to the cultural values of interconnectedness, interdependence and collectivity.   These were concepts that saturated the data, and emerged as important aspects of how the caregiver's role was given meaning and tolerated. It was the feeling of closeness and unity that provided the impetus to survive, and allowed them to keep the caring tradition alive.   The ability to survive the caregiver's role meant reducing isolation, through reciprocity. However, the complex problems facing the families became a reason for not doing so. While the caregivers were conscious of the need to help, and to care for their relatives, they were unconscious of the implications of practicing kinship care in a cross-cultural context.

Under new cultural and urban conditions offering help was difficult to achieve, nevertheless the findings indicate that there was a desire to recapture and relive early experiences that had been *caught and taught* during childhood.   The findings indicate that unity and closeness is based on intimacy and connectedness between family members. It is striking that the caregivers and young people made reference to the word '*closeness*' and '*unity*',   showing how these two concepts allowed family members to be '*generous*'. Togetherness was another way of expressing interdependence and the notion of the collective working together to fortify the family by contributing to the wellbeing of children.

As the stories unfolded, the findings showed that contemporary kinship care suffered through loss of supportive systems, and ultimately brought a level of isolation that was synonymous with the cultural backdrop in which they were operating. From this vantage point, vulnerability contributed to situations that could provoke risk, because there was an absence of sustained collective support. Thus far, the analysis shows that kinship care operated as a mutual and reciprocal caring system. Even though migration brought significant changes, it was resurrected as storied knowledge and was perceived as a valid tradition for helping family members overcome adversity.

7.6   Understanding Risk/Adversity

The accounts of the caregivers showed that the experience of migration had shattered close-knit networks, making then isolated and hence, vulnerable. At one end of the continuum, the participants conceived the opportunity to move to the UK as enabling them '*to find work*', (Fran) '*to be trained*' (Sylvie), '*to earn an income*' (Lucile), '*to get an education*' (Brenda) *and to help my aunt with her children'* (Sonia). However, at the other end, was the loss that was expressed as part of their stories. For example, Cora, Brenda and Esmie provided the best examples of being isolated and not having relatives to turn to for support. This type of isolation was not viewed as a problem under the traditional kinship system. However, the impact of migration and other environmental factors contributed to hardship, which could invite risk for themselves and the young people they were looking after. Additionally, as the caregivers faced more complex problems in a changed environment, they were inclined to be caring as individuals.

Geographical movement and life changes resulting from migration were the intervening conditions that led to fragmentation, because the caregivers were

physically separated from natural sources of support. Movement had caused a shift from a community/family responsibility to an individual/carer responsibility. The traditions of kinship care were not forgotten, but migration and global changes had a major impact on how it was being practised. Thus, kinship care was being lived out under a new set of cultural values. This created an imbalance by placing more responsibility on the caregiver and less emphasis on broad-base support. It was the changing context in which the caregivers were living that made it difficult to sustain the practices that traditionally upheld informal kinship care. Not only had the cultural environment changed, but the informal systems referred to earlier had also changed. An emerging theme within the caregivers' accounts was that they had experienced a significant reordering of parenting practices. They had shifted from a collective to an individualistic model of parenting. This new way of practising kinship care, reflected the cultural norms of the society in which they were living, which were different to their own value system. Also reflected in this change, were the reasons for looking after their relatives. These were more complex than what they had described in their early memories of kinship care. It was the complexity of these problems that ultimately reinforced adversity, and created a hard experience for them.

The Hard Experience

There were conditions that led to a '*hard experience*', (Esmie) within kinship care-giving which in turn had consequences for the caregivers. The first problem that emerged was the inability to manage their role against a background of fragmented networks and an overload of responsibility. The second was managing emotional conflict and dual commitment. The third was the need to remain committed, at the same time as feeling isolated and experiencing a lack of social support. At each point an inability to access support led to inner conflict. When this conflict occurred, the

system that was intended to be reciprocal, lost its potential for unity and balance or what was frequently referred to as '*closeness*' (Roma) and '*togetherness*' (Amelia) and consequently, led to what I shall term '*caregiver overload*'.

Without exception, all fourteen of the caregivers expressed a feeling of overload of responsibility. Overload arose in the absence of informal and formal (i.e. family, friends and social work) support. At these times, their levels of stress were considerably high, but in order to maintain the caregiver's role they had to be tolerant and '*determined*' (Cora). Consequently, isolation increased stress and ultimately created hazardous situations. High levels of stress resulted in feelings of anger, resentment or resignation to the caregiver role. This meant that when their responsibilities were not balanced by broad-based support, the pendulum swung towards overload.

An example was evident in Lucile's story when she referred to her daughter as '*ungrateful and unappreciative*', only thinking of her need for alcohol and not of her own children's or her [Lucile's] health needs. At these times, a lack of support caused the caregiver's motivation and commitment to be the major force sustaining the bridge. Role stress and strain also led the caregiver into feeling that she was making a' *sacrifice*' for the child and the birth parent (linked with Chapter Six). It was the absence of reciprocity that created these emotions. While the caregivers were trying to replicate old experiences of a helping tradition, lack of support became extremely significant in terms of how they resented the loss of their personal freedom.

'*I have a lot of responsibility and it has a lot of impact on me*' (Lucile).

In some cases, the young people's history and experiences of abuse and neglect were factors that compounded the weight of responsibility resting on them. It was significant that all of the young people (eleven), who were known to the local

authorities, would have been otherwise looked after by strangers had it not been for the intervention of their caregivers. In all of these cases, the caregivers were looking after children, who were at risk of significant harm as defined by the Children Act 1989, meaning that they required alternative care. There was a correlation between risk factors related to the young people's history, their personal problems and stress. A combination of these factors caused the caregivers to feel '*overwhelmed*' (Brenda).

> '*It's just like I was thrown in the deep end, but you just get on with it, you just get on with life' (Donna).*

Other examples showed that stress was present when the caregivers attempted to maintain a relationship with the parent. For example Lucile's daughter who was a drug addict, frequently arrived at her home unannounced and in an inebriated state. While Sonia had the desire to help her cousin care for her daughter, once her behaviour deteriorated, she had few support systems to call on. Tina, Brenda, Vicky, Mazy and Sylvie were also coping with children whose birth parents were mentally ill. When these factors were considered, kinship care emerged as a '*hard experience*'. For Cora, being a sister caused conflict, in that she struggled to assert her authority:

> '*We, argue, we argue...I know he is not my son, he is my brother so it's different, but he tries to argue with me like we are brother and sister, you know what I mean? So what can I say?*' (Cora).

The appraisal of kinship care as a 'hard experience' began with migration because entering the U.K provided the backdrop for an unsupported structure for looking after one's relatives. Racism and prejudice was mentioned as a hard experience in trying to access support, so that the memory of it remained painful but buried. What must be remembered is that the majority of the caregivers started looking after their relatives more than a decade ago, and at a time when Black

families were struggling to access welfare services, as was pointed out in Chapter One.

> *'I met a lot of prejudice, plenty of it, I don't even like to remember it, I just try to put it in the back of my head'* (Fran).

The ability to cope with hostility was critical to survival, because making the decision to look after a child was a difficult undertaking. While in several of the cases children were placed by the local authority, they were aware that they were not paid in the same way as non-relative foster carers. Therefore, the lack of financial support increased hardship. This caused Cora to say,

> *'They weren't going to give me money so I had to make my noise' (Cora).*

It was under such circumstances that kinship care was articulated as extremely frustrating and burdensome, as stated below:

> *'But sometimes I am telling you, I get a feeling of frustration, sometimes I get really frustrated, I do, because I have nowhere to turn. I get this feeling of frustration like I can't bear it'* (Esmie).

The variety, type and multiplicity of problems that were identified involved enormous adjustments and perseverance to meet such hard experiences with fortitude:

> *'It was 16 years since I had my children, and I didn't remember anything and there was no one to ask, especially keeping down a full time job as well. Yes, it was horrendous'* (Brenda).

Eight of the caregivers reported that they had experienced challenging behaviour by the young people. Although the behaviour they described could be interpreted as normal adolescent behaviour, under pressure, and in the absence of support it appeared overwhelming:

> *'From the age of 14 she started getting naughty, she wanted to go out and come in when she liked'* (Fran).

Against the backdrop of the conditions in the young people's upbringing that promoted a poor start in life, it became difficult for the caregivers to relinquish their responsibilities. They had to deal with their own feelings as well as the young people's upset and, at times, anger. At such times, the caregivers' frustrations and helplessness were internalized, because they had few outlets through which to express their emotional feelings. In their eyes, bad behaviour at school was directly linked to the young people's personal experiences of family life. For example, in Tina's case domestic violence continued to play a part in her nephew's behaviour, and was often manifested in his angry outbursts at school:

'*Unfortunately at school, they have had lots of issues and it all stems around anger and violence*' (Tina).

Financial support can relieve stress, but this study showed that different rates of financial support were given. However, their duties were broadly the same, and involved looking after children who had been abused, and who needed a variety of supportive services. In Donna's case it was responding to a neglected child who needed extra support services. She said:

'*When Wanda first came to me, I had a child who came with problems, she was crying all the time, because she had not been fed, I had to re-educate her, I had to readjust to looking after a young child*' (Donna).

Helping relatives meant that the caregivers were often financially stretched, or had limited space to accommodate an extra person in the household. All members of the family, including the caregiver's own children, were equally affected by such problems. Nine caregivers, who were known to Saxon and Walton, reported that they were underpaid; only one said that she got a '*good rate*' (Sylvie) because she had undergone a fostering assessment and was paid as a foster carer. Her fear of losing financial support led her to discount adopting her grandson. Two of the caregivers in

the community sample said they did not wish to approach social services, because they believed that they had a duty to care, and the other two said that they were not aware that they could ask for help. These responses are reported below:

> '*He is my nephew and so I don't ask for money for him, nothing of that sort*' (Roma).
> '*I was looking after her without any money*' (Fran).

And:

> '*I was getting as little as £40–50 per week, and that was a strain on me because I wasn't working at the time and I was on income support and incapacity benefit. I kept calling them and calling them, and then one day I went to the office and met a social worker and she asked me what I was getting. I showed her my book and she said "no, you've got two children; you should be getting more money because you are a carer and that's when they upgraded the money*' (Mazy).

The chance to enable the young people to overcome poverty was reliant on the caregivers' employment and income, as well as social workers who could advise them of their entitlements. Six of the caregivers were employed and were in a position to support the young people financially. However, financial support was not the only type of support that was required, and this became evident in relation to their emotional feelings.

A significant fear for the caregivers (7), and particularly the caregivers who were looking after boys, was their belief that black males are targeted by the police and that getting into bad company was a high risk for them. The possibility of the young men being unemployed after leaving school was a worry.

> '*I am surrounded by boys and I fear more for my sons and my nephews than I do for my daughters. I think that the worse that could happen to my daughter is that she could get pregnant but what could happen for my son and my nephew is that someone could keep them down because of the colour of their skin. I am very wary*' (Tina).

These findings revealed that kinship care is far from easy, and that such problems contributed to their perceptions of the hard experience, consolidated by the theme of dual commitment.

<u>Dual Commitment</u>

A profound limitation to kinship care was the social environment in which it was being practised. In the process of helping, a dichotomous relationship arose between the caregivers' commitment and the intractable nature of the problems they faced. I have termed this 'dual commitment', because the will to care created an emotional dilemma caused by an inability to separate out the needs of the children (young people at the time of interview) from the needs of the parents, due to their emotional attachment to both. This meant that their experiences of stress and 'overload' had been unrelenting and enduring, due to the length of time they were bridging the gap. The juxtaposition was that while creating stability for the young people, their personal stress levels were considerably increased (see Figure Two for time span).

The findings indicated that the caregivers had to make difficult decisions that affected equilibrium within the family. When they were unable to manage highly charged emotional situations, dual loyalties occurred that the caregiver could neither escape nor manage easily. For example, Tina's relationship with her brother had broken down because of violence, and she referred to this stress as causing '*a split in the family*'. The biggest threat to achieving balance at these times was the way in which the caregiver simultaneously felt torn between loyalty to parents (who were their birth children or a sibling) and the young person with whom they had developed a close attachment. In these situations, the caregivers were also faced with making a choice as to who was most deserving of their help.

Negative feelings in the family were particularly heightened if there were underlying issues associated with the birth parents' mental health, or drug and alcohol addictions, that the caregiver found difficult to cope with or accept. This was because in their memory, they had migrated to make a better life for themselves and their children. While recognising that remaining in the family can be of great benefit to children, Tina suggested that there may be times when family dynamics are so complex and complicated that it may not be the best place for a child. Therefore, the hard experience can increase risk if the caregiver is unable to manage stress or recreate a safe environment.

> '*I think all children benefit better from being in the family, that's if there aren't any underlying issues going on, but obviously if there are underlying issues maybe not*' (Tina).

There were several examples where the caregivers were forced to choose between being loyal to the birth parent and/or the young person. Examples are provided in the stories of Lucile, Mazy, Fran, Donna and Tina, demonstrating conflict and mixed feelings between the caregivers and their children or siblings (namely the birth parent/s). They demonstrated how, the caregiver can become the receptacle for the parent's resentment and anger. While parents may want the child to remain in the family they can also resent the carer for taking over their role and responsibility.

> '*It was only that because she* [her daughter] *couldn't look after him, but she felt he* [young person] *should be in the family, but she wanted to get the attention, and that went on for many years, for four or five years*' (Sylvie).

The binary position was that as the caregiver maintained loyalty to the parent, she had to balance this against the young person's needs. In the midst of helping the parent (i.e. bridging the gap), the caregivers had to cope with the parent's feelings of inadequacy. This is why Sylvie preferred not to adopt her grandson, even though she had looked after him almost from birth.

Five caregivers reported that the parents wanted them to help, but resented them for doing so. This was both positive and negative at one and the same time. For example, in Mazy's case the birth mother refused to communicate with her even though she often visited and slept in her home. Since the reason for the children being looked after was due to neglect, she was placed in the position of closely monitoring the mother's visits to her home, while coping with her non-compliance. Thus, the strain caused by complex family dynamics is constantly presented to the caregiver. This is highlighted in Mazy's dialogue.

> 'We *don't speak; she doesn't speak to me period, if she has something to say she would say it through the children to me*' (Mazy).

Situations were described when they had to cope with parents reactions to them. This was reported as '*triple jeopardy*' as they appreciated their actions, resented them for taking over their parenting role, and felt jealous of the bond they had developed with their children. These situations were often highly emotionally charged. The quotation below gives a sense of the emotional content that was located within the caregivers' experience. It was as if caring for the child/young person had caused a division between the caregiver and the birth parent, yet the act of helping sustained the family and provided a way of survival:

> '*Me and my sister is really close, but I feel that there is a distance there now, I don't know if she likes the idea, or if she feels put out, or if she feels bitter. There is a tension there, but don't forget it's about the child and I'm just looking after the child*' (Vicky).

This analysis indicates that caregivers instinctively responded to need, but without acknowledging the distress it could cause for all concerned. They did it because of the love they felt for their relatives. Effectively, they were responding from what was referred to as '*the goodness of your heart*' and from an idealised position that had cultural relevance for them, encapsulated within storied knowledge.

7.7   An Afrocentric Approach to Resilience

The strengths of kinship care began with the historical experiences and the storied knowledge that have already been presented at the beginning of this chapter. Strengths were located within the personal attributes of the individual as well as their history of enslavement and migration. It was the way in which the caregivers overcame the barriers, and problems of caring for their relatives that ultimately led to resilience. The very concept of bridging the gap supported their determination to overcome problems by looking for solutions within themselves.

The nature of resilience was predicated on the ability to develop fighting back strategies that promoted resilience. This study found that these strategies were linked to the four cultural values as they were operationalised. The ability to survive could only be achieved as they were able to successfully fight off adversity, and adjust to the many demands that were made on them, while having limited access to resources and supportive services.   Resilience arose out of (a) their spiritual values (b) storied knowledge or experiences of cultural values (c) their interpretation of a duty to care, (d) their motivation and commitment and (e) an ability to tolerate the caregiver overload.

A clear link was established with the Afrocentric paradigm as the caregivers spoke about how they were influenced by the tradition of kinship. This model of parenting called for modes of adaptation that enabled them to adjust to the demands of their role. Their chances of success were increased as the value system was applied. While fulfilling their purpose, storied knowledge became essential in holding out a life line, which was the conceptual bridge to the child and the parents. Fundamental to their actions, was the belief that the struggle was to craft out a way of survival through the helping mode. The evidence for this analysis comes from the data that

suggested that '*everyone takes care of someone*' (Tina) and that '*it was a general thing, for people to help*' (Sonia).

The belief that there is duty to care was not only located within the tradition of kinship care but importantly, within their inner resources which were connected to their spirituality. It is the spiritual element of caring that supports a positive attitude towards caring as a God given imperative. Mazy summed up this idea in the quotation below:

> *It gives you a sense of value because you know there is a God and you were brought up to fear God, God knows what you are doing, so try to tow the line'* *(Mazy).*

At this level, a major element of what the caregiver is trying to achieve is related to focusing on solution-based outcomes. In this context, problem-solving is related to a strength-based approach that came from '*my religion and my duty to look after him*' (Sylvie). Thus, a spiritual element to caring is applied in a way that helps the caregiver to rise above difficulties, and focus on what they see as their calling. From this vantage point, Afrocentric principles operate as the caregivers rely on universal principles that encompass them and the family. The belief system was important because according to Mazy it gave her '*courage to cope'*.

In all of the stories recounted, motivation and commitment were present. These two factors enabled the caregiver to develop tolerance for their ascribed role, even when there was an overload of responsibility. The strategies for fighting back were based on the wish to survive and to overcome the obstacles. Motivation meant not giving up, hence, saying '*I love them because they are my grandchildren*' (Lucile) makes the task more tolerable. Motivation and commitment sustained the caregiver's intention to create stability for the young person and relief (or a bridge) for the birth

parent/s. This was also based on faith and a spiritual belief system, showing how the values were closely interconnected.

The longer the caregivers were able to cope and tolerate their role, the better they were able to overcome the difficulties and struggles of caring for their relatives. For example, coping with the risk of teen pregnancy created stress, but it was managed by '*trying to look after her and talking to her about using protection*' (Esmie). While role strain was present, the greater emphasis was placed on keeping the young people connected to the family, by diverting them away from the care system. It was in this context, that resilience was evident.

The findings showed that under difficult circumstances, the caregivers had to sustain high levels of motivation in order to survive. Motivation arose from their love and commitment to their relatives, as well as from their connectedness with the young people and feelings of being responsible for them. This was expressed as: '*I cannot walk away*' (Vicky).

All fourteen caregivers alluded to their attachment to the young people in one way or another. Donna said, '*apart from the birth certificate I am her mother*'. Importantly, the duty to love and to care was linked to the values discussed earlier, all of which were culturally sensitive. Indications of the resilience of the caregivers were their ability to nurture, love and show affection to the young people which promoted stability:

> '*From the beginning I told them that they are here because they are my grandchildren and I love them*' (Lucile).

The caregivers had a perception of how the young people interpreted their role:

> '*To all intents and purposes she sees me as her mum…you do it for the right reasons because of the love for that child*' (Donna).

> '*It was quite normal for me to pay tuition fees for my sister's son, because I love her just as much as I would love my own daughter*' (Amelia).

Thus, showing love was an expression of the relationship between the caregiver and the young person:

> '*I love him to bits and I think it is reciprocated…He's been here since he was two and as far as I am concerned I am his mum*' (Brenda).

The findings also showed that there was a strong relationship between the concepts of motivation and duty, with one supporting the other. They were motivated and guided by the tradition of helping. They described this as '*being there*' and '*getting on with it*' as exemplified in the following quotes:

> '*It's about being there and doing the best for her*' (Donna).

> '*I just love him, end of story*' (Brenda).

> '*It's about unconditional love*' (Amelia).

Evidence was provided to show that even when the young person's behaviour was difficult to manage, or where there were limited social support systems to support them, the mediating factors were the caregivers' personal qualities, meeting their duties, as well as their motivation and commitment to the young person and the family. These factors were located within their coping and survival strategies, enabling them to invest in the young person:

> '*There is no way that I would let those kids go away, because they wouldn't be happy, for me I know they wouldn't be happy, so I wouldn't let them go away*' (Lucile).

> '*I started a job and I didn't give up…I achieved what I wanted and I can say that what I have done is well appreciated before man and God*' (Fran).

Implicit in the survival strategies was the perception of inner strength:

> '*I think I am very strong, because the things I have gone through some people would have cracked up by now. Even my friends tell me they don't know how I do it…but I think I am just a strong person*' (Cora).

'Being on your own, I suppose gives you that strength and you have an inner strength within you, I don't know where it comes from, but never say die' (Brenda).

A significant finding was the caregiver's wish to divert the young person away from the care system, by offering a home over extended periods of time. All of the caregivers (14) believed that when black children went into care *'they did not stand a chance of succeeding'* (Tina). Thus, the struggle was to *'get it right'* (Thomas):

> *'I am looking after my nephew because he was put into care. Following the family split when it became obvious that Nigel would not be going back home, I said "look I don't want this to happen, I don't want them to go into care, this is what I want to do and how I feel about it'* (Tina).

Lucile and Mazy expressed the view that institutional care would be the worst possible alternative for their grandchildren, and Sonia said that the young person's cultural needs would not be met in the same way. These two positions are seen as strengthening the caregivers' determination to cope with caring for the young person and meeting their cultural needs:

> *'I wouldn't like that at all, no I don't think that they could manage, I don't think so, that would kill me that would really wreck my life'* (Fran).

And:

> *'I mean if I sent Kerstin(*not in the study*) into care, there's no guarantee that she that would have gone to a black family which is what she is accustomed to, she might go to an English family. I mean her church is a big part of her life and she might go to a family that do not go to church, or the food that she is accustomed to might be different and although she might fit in, I don't think she would be happy'* (Sonia).

Resilience was demonstrated, as customs and traditions were enacted to manage the caring task. Stability and the young people's achievement were the factors that resulted from their resilience (see Chapter Six). The findings demonstrated that the caregivers had aspirations, hopes and a desire to see the young people realise their potential. These aspirations indicated that they wanted the young people to achieve and make a good life for themselves. This was underpinned by their wish to provide

continuing support and help to maintain a place for them in the family on a long-term basis. In these accounts, it was important not to give up, but to persevere in order to expand the horizons of young people, who are growing up in a cultural setting where there is disadvantage and discrimination. In this context resilience is at the heart of kinship care.

7.8   Summary

Overall, the experiences of the caregivers were strongly influenced by the links that were made between past and contemporaneous experiences of parenting. The accounts they provided testified to the nature and importance of a tradition of help. Thus, what is '*caught and taught*' is where the story of kinship care begins and ends. The concept of 'bridging the gap' was significant in terms of how it helped the caregivers to respond in positive ways to their relatives, who were in need of help. Bridging the gap was supported by an underpinning value system of beliefs and principles within the Afrocentric Paradigm. A significant finding was that in the midst of helping, a structured network of support was missing, namely the broad base type of support that was evident in their storied knowledge. The inability of the caregivers to access support easily indicated that there was a sharp departure between what they had experienced in small rural communities in Africa and the Caribbean and what they had experienced in the U.K.

The act of helping had limitations when the support structure was insufficient to sustain the caregiver's best intentions to help the family, and in such cases threats of all kinds can be present. Resilience is an expression of the values and beliefs that underpin kinship care. Bearing these aspects of the tradition in mind, the following chapter presents the findings that support the data that was gathered from social workers.

CHAPTER EIGHT

Kinship Care and the Social Workers' Perspective

8.1   Introduction

In this chapter, I will analyse the data gathered from five social workers recruited from two local authories called Saxon and Walton. They were employed to manage childcare services and / or supervised staff, but did not have responsibility for any of the young people described in Chapter Six. Thus, the purpose of this chapter is to provide an understanding of how social workers were responding to providing families who were looking after their relatives. This chapter links kinship care to the formal provision of welfare services. I begin with an introduction to the social workers. This is followed by an exploration of their experiences, the meanings they attributed to their professional encounters with kinship caregivers and children/young people, as well as their impressions of risk and resilience within kinship care.

8.2   Introducing the Social Workers

Angela was a Manager for Walton. She was instrumental in raising awareness of the need to develop services for kinship families, and is of African Caribbean descent.

Delores was a senior social worker for Saxon, having responsibility for supervising staff who worked directly with kinship caregivers. In the past she had worked directly with kinship families**.** She is of African Caribbean descent.

Donald was appointed as a part-time Manager to co-ordinate kinship care services in Saxon. He set up a database of kinship caregivers for the first time and was in the process of setting up a caregiver's support group. He is of White British ethnicity.

Janice was a senior social worker for Walton. She worked in the Family Placement team and had contact with kinship families. She is of White British ethnicity.

Jacqui was a manager for Walton. She was appointed to manage kinship care services and to develop services for kinship families. She is of White British ethnicity.

8.3   Exploring the Experiences of Social Workers

The social workers experienced their formal interactions with kinship families as a '*complex*' activity. They perceived that working with kinship families was more demanding and complex than working with non-relative foster carers. Whether the social workers were managing kinship services, making decisions about how to support kinship families or supervising their colleagues, dilemmas were expressed as an inexorable part of their experience. They encountered emotional conflicts that were inextricably linked to what they referred to as '*family dynamics*'. Their success or failure in working with complex situations depended on their ability to examine the interplay between the organisational, professional and personal spheres of their interactions with kinship families. Delores recognised that kinship care was an old custom utilised in Black families and had some knowledge of how it operated in an informal community context. She stated:

> *Kinship care is something that Black families have done for a very, very long time* (Delores).

Thus, it was stated that when working with kinship families of African descent additional knowledge was required to understand their cultural needs. Accordingly, Angela said:

> 'working with kinship caregivers and young people of African descent requires an additional level of understanding about the family's particular needs, their practices, customs, and their cultural background (Angela).

This reflection suggested that specific cultural knowledge was required to respond effectively to families of African descent. The findings indicated that conflict was implicit in the social worker role, due to their imposed duty to safeguard the child's welfare and simultaneously respond to the family. From Donald's perspective, a barrier to working effectively with kinship families was their resistance to social work intervention, because they see it as their 'responsibility to 'fix problems within the family'' (Donald). This is evidenced in the example below:

> 'We had a case in our department where the mother was drug abusing. The grandmother had grown up in Ghana, and she said we always do things as a family there. If somebody falls out, we fix it as a family; there are no Social Service' (Donald).

Lack of understanding from a management perspective about the ethos of kinship care-giving led Delores to conclude that there was a tendency to apply a "*minimalist approach*", and for social workers to think that:

> 'They are living with their family so that's it. So we tend to wash our hands and think we have done our bit, but I think it needs a lot more push behind it, a lot more support from senior managers to say lets looks properly at kinship care and give it as much importance as adoption' (Delores).

These professionals concentrated on the need to understand the complexity of 'family dynamics'. They were focusing on difficulties, seeing them as barriers to working with kinship families. Experiencing the work as complex made it more difficult for them to fully comprehend how these families functioned. The tendency to

define kinship care as complex arose because kinship families did not resemble their expectations of the nuclear family. This dilemma arose because changes in the family structure necessitated a departure from established ways of working with non-relative foster carers.

> ' It's the issues around change in the relationships, granny becomes mummy, aunty becomes sister and how they deal with that in terms of the child, in terms of themselves, in terms of their own children....It's really complex' (Jacqui).

The dilemma for Delores was that from an organisational perspective kinship care was problematised. This way of conceptualising it, sharply contrasted and conflicted with her personal cultural values and upbringing, from which she viewed it as positive. Thus, she talked about her struggles and the need to constantly remind herself to maintain 'cultural integrity', taking time to revisit the values that were consistent with her upbringing. She said:

> 'I have to draw back, take a couple of weeks off, read a book or go back to my family in the Caribbean and get myself re-centred' (Delores).

In Angela's experience there was a need to develop awareness that the family is the most natural source of support for the child. She said:

> 'When I am supervising staff I always say to them to look to the family first and find out if there is anybody within the family. You cannot give them better than that really' (Angela).

Having a personal experience of kinship care gave these two social workers inside knowledge. Thus, while being constrained by organisational practices (namely their duties as professionals with authority to remove children from their families), they were also working from the inside, demonstrating that they had an experience of informal kinship. Therefore, they brought knowledge to their practice. However, the personal was always superimposed by a professional approach, limiting the extent to

which they could access this knowledge and use it within the practice arena. Having personal knowledge of kinship care and acting as a professional could cause internal conflict. Therefore, personal values had to be examined in the light of their practice. Thus, Delores said:

> *'I think that as professionals we do bring our own values, it's natural, but you have to examine them at times because you think to yourself, am I doing this because of my own views, but you examine them, you don't do it blindly, Just because it's your values it doesn't mean it's right for everyone, so you have to look at it in context'* (Delores).

For Donald, Jacqui and Janice, knowledge was gained second hand through *'reading'* *' doing research'* *'attending conferences'* and *'networking'*. Understanding kinship care was described as *'a huge learning curve'* (Jacqui), as they grappled with the multiple processes that take place in kinship care. It was this learning that enabled them to develop a degree of knowledge about the needs of kinship caregivers, and the children in these placements. For example, Janice reflected on the impact of kinship care on three members of a family and their emotional responses to stress. She focused on the antecedents leading to kinship care and how each member of the family was personally affected by discord. She was aware of the need to fully appreciate the caregiver's intention to help. Janice's analytical skills were crucial in identifying each level of concern and multiple emotions.

> *'Marlene* [young person known to Janice] *detaches herself because she cannot deal with her angry emotions, rather than admit she is concerned about her mum. She knows she is concerned but she transfers her anger....she would rather show anger than compassion'* (Janice).

Janice's account of how the child became *'detached'* from the parent helped to illuminate the findings in Chapter Six. She then outlined the parent and grandparent's positions; one is related to working with loss and the other to offering support. Both were important factors that shaped the concerns expressed.

'Mum has great difficulty in dealing with the fact that she has lost her children, she knows she has lost them and resents her own mum for it and does not speak to her even though she uses her home as if it was her own' (Janice).

'Grandma is supporting her daughter by taking on the role with her children she allows her to come and go on a daily basis and she puts up with it' (Delores).

Hence, the Black and white social workers were operating from different positions. Having inside knowledge proved to be an advantage for the Black social workers and the families they were interacting with because they identified with the concept of kinship care. Nevertheless, it was this very knowledge that made them feel powerless, because they were acting in a professional capacity and operating within a system where they also felt a sense of powerlessness. However, the white social workers did not have insider knowledge, so this meant that they did not experience the same personal types of conflicts. Their dilemmas revolved around organizational constraints, and it was from this position that they could see how kinship care resembled a Cinderella service.

Working with kinship families was not experienced in a vacuum but within an organisational context that informed their practice. Organisationally, the social workers experienced a range of problems in responding effectively to kinship families. While new directives required them to place children/young people with their family and friends, they reported limited change in policy to support this requirement. Two factors had a bearing on this finding (a) the legal requirement to explore the possibility of a placement with family or friends using Public Law Orders (b) the need to reduce financial cost for the local authority. Thus Angela said:

'The first question that the court will ask is if we have looked at the family, but because we don't have the resources to support families, I have justified it. When we are short of resources, support for kinship families will be the first service to go' (Angela).

Ambivalence was created through lack of policies, procedures and resources to adequately respond to the needs of children in kinship placements. Accordingly, the experience of working with kinship caregivers became problematic, as existing policies and guidelines were adjusted and adapted to fit kinship care. Donald said

> '*Most local authorities are finding the current Form F2(* a form used to assess non-relative foster carers*) are insufficiently tailored to kinship care assessments and some had or are in the process of attempting modifications*' (Donald).

A positive step taken by both Boroughs was to create new roles for Donald and Jacqui to identify children in kinship placements. This action enabled them to accumulate data to identify children in kinship care, who were hidden through lack of record keeping, data analysis and variations in policies. Donald.

> '*Well the policy varies; um this is one of the problems that I think causes confusion, because it depends on how they became kinship carers. Nothing is written down*' (Donald).

The lack of clarity on policy allowed social workers to place their personal interpretation on the quality and type of services that were delivered. In this context the two key areas of services that were hampered by under-development, were assessing kinship caregivers and support for kinship placements. The social workers reported that the guidelines were not specifically geared to kinship care. In some instances, policies were adapted to meet new standards in fostering. This was similar across both boroughs, in that there was a general lack of knowledge among the social workers in this study about what services were required to meet the needs of kinship families.

> '*I suppose I have to speak for myself, I think that generally, policies are there to guide and protect and in this local authority I feel that their policies and procedures aren't that bad because you can get your hands on them and use them, but I have to adjust them for kinship carers* (Angela).

'*Well the policy varies, am... this is one of the problems that I think cause confusion, because it depends on how they become kinship carers....there are different ways that people become kinship carers*' (Delores).

Variation in practice was also evident in relation to legal orders, in that families were encouraged to apply to the court for Residence Orders under the Children Act 1989 as a way of relieving the local authority of its financial responsibilities. However, the dichotomy was that '*some families may be given advice and others may not*' (Jacqui). It can also be a way of rationing resources by using kinship caregivers as '*a cheap option*' (Angela). The social workers were aware of the pressure to divert children away from welfare services by making families responsible:

'*Alongside shrinking resources we need to divert some of the children we are looking after into kinship care placements to free up placements for children for whom this is not an option*' (Jacqui).

It was reported that there was an inability to clearly identify children and young people in kinship placements because records were not up to date and social workers did not consistently visit children. This was particularly relevant to informal kinship care where the families might only have sporadic involvement with the local authority. Moreover, the statutory duty to visit and regulate children in formal kinship foster care was not rigorously applied. Therefore, support for the caregiver and the child was considerably missing.

If children were stable with kinship caregivers and were living in the family on a permanent basis, less priority was given to reviewing their cases. In these situations the family would be persuaded to apply for a Residence or Guardianship Order so that social services could reduce and even terminate their involvement with the family.

Within the organisational context, the delivery of supportive services was subjected to what Delores referred to as a *'piecemeal response'* meaning that there was a lack of coherence in relation to service delivery. There was a belief that effective support was hampered by the lack of resources specifically directed towards kinship families. Disparity and discrimination existed, not only between non-relative foster carers and kinship caregivers, but significantly between kinship caregivers.

> *'The local authority now have a policy that kinship carers are paid the same rates as foster carers, but although they pay an enhanced rate to foster carers when children are difficult to manage, kinship carers do not get that'* (Angela).

It was revealed that the financial code for kinship care for payments was problematic in that it was subsumed under the general fostering budget.

> *'Even a year ago, even when we were doing payment there was no code for kinship carers. You had to find some kind if other way to pay for kinship care'* (Delores).

Donald's view was that the lack of financial resources to support kinship caregivers and families resulted in varying degrees of expectations among kinship caregivers of what social services could provide and what services they were entitled to receive. This was interpreted in terms of the level of confidence the caregiver felt about asking for support, but it also contributed to variations in practice.

> *'Some feel confident and they don't need support from us and then there are those who feel they need support from us, it varies depending on the age of the child'* (Donald).

In relation to payment kinship caregivers received less payment than other foster carers. Additionally, the training which was offered to main stream foster carers was not readily available to them. This highlighted inbuilt discrimination and inequality in service provision.

> *'They get less than we pay foster carers, but they get income support, but if the child has a disability so it could go to £147.00 (Donald).*

8.4　　Attributing Meaning: Assessing Kinship Caregivers

The process of assessing kinship caregivers was considered to be an integral part of their professional role. Yet, the lack of specific tools to assess caregivers rigorously was expressed as a common concern among the social workers. Therefore, while there was recognition that an assessment is legally required, in reality they were working with inadequate tools to gather and synthesise information and make sense of situations.

> *'If a child needs to be accommodated under Regulation 3, the law says we should do the assessment, but the practicalities make it impossible'* (Jacqui)*.*

In order to facilitate the process of assessment, the social workers were aware of the need to develop assessment skills. A fundamental flaw within the professional context was the omission of the cultural aspects of their assessment and the cultural knowledge that was required to do so.

> "*What we have is that sometimes in the early stages we don't have all the information about the extended family*" (Delores).

It came to light that information about kinship carers and children/young people in these placements was not always gathered in a systematic way. This indicated that at such times basic assessments lacked a cultural perspective. Social work colleagues had not reached the stage where they were able to demonstrate the ability to assess kinship families accurately as an inherent part of their work. This is why Angela suggested that important information was often missing from their assessments.

> *'The assessment is not as rigorous. I think we overlook some things. Sometimes we end up placing children with family members which we would not do if they were not family members, so there is a danger in that'* (Angela).

The social workers could not describe a specific assessment method that could assist social workers in making sense of the complex situations they had described. Thus, the imperative was to develop a systematic approach to assessment in order to avoid individual interpretation:

> ' *We've been trying desperately to come up with a better agreed format but at the moment, whatever you want to do is ultimately down to the approach of the worker'* (Donald).

> '*We have played around with different assessment formats. We are trying to regularise it by taking assessments to the fostering panel within six weeks on a basic assessment*' (Jacqui).

Presenting an assessment to the fostering panel was not an indication of a rigorous or analytical assessment, but only an attempt to embed kinship care into an existing system. In making an assessment, the perceived role of the social worker was to avoid being "*rigid*", but to understand when the family might be colluding and "*holding on to the belief that all is well*" (Donald). In part, it was developing an appreciation of the tensions and contradictions for the caregiver and training the social workers to appreciate that it is '*hard for kinship carers'* (Donald).

Skills were needed to facilitate assessment of the family's ability to provide care for the child/young person. A competent assessment requires: '*time, space and a huge learning curve*' (Jacqui), but this was precisely what they considered that social workers lacked. The need to develop skills and knowledge was described as an area of deficiency, since there was insufficient time and resources to drive the service.

Since an assessment leads to decision-making, and the allocation of resources, the worker's skills must include the ability to clearly identify the needs of people within the family's network. The assessment process could potentially become distorted, if the worker was unconscious of this, or did not take the family's cultural values into account. This is supported by the following:

'What would be different for the grandparents now that they are looking after the child? There are other things that come into play, how many children is the grandparent looking after, finances, other extended support, the age of the child and what would be appropriate in terms of additional support' (Delores).

The study found that although Saxon and Walton were located in areas with a high density of people of African descent they reported few links with the Black community or any intention to develop such links. In this regard, Jacqui's view was that more action was required to promote community cohesion to support kinship families. Such an approach needed to be reflected in assessment procedures.

'I think that one of the things that needs to happen is that we need to start seriously developing some kind of policy around kinship care and that would mean bringing in the community, that would be a good starting point' (Jacqui).

8.5 Professional and Personal Dilemmas

In attributing meaning to their activities, the social workers were most concerned about the need to adapt the system in order to co-ordinate an effective response to kinship families. In their encounters with kinship families, they placed meaning on kinship care as a socially constructed activity. From a professional and personal perspective they were able to see that kinship caregivers lacked social support, and that they needed different types of support to meet their cultural needs.

'Some of them have a different view or perception of family; those who are born in the Caribbean or Africa are different because they have a real strong sense of family and want things to work and somehow cope, but what they miss is the back-up' (Delores).

'They need to have various services that need to be purchased at various stages of the child's development' (Angela).

The social workers considered that Black families were affected by adverse environmental and economic factors, such as poverty, racism, discrimination and migration. Angela recognised this when she revealed that there is still a *'high*

proportion of Black children in care'. These factors placed a heavy burden on relatives to carry on a helping tradition that also contributed to an overload of responsibilities referred to in Chapter Seven. There was, therefore, a sense in which they considered that some aspects of kinship care appeared to be '*diluted*'. Angela considered that there was a need for social workers to understand that there are '*different perceptions of family between those born in Africa and the Caribbean'.*

> *'The ones that were born in Africa and the Caribbean have a real strong sense of family and want things to work, and somehow cope' (Angela).*

There was the recognition that as kinship care was being practised outside of its traditional community context, transforming it into a formalised service gave it a different meaning. Thus, a significant threat to kinship care was the inability of the social workers to view their activities as part of the bridge of support (see Chapter Seven). A point that was expressed by Delores was the human cost of migration as network structures that traditionally upheld kinship care were disrupted and fragmented. In her view some family members might be '*facing similar hardship and might not be in a position to help'.* Consequently, there was a need to understand how environmental and economic factors were shaping family support.

> *'It's not the same for aunties who were born here. I think the extended family has their own issues so the support is not always there'* (Delores).

And

> *'The whole thing as well around immigration should heighten our awareness of the importance of knowing where people come from' (Angela).*

Hence, Angela questioned the extent to which kinship care could be sustained in a changing and unsympathetic environment.

> *'I think that kinship carers can pass on some of the traditions and some of those values, but I think it depends on the carers and if they can keep it alive'* (Angela).

Changing environments were also considered to be generally affecting Black children, in terms of their ability to connect with their history and their heritage. In this situation the meaning of the social workers' role was to understand the conflicts that they face. This was a significant finding because it supports my thesis that kinship care embodies and reinforces a historical and cultural tradition that thrives on broad based support. People can only hold on to their values if they are given agency and empowered to value their traditions. In the next quotation, Delores referred to the concept of '*help*' which was shown in Chapters Six and Seven to be the axis on which kinship care revolves:

> *'It's about us trying as much as we can to instil and offer help, to provide the knowledge for these children about their heritage. We as social* workers *must find out as much information as we can to pass on to the children*. (Delores).

A challenge for the social workers was how to balance the rights of families to own their traditions against the need for them to function under a system with a different set of values. The meaning of kinship care in the modern context was being controlled by an institutional system that has a legal remit to protect children. An important factor was the perception of how network support had changed, meaning that the tradition of kinship care was considered to be difficult to integrate into the formal welfare system. This may, as Angela suggested, cause conflict for Black children/young people about the historical meaning of kinship care and its relevance for their contemporaneous experiences:

> '*I think that the children we are working with face some of kind of conflict about where they are. The longer Black children and Black families remain in this country it gets harder to tell where they are coming from*' (Angela).

While Angela demonstrated awareness of the conflicts, this explanation did not recognise that kinship care is the system that provides the answers about where

Black children are historically located. Consequently, formalising kinship care without giving due consideration for the cultural values that sustains it is unwise.

The expectation of how children should behave and how they should be disciplined were perceived by Janice to be much '*stricter*', than in white British families and as having '*high morals*'. The perception of difference in moral values could present a dilemma for social workers, when they are attempting to balance their personal and professional judgments. For example, Delores felt that the boundaries in Black families tended to be defined by the family's moral values.

> '*It's about how you speak to people, how you keep yourself, how you present yourself within the family. Its little things like when a member of the family comes to your home you are expected to kiss them and everyone is an aunt or uncle*' (Delores).

Spiritual and religious values were also perceived as having meaning within the context of kinship care but hard to apply in practice, because the social workers did not consider it to be in the mainstream of their work. Spirituality was difficult to define, and Afrocentricity was impossible to apply within the context of their work. According to Angela '*the system is not ready for it*'. This comment indicated that it would require major organisational change for professionals to work from an Afrocentric frame of reference. Nevertheless, there was an understanding that religious values were linked to how kinship caregivers perceived their problems and tried to solve them. Donald said: '*There is a strong religious Pentecostal thread running through all this as well*', meaning that the family was very religious and that it had an impact on their parenting style. Similarly, Angela referred to the church as an important part of the support network for Black families feeling that it:

> '*Links people in a community and gives them shared experiences, shared ethos and shared values, So I think it's about shared experiences, shared values and links with each other and support*' (Angela).

Consequently, it emerged that while there was an awareness of cultural differences, integrating this awareness into practice was problematic and required a shift in thinking. The need for a paradigm shift is supported in the responses that were given to the question '*How would you apply an African perspective to your work with Black families*?' The responses were broadly negative and non-committal. The social workers expressed the view that it is a model that would be difficult to apply because they were untrained and knew nothing about it. Moreover, they held the view that organisations could not change to accommodate it, because, according to Janice '*we would have to do it for all groups*'.

In this regard, it was considered that it would present a challenge to existing models embedded within their organisations and consequently their practice. The problem was how to integrate an Afrocentric theoretical framework into a dominant model of service delivery that is heavily dependent on Eurocentrism. The white social workers subtly avoided this question or said that they would find it difficult to work within an Afrocentric model that was considered be too specific and not applicable in a multi-cultural and diverse society. The Black social workers recognised it, but considered that there would be institutional barriers that would make it impossible to implement.

8.6 Understanding Risks in Kinship Care

The lack of policies to support kinship care placements was considered to have a detrimental effect on practice. One example given showed how risk was present when there was an urgent need to find a placement for a child. Under these circumstances, the family could be approached to care for a child in need without a well planned support system. Since there was a lack of policies and procedures, crucial information to help the caregiver understand her responsibilities might not be

forthcoming. At this stage of decision-making information sharing was considered to be crucial to forming a good professional relationship with the caregiver. Risk was inherent in placing children without the benefit of a comprehensive assessment or an assessment that had '*loopholes in it*' and was not '*thorough.* This could lead to placing a child in an unsafe situation. The conclusion was that, if a child is placed with relatives, it should be in the child's best interest and not simply because it appears to be an '*easy option*'.

A major dilemma facing the social workers was how to delineate the risk factors and act to minimise them. They perceived that more risk factors were evident when placing children with relatives than non-relative foster carers. This perception of risk was magnified if they felt unsympathetic to the idea of kinship care or if they held negative attitudes towards the idea of working with kinship caregivers. For example, if there was previous history of abuse this factor raised doubts about the caregiver's commitment to managing parental contact. Such reservations led them to believe, that the child would be unsafe and unprotected with relatives. In these cases concern was expressed about the background and history of kinship families and their suitability to foster.

> '*We are placing children with their families, even though the family*
> *may not always be suitable given some of the background*' (Angela).

Emphasis was placed on the need to feel assured that the child was '*safe*', but without an in-depth assessment and a good support structure it was almost impossible to achieve this goal.   In these situations risk was perpetuated through lack of procedures to safeguard children/young people in kinship placements.

The findings demonstrated that the social workers were balancing children's welfare, safety and risk factors against their decisions to place them in their families. This balance was difficult to achieve, particularly if the social worker already had

personal misgivings about the effectiveness of kinship care. Such misgivings could wittingly or unwittingly skew their judgment. In some cases misconceived ideas could lead them to reject the idea of a kinship placement in favour of non-relative foster placements, which could be regulated and supervised in more conventional ways.

The social workers were aware that a combination of services was necessary to support kinship care both formally and informally. They reported that at times there was a lack of awareness among young people and their caregivers about the types of support services they could access. This point was made by Delores:

> '*Sometimes there are gaps that not even the grandmother, or aunty knows that these gaps need filling*' (Delores).

Supporting kinship families with their accommodation needs was viewed as "*a major issue*" (Delores). However, placing children in families where there was inadequate accommodation directly contravened the fostering regulations (DH, 2002) and was a risk.

> '*If you have two children the same age they don't look at that*' (Angela)
> '*The issue of accommodation wouldn't deter us from placing*' (Delores)

One aspect of working with kinship families was responding to children who needed to have contact with their parents. This activity was perceived as a difficult task, for which kinship caregivers were given very little support or guidance. The difficulty was that the caregiver's emotional attachment to the child and the parent could increase risk. In two examples Janice and Delores reported that the caregivers did not have the emotional strength to cope with contact, and did not understand how to deal with their relatives who were suffering mental health problems. These examples are provided below.

> '*If they don't have information and insight into the illness, they don't really understand what they are dealing with*' (Janice).

The tension for the caregiver is how to report incidents to social services and at times to the police; they may struggle to report a parent who is a close relative. But the social worker needs to have an appreciation of the turmoil this can cause the caregiver, who has not been trained to fully appreciate how to act in certain situations.

> *'The contact wasn't working out and she didn't have the strength to say to her sister that she couldn't visit at odd hours.....I had to say in order to protect the child and yourself, you will have to call the police and the distress and anguish and worry it caused her, sometimes you think is it really worth it?* (Delores).

Janice referred to a case that was known to her saying:

> *' I think that the grandmother is very good, she allows far more contact than any other carer would allow and she does encourage the relationship even though it is strained'* (Janice).

It was the lack of time and resources to facilitate contact with the caregiver, which led Janice to conclude that the she was being "*good*", by allowing contact to take place. However, if the child had been placed with non-relative foster carers, contact would be regulated and the foster carer would be given support and training.

Janice states:

> *'If the children were with foster carers the mother would not have so much contact with them or contact would be supervised in some way'* (Janice).

The findings showed that contact was one area in which caregivers needed continuous support, but because it was viewed as a cheap option, it was not valued

> *'It can be a cheap option, but if we want to maintain these placements and maintain the standard of care, there has to be a service'* (Jacqui).

> *'There is pressure to place the child, but when children are placed in families they get less support than a foster carer would get'* (Angela).

On the other hand, it was possible for social workers to magnify the risk by concentrating on the difficulties rather than on building on and enhancing family

strengths. They expressed the need to feel confident that the caregiver could protect the child from cycles of abuse. The fear of repeated abuse was considered to be the greatest risk for children in kinship placements, particularly if the caregiver was unable to protect the child from the relative who was a perpetrator of abuse or if the perpetrator was hidden or protected within the family. Such questions as '*where is the perpetrator*'? '*Is the child safe? What type of abuse was it?*" and '*how can the caregiver protect her grandchildren if she had abused her own children?*" were concerns being posed.

In all of the responses provided by the social workers, they considered that safeguarding the child's welfare was their first priority and responsibility. Yet, a safeguarding system had not been set in place and this in itself contributed to risk. The problem was that the social workers did not have access to a framework to specifically assess kinship families. Therefore, their inability to appraise what was happening in the family had an influential bearing on information gathering and ultimately decision-making. This indicated that a higher expectation was placed on the family to protect the child, when in fact protection and safeguarding was also an agency responsibility, particularly if children were placed on Care Orders.

When the caregiver or a member of the family had been previously known to Social Services in relation to child abuse or neglect, the question was whether or not they could be trusted to protect the child. The risk was how the family could be pathologised and discriminated against by not being given a fair chance to look after their relatives. This could be a serious problem for Black children and in particular for Black boys, who according to Janice, are less likely than other children to be placed permanently, causing them to drift in the care system for many years:

> *'I have had black children whose parents have had mental health problems and it's very difficult to move them on because people have got ideas about mental health being hereditary'* (Janice).

All of the social workers said that they would find it particularly difficult to trust the caregiver if they believed that the carer's loyalties were weighted towards a perpetrator (birth parent or partner). The social workers were also forced to focus on the risk, identifying where colleagues had expressed stereotypical views and attitudes about "*dysfunctional families*". They might also be influenced by the ways in which their colleagues perceive and openly discuss kinship care; such views were felt to be common among their colleagues:

> *'It's about changing people's attitudes. You will hear people saying oh granny couldn't look after her own children, how can she now look after her grandchildren'?* (Jacqui).

If it was believed that the caregiver had an undisclosed motive for looking after children such as gaining services that they were not entitled to, distrust could result. Although the evidence from the sample in this study did not support this view, Donald felt that kinship care '*should not be used for solving a housing crisis or for extra money*'. This meant that underlying prejudices and distrust of the caregiver's motives were present. The social worker's personal beliefs and attitudes have a bearing on their thinking and decision-making.

A clear risk was how responsibility was placed on the caregiver without adequate supervision, training or support. Problems became evident when there was incongruence between risk and the level of support for the caregiver. This was a point that was made by each of the social workers as they identified support as the main problem facing them and kinship families. Three examples are provided below:

> *'We did some work in the department, which showed that there was insufficient support for kinship carers'* (Donald).

'There is this pressure to place the child rather than looking at whether the family could cope with support.' (Delores).

'In term of support to kinship families, there is not a lot. As I say it has been me and one other so the actual in-put has been limited' (Jacqui).

Risk factors identified for Black children related to the dilemmas that the social workers faced in deciding whether or not to place them in their families. This was a problem that was highlighted from the beginning of this study and is here reinforced as a continuing dilemma for social workers. Nevertheless, Jacqui recognised that the most natural place to learn and transfer cultural values was through the family.

'If you are in that culture; you are going to learn the values and the rest of it. You will naturally pass it on to your offspring, so I think in the way you are keeping it alive, you are interacting with it, you are learning it and you are passing it on' (Jacqui).

Moreover, Black children/young people were perceived as being at risk of losing their cultural identity when they are removed from their families. The most profound risk was in Angela's view to lose ones '*identity*' and cultural orientation which in her view was occurring as a result of migration. Having considered the risk factors, the social workers also identified resilience-enhancing factors that helped children to overcome negative experiences.

8.7 Understanding Resilience in Kinship Care

The most important factor in the social workers' perception was that children benefited from remaining in the family because it created stability and helped children to develop positive attachments. It was viewed as difficult for an institution to replicate the care, love and commitment that families offer to their kin. It was considered that kinship care gave the child '*history and heritage*' and allowed Black children the right to value their '*cultural identity*' (Angela).

They noted that when children lived with their relatives as opposed to being looked after by non-relatives it supported inner resources. Thus, resilience was not only seen in children, but in the caregivers with whom they interacted. Delores observed that kinship caregivers are '*women who are resilient, they are women that just get on and do things*' (Delores).

This finding suggests that kinship care is a positive option because children in kinship care placements have an opportunity to turn around their adversity. The opportunity is presented to preserve their family links by giving the child stability over a significant time span. This makes the child's trajectory more secure and positive in the long term.

> '*I think generally and on the whole it has been very positive. Most of the carers and young people I have worked with have been Black and what have shone through is the strengths in terms of having these children with their family is the whole idea of kinship*' (Angela).

The social workers indicated that when kinship care was at its best, caregivers provided a stable base for children who might otherwise have ended up in the care system and risk losing contact with their relatives. Therefore, the quality of kinship care was judged by the commitment and motivation of the caregiver to the child/young person and the parent. A perceived strength was the closeness of the caregiver to the child, and the motivation to carry on even under adverse circumstances, since according to Angela '*they cope somehow*'. Thus, they see that as kinship caregivers maintain their commitment out of family loyalties '*children benefit by holding on to their heritage*' (Angela).

> '*They are in a stable environment, they are not insecure, their placement is not about to end and the grandmother is totally committed to those children which in foster carer is not likely to be*' (Janice).

It was considered that kinship care was particularly valued because it enabled children to maintain their identity and connectedness to the family, thereby allowing

them to feel and be a part of a family and community. Thus, a strong indicator of what works in kinship placements is how children maintain their identity, connections and sense of belonging.

> '*I think that within kinship care it's easier for children to maintain their identity, it's a more positive setting, and you are in your family so it's natural. Cultural issues will be raised, cultural dishes will be made, they will be in more contact with extended family, there will be far more awareness* (Janice).

Importantly, the family was seen as the best people to help children/young people understand and internalise their life story and this was viewed as a key factor in holding on to family history. The family life story is lived out on a daily basis; therefore the family is the life story:

> '*I think that we always try and do life story work with children, but nothing can beat having that life and being within the family.*' (Angela).

The potential for children to feel normal (Chapter Six) can be linked with the idea of living with and sharing their life story with the people who are closest to them. Therefore, the family was considered to possess the capacity to normalise the child's experience and help them survive negative life experiences.

> '*Having information takes you in the direction you know, family heritage and everything else*' (Angela).

A further perception of kinship care was the caregiver's ability to give the child cultural information that professionals could not provide in a natural way. This was considered to be potentially empowering for Black children who are at risk of losing their heritage by being absorbed into a dominant culture. Therefore, the long-term benefit of kinship care, from the social workers perspectives, served to reinforce the notion that children/young people are given the opportunity to observe, and live out their cultural traditions. It was considered that kinship care provided the potential

to divert Black children away from the system, keeping them rooted in their family and cultural identify.

'*For all sorts of reasons they do maintain their identity*' (Jacqui).

The social workers did not infer that all children in kinship care benefit from living with their relatives, but that they benefit in ways that children in non-relative foster care do not. It is these benefits that can lead to resilience. If there was any commitment to placing children with their relatives these factors presented the strongest evidence for doing so, as was noted below.

'*I think that when it comes down to it, one of the strongest reasons for placing Black children with their families is about their identity. It's about somebody having the knowledge and the information to pass on to the young people. Not everything can be written down. That is one of the strongest reasons for placing young people with their family*' (Delores).

8.8 Summary

In summary, the experiences of the social workers show that they perceived kinship care as a complex activity. In seeking to bring clarity to their experiences, it was critical to broaden their knowledge base, and to learn new ways of responding to and working creatively with kinship families. The dilemmas in the family were at times reflected and mirrored in the social workers' experiences so that they focused on kinship families as '*extremely complex*'.

Within an organisational context, working with kinship families brought many challenges, all of which were directly related to working without specific policies and procedures for kinship care. These organisational dilemmas affected the professional context of practice leaving the social workers without direction and a framework to guide their professional practice.

The lack of support for kinship caregivers and children in kinship placements was openly acknowledged. While the social workers had awareness that Black

children/young people are adversely affected by their environment, they did not understand how the philosophy of kinship care was being utilised as a survival strategy. In a formalised context it was being used as a placement option, but without a support structure to sustain it.

Whether social workers supported or opposed kinship care placements depended on their values, attitudes and their awareness of the historical and contemporary meaning of kinship care. They were also able to make sense of it if they had personal experience or firsthand knowledge of it.

When kinship care was viewed as a risk, questions were raised about the safety of children and the effectiveness of kinship caregivers to safeguard the child's welfare. However when it was viewed as promoting resilience, it created opportunities for the social workers to be optimistic, and to appreciate the many facets that drive kinship care and give it a buoyancy of its own. In both contexts the merits and demerits of kinship care as a welfare service were outlined.

In the next chapter, the entire findings are coherently drawn together to show where the similarities and differences exist within the three groups of participants and what this means in term of Afrocentricity, as theory, poised against the practice perspective.

CHAPTER NINE

Bringing the Three Groups Together

9.1   Introduction

The purpose of this chapter is to compare and contrast the findings from the three perspectives within the study showing where there is congruence and divergence. This approach will bring the study together in a coherent whole. It begins by discussing each discrete group and then summarising the similarities and differences between them. This is followed by a brief exploration of the Afrocentric cultural values, thinking specifically about how these values can be applied in the context of welfare provision and social work practice. This chapter ends by discussing future directions for kinship care in the light of global and changing trends.

9.2 Presenting the Three Perspectives

(a)   The Young People:

The experiences of the young people are consistent with the meanings they attribute to kinship care. The key to understanding their experience is through the concept of normality. The study showed that closeness to the caregiver helped them to identify with their values and to mimic their '*sayings*' of wisdom.

This study found that the young people benefited from having the opportunities to absorb cultural traditions, and live them out within the context of the family setting. This would have been less possible if they were in the state care system.   Their experiences were indicative of an era in which they are experiencing kinship care. Thus, they were building storied knowledge based on their contemporary experiences. It is important to note that they were growing up in a

society where kinship care is not the norm, because stronger emphasis is placed on the nuclear family. For this reason, they attempted to normalise their experiences by fitting it into the British context of family patterns. This way of viewing their circumstances, enabled them to avoid problematisation and stigmatisation. Thus, a benefit attached to kinship care, was how it provided the young people with an opportunity to remain in their families, and avoid being looked after by strangers. This was most important to them.

The study found that stability, identity and a sense of belonging were key features of their experience. To have a round of support was significant, since it supported their sphere of relationships and reinforced their membership within the community.

While it was an advantage to remain in their families, there were conflicts centred on unresolved family problems. They had very little external social work support, or therapeutic help in resolving these problems. Their attachment and closeness to the caregiver was clearly evident in this study, because they were perceived as meeting their needs and carrying their burdens. However, at times it resulted in ambivalence towards their parents, split relationships and mixed emotions, which they found difficult to express. This remained a hidden part of their stories.

On the other hand resilience developed as a result of the continuity, stability, acceptance and love, all of which were personified in the caregiver's role. Gilligan (2001) argued that the concept of a stable base sustains growth and development. What is most insightful about the young people is how they describe their experiences in positive terms while acknowledging that they had experienced significant loss, due to the lack of a close relationship with their birth parents. This will undoubtedly have implications for their future both in positive and negative terms. For example, they

might view the positive relationship with their caregivers as life sustaining, but they could continue to yearn for a relationship with their birth parents.

(b)   The Caregivers: The impact of migration remained in the consciousness of the caregivers as they recalled memories of losing their most important community connections.   The broad base of support was a natural form of support, but this support system changed with migration as well as other social and environmental changes. Some of their networks were severed, a consequence of which was isolation. The attempt to help their relatives was contained in their storied knowledge, which was a way of knowing, and the expression of a particular pattern of family organisation. A common theme among the caregivers was the experience of kinship care as an informal system of self-help and mutual obligation. This was the first stage at which the Afrocentric paradigm was expressed as operating in a practical way. Self-help strategies were described, that were considered to keep people connected to each other and to their community. The act of remembering stories and oral traditions was integral to the helping process.

The cultural practices to which the caregivers subscribed reinforced the tradition of help making it the most viable solution in their problem-solving strategies. These strategies were intended to keep children connected to the family by diverting them away from the care system.

While there were many benefits attached to kinship care, it also created a hard experience through overload of responsibility. Having to cope with the long term impact of abuse on children and unresolved family legacies presented risks of which they were unaware. While feeling close to the young people, they also had to manage the relationship with their parents to avoid family disintegration. Furthermore, lack of

intervention from professionals made them less open to discussing their problems and to becoming isolated, which is contrary to the whole ethos of kinship care.

The grandparents were at risk in terms of their health, because caring for children and bridging the gap for long periods had implications for their freedom and enjoyment in the last stage of their life cycle. Looking after their relatives on a full-time basis curtailed some of their activities, and simultaneously increased their labours. Caring for children at any stage of the life cycle can be difficult, but caring for children single-handedly presented immeasurable problems and increased the burden of care on women. Additionally, caring for children as grandparents, or combining the care of their relatives with other responsibilities presented additional difficulties for them. For example, the younger carers were faced with issues related to caring for their birth children, maintaining their employment, as well as caring for their relatives. They were faced with the associated problems of financial and accommodation costs, all of which led to hardship.

Bridging the gap was a positive strategy, because it enabled the caregivers to fight back and overcome adversity. Ince (2004) argued that the strengths-based approach provokes affirmative messages and leads to empowerment. In fighting back, problem-solving strategies became evident, but at times these strategies were as simple as just '*getting on with it'*, or '*not giving up'*.

Kinship care as a cultural tradition incorporates ways of knowing, acting and behaving in a social context. The role of fictive kin discussed in Chapter Two provided a cultural frame of reference for the participants. As Kunjufu (1988:19) noted it refers to '*kin-like connections between and among persons in a society.* Hence, it was this sense of interconnectedness that was the strongest theme within the caregivers' stories.

(c)   The Social Workers:

The social workers immediately viewed kinship care as very complex, and as very different to working with non-relative foster carers. The reason for this was that they had very little direction in terms of policies and procedures to guide their practice. They were relying on and borrowing assessment tools for non-relative foster carers. This not only made the assessment process appear more difficult, but also less rigorous.

The study indicated that the Black social workers had knowledge of kinship care from their personal backgrounds. However, this became a dilemma in that they were acting as professionals and did not feel empowered to share their experiences by crossing boundaries. At times, they felt the same level of disempowerment as the caregivers, based on their ethnicity. In this sense, racism affected them as much as it affected the caregivers. This raised the issue of conflicts between the personal and professional aspects of their interactions with Black families.

Learning about kinship care from a second-hand source i.e. attending conferences and other events was helpful, but it did not give the White social workers the same level of knowledge, nor did it present them with the same types of conflicts. Nevertheless, their dilemmas revolved around organisational and professional issues that limited their practice. The study found that the main reason for the intervention of social services was related to child protection. This over-shadowed their views about placing children with their relatives and at time led them to make assumptions.

Tensions arose if the child was already living with the relative and had to be subsequently assessed as a kinship caregiver. The dilemmas they faced included concerns about continuing abuse, whether or not the caregiver could report a parent, and how they would deal with split loyalties. There were also concerned about family

dynamics and perceived that these dynamics added to the complexity within family relationships. Moreover, it made their tasks much more difficult because, they were not merely working with the child and parent, but with different sections of the family.

In terms of policies and procedures they were concerned about the piece-meal approaches to developing kinship care as a welfare service. To a large extent, these problems presented them with intractable professional dilemmas.

9.3 Comparing and Contrasting the Three Groups

There were some examples where the experiences of caregivers and young people were very similar while showing differences between them and the social workers. First, the words that were used by the caregivers and young people to describe kinship care compared favourably across the data. These findings indicated that they perceived kinship care in the same way even though there was a generational gap between them. This signified that kinship care was internalised as a natural or normal way of constructing help, and that the caregivers had successfully implanted the cultural values attached to kinship care in their hearts and minds.

It was also important that they used expressions of 'c*loseness'*, '*unity*' and '*togetherness*' to describe the binding nature of their relationships. These concepts were learnt through association and could be directly connected to the Afrocentric cultural values.

A comparison between the caregivers and the young people was the sense of commitment to each other. This relationship fostered stability, identity and ultimately family preservation. It was striking that the concept described by the caregivers as 'house-hopping' was also evident in the young people's stories. It emerged that the process of moving from one household to another was reconstructed by the young

people and was conceptualised as '*the round*'. This way of describing kinship care linked well across the data and matched with the cultural values.

An experience common between the three groups was the expression of emotional conflict, although it was expressed in different ways and for different reasons. While the caregivers were constrained by dual loyalties and the allegiances they felt towards the child and the parent, the young people were loyal to the caregiver and emotionally distant from their parents. The social workers saw this conflict as complex and difficult to unravel. This was at times interpreted as difficult because the structure of the family had shifted. They were no longer working with the notion of a nuclear family, where family roles are easier to define.

A comparison across the three groups was that support was perceived as vital, but missing. For example, the caregivers linked kinship to communal broad base support and perceived this to be at the very roots of kinship care. This was symbolised within the concept of '*bridging the gap*'. Therefore, support was the key to an active helping response. The young people perceived their caregivers as their most important support system, and verbalised the depth of their reliance on them as their main sustaining system. They viewed them as integral to their survival and resilience. However, when the caregivers found it difficult to access support, it led to an overload of responsibility which in turn, led the young people to see their interventions as sacrificial. The contradictions in kinship care are clearly evident as the caregivers also referred to a love relationship and a hard experience.

Lack of social support (broad-based) is a factor that can lead to inherent risk for the caregiver and the child. In the historical context, the church was an important mediator of community services and support. Therefore, a difficulty is the lack of involvement of such institutions within the array of public led services. Husain

(2005:20) argued that '*there is a tendency for social care to 'concentrate on general cultural needs without understanding the values that guide certain cultural practices*''.

With the growing trend towards materialism and individualism, spiritual values were not integrated into assessments, showing incongruence between them and the caregivers, because they were operating from different positions.

The lack of support for kinship families confirms earlier research focusing on financial as well as practical and emotional forms of support (Grandparents Federation, 1996; Ryburn, 1997, Wheal and Walden, 1997; Flynn, 2000; Richards, 2001). A difficulty was that these families received little support in terms of social worker visits to check on the welfare of the children/young people over very long periods. This was largely left to the caregivers to manage as well as to manage contact with parents. Some of these situations were complex and required social work support. The social workers recognised that this was a shortcoming within the service. Richards (2001) and Broad (2001) also found that support was less frequent after the social worker's initial intervention. The social workers pointed to lack of therapeutic services for children in kinship placements who had an experience of abuse. The risk was that the local authorities were not providing adequate resources to support children with complex problems, but leaving the caregivers to determine what type support they required.

By contrast, the informal carers were less inclined to seek social work support because they viewed their actions as a family responsibility. They did not express the same type of stigma about looking after their relatives because they were not under surveillance by social workers. They were also in better paid jobs or studying which made their prospects much brighter. Notwithstanding, they had little knowledge about

how to access supportive services and were content to '*get on with it'* (Sonia). By way of comparison, they also verbalised kinship care as '*hard*' in the absence of broad base support.

A large body of research has been accumulated over the years suggesting that social support buffers the effects of stress bringing about positive health outcomes (Lazarus and Folkman, 1984; Luthar and Ziglar, 1991; Ozbay et al, 2007). Therefore, social support can offset the threat of caregiver overload. Additionally, where families face institutional racism and discrimination, this added factor increased their levels of stress, particularly if they found it difficult to communicate with professionals. Morland (1999) contended that if '*families and communities are already under stress'*, which includes '*poverty and deprivation'*, their coping levels will be seriously reduced.

This study indicated that from a professional standpoint assessing kinship caregivers is the process that enables them to identify risk factors. However, this might not be straightforward, particularly if the child/young person was living with a relative on an informal basis before social services involvement. The caregiver is in a stronger position to resist intervention unless the agency invokes child protection procedures under section 47 of the Children Act 1989. Whether or not the worker gains the trust of the family is dependent of the quality of intervention and the initial assessment that is made. Argent (2005:50) comments that relatives who are already looking after children '*may think it odd that they have to be assessed to become formal kinship carers'*. In other words they may not see the need for social work intervention and may perceive it as an intrusion. This applies to informal and formal kinship caregivers.

There were organisational factors that affected the social workers. This aspect of the findings could not be compared with the caregivers or young people. It was related to the absence of policies and procedures to sustain kinship care as a formal service. In this context, the study showed that risk was enhanced through lack of regulation, guidance and applied standards for practitioners. The study found that in order to respond effectively to kinship care, the fitness of the home and carers needed to be fully assessed. However, because assessment procedures of kinship caregivers were less stringent than for non-relative foster carers risk was created because standards of safety were not rigorously applied (see Chapter Eight). A clear problem was related not only to assessment, but more profoundly on mis-assessment. This arose out of lack of understanding of the cultural values to which the families subscribed.

For the social workers, risk was understood in direct relation to lack of policies, procedures and the process of assessing kinship families and less so in relation to their personal and professional practice. They believed that it was a lack of formal support that promoted risk. This meant that poor decision-making, lack of information sharing, and the inability to form and sustain good working relationships with kinship carers contributed to risk. These factors made them feel less confident about placing children with their relatives. They were also influenced by what their colleagues felt and the current debates about kinship care, some of which were negative. A problem was that while the social workers were focusing on the likelihood of abuse continuing in the family, the caregivers were not given sufficient support to manage contact with parents, or to safely report situations that caused them difficulties. For example, reporting a parent in cases of abuse could be difficult, because it could intensify and strain family relationships. Making a decision to adopt

could also lead to conflict among family members. These problems were particularly evident where the parents were either mentally ill, abusing substances or where domestic violence was present in the family's history.

In summary, there were different types of experiences that were unique to each group. First, the caregivers' storied knowledge held the key to the meanings they attributed to kinship care because it contextualised their historical experiences. The deep-rooted nature of their experiences endured over time and through the process of migration. The cultural aspects of kinship were located within an African cultural value system that became the foundation for responding to family difficulties and vulnerabilities.

The cultural values to which they subscribed carried a set of obligations and responsibilities that linked their activities to a helping tradition. This applied to the caregivers whether they were in the informal or formal sample. The most important factors were their historical experiences, storied knowledge and the cultural values, which continue to sustain kinship care.

Second, the young people were experiencing kinship care under different cultural conditions but ultimately, they experienced the family as 'normal', and attributed this meaning to it notwithstanding the adversity they had faced. They resisted problematising the family and this approach, enabled them to view their circumstance with optimism. On the other hand they were aware of the difficulties of not being cared for by their parents and struggled with issues of dual loyalties to the caregiver and the parent. This mirrored the experiences of their caregivers who were also placed in a similar position. Their wish to remain in the family was a salutary reminder of the significance of belonging and identity. The stability and consistency they had achieved was a critical factor that gave meaning to their experiences.

Therefore this study found that a positive factor in kinship care is the stability that it can offer children in need. This stands in stark contrast to children in non-relative placements who are reported in the literature to experience multiple moves in the care system (Jackson and Thomas, 1999; Jackson, 2006; Department of Children, Schools and Families, 2009).

Third, the social workers used mixed metaphors to unravel their experiences of working with kinship care families. They struggled to reconcile their duties with lack of appropriate resources and support services. Locating their experiences within an organisational context was often restrictive and did not allow them to think tangentially. This resulted in their perceptions of kinship care as complex and very different from non-relative foster care. Systemic failures reinforced risk even when the social workers were attempting to safeguard children who they had assessed to be vulnerable. Since their focus was on child protection it meant that their experiences sharply contrasted with the perceptions of the caregivers and the young people whose interpretations were subjectively based on the notion of '*helping*'. Nevertheless, the social workers could clearly delineate the benefits for black children remaining in their family of origin. Parity in the stories is evident in the way that the difficulties and strengths are described from each perspective. This makes it all the more urgent for the recent Green Paper on Kinship care (Phillips, 2008) to be implemented which states that it is necessary to address existing policy deficits and acknowledge the contribution that caregivers make to the wellbeing of vulnerable children.

The social workers struggled to embed an Afrocentric perspective into their interventions because of the barriers that exist not only in their minds, but in the institutions in which they were working. Due ostensibly to suspicion, negativity and lack of trust, whether informal or formal, kinship care is marginalised because it is

less well accepted or resourced than other welfare options. Simultaneously, the impact of abuse, family violence, mental health problems and substance misuse, make the kinship family a target for State surveillance. Ultimately intrusion by social workers is a reality and a State duty, whether they desire it or not. Hence, it is the formal context that brings a new and arguably contentious dimension to kinship care.

It is all the more surprising what had been achieved by the caregivers and young people given the level of personal adversity as well as institutional racism, discrimination and disadvantage they had faced. The study demonstrates that the factors which pertained to the family carried inherent risks, but it equally demonstrates that systemic failures also contributed to and increased those risk factors.

9.4 Promoting African Cultural Values in Social Work Practice

In order to promote the Afrocentric cultural values within social work practice, the significance of these values must be acknowledged as a first step to bringing about change. The Afrocentric paradigm supported the position that it is important to reaffirm survival strategies (Browder, 1989, Ani, 1994). The study showed that some of the participants described their belief in God as a support system. Similar to this study, Poindexter and Linsk (1998) found that the participants in their study of kinship caregivers looking after children who were born with HIV/AIDS referred to '*God*' '*Jesus*' or '*the Lord*' as a source of strength. It was particularly important to note how the older participants and at times some of the younger participants linked spiritual belief to their understanding of inner strength. This indicates that it is one area where social workers can begin to incorporate this dimension into their assessments.

Some of the literature from the USA points to several benefits for children and young people remaining with their kin, reinforcing the historical significance of kinship care for families of African descent, which compares favourably with this study (Inglehart, 1994; Carten and Fennoy, 1997). For instance, an important finding was the length of the placements and how this contributed to a sense of cultural interconnectedness with family and community. The cultural and historical importance of kinship care was also substantiated. Throughout the study, the difficulties and strengths within kinship care have been made explicit. From the outset it was indicated that kinship care has historical and political importance for people of African descent as it reinforces a helping tradition. Hylton (2000:17) makes the point that '*group actions create a sense of security, unity and a feeling of belonging where people with common interest are able to act together*'. Another factor that promotes resilience from an Afrocentric perspective is the nature of binding relationship that is sustained over time. Therefore, it is critical to include this dimension when planning and thinking about how to achieve permanency within kinship care. The young people's references to "*feeling normal"* and '*as if nothing had changed*', suggested that even though they had experienced trauma, remaining in the family reduced their feelings of separation and loss. The significance of attachment to their caregivers was a positive outcome because this study shows that their life chances were considerably improved. Indeed, in sub-objective 1.1 the Department of Health states that local authorities must seek to promote better opportunities and life chances for vulnerable children (DoH, 1998b).

Attachment and bonding is well reported in the psychological literature, as having a significant bearing on children's ability to form interpersonal connections and is considered to be critical to a child or young person's development (Howe,

1995; Daniel, Wassell and Gilligan, 2000). Fahlberg (1991:14) suggested that "*when children have a strong attachment to a parent it helps them to develop both trust for others and self-reliance*' and Howe et al (1999:234) suggest that secure attachments '*predict many of the characteristics of the resilient child*'.

Support for this study can also be found in a recent four year study by Hunt, Waterhouse and Lutman (2008) which drew a sample of children and kinship carers from two local authorities from 1995 to 1999. They reported that kinship care can be a positive option and that it should be explored before embarking on care proceedings. Importantly, the long term benefits were reported to be positive particularly if children were placed from very young and had less complex problems.

A thread running through this study was how the caregivers utilised their storied knowledge of a helping tradition to overcome their difficulties and in so doing built resilience in the young people they were looking after. Insofar as this was achieved, the outcomes fit well with the definitions which according to Fraser, Richmond and Galinsky (1999) and Kerby and Fraser (1997) includes the ability to become successful despite the presence of risk, the ability to develop competence and the ability to successfully adjust and adapt to negative life events. (Rutter, 1987; 1999; Masten, Best and Garmezy 1990; Garmezy, 1993b; Nettles and Pleck 2000; De Civita, 2000). Finkelhor and Berliner (1995) state that it is when family, friends, siblings, teachers and neighbours are emotionally available and caring that children are able to become resilient. By applying this construction of resilience to the study, I am arguing that the young people were moving towards resilience based on the cultural values they had internalised.

The study provided many examples of adaptation. For example, the strategy called '*the round*' promoted one way of reducing stress, because within it was the

attempt to normalise their circumstances (Knafl and Deatrick, 1986; Shepherd and Mahon, 1996). Fighting back was a theme that followed through from the caregivers to the young people as they devised strategies for managing adversity. Bostock (2005:15) also suggests that preservation of family links is a key factor that promotes resilience in children and young people because it "*can help them to make sense of their past and help them to move forward*".

Having the opportunity to remain in the care of their relatives kept these young people centrally connected to family.   This is what provides a sense of continuity and interconnectedness (McFadden and Downs, 1995).

Within the context of the Black family important traditions are passed on through observation, through an oral tradition, and through the subjective interpretation of the caregiver's understanding of cultural centeredness. In order for children to benefit from kinship care, the right resources must be provided to enable them to stay within their families and simultaneously be protected. This approach will lead to a sense of wholeness, and connectedness to people with whom they have an emotional attachment. Social workers can adopt a stance that reflects the values that are contained within the Afrocentric paradigm as they work in a culturally respectful and competent way.

9.5   The Changing Context of Kinship Care

From a global perspective, Britain has become a multi-racial and multi-cultural society where there is considerable ethnic diversity and cultural difference. Families of African descent, only makes up one part of the vast sea of minority ethnic families. Therefore this study acknowledges that the Afrocentric cultural values only present one way of understanding the world. While cultural values are important, globalisation means that there is a shift towards such concepts as individualism,

consumerism, materialism and control. Less emphasis is being placed on interpersonal, interdependent, or collective relationships (Popenoe, 1993; Dominnelli, 2004). As Black children become acculturated into British society they may take on the norms and behaviours of the society in which they are living. This can include moving further away from relatives to study, or to seek freedom and privacy, which is a consequence of modernity (Giddens, 1991; Beishon, Modood and Virdee, 1998). In order to find employment people are prepared to uproot from a community and move to seek better jobs, housing and achieve a better work, life style, and balance for the family. This as Nolan and Scott (2006) point out can have an impact on patterns of contact and sustaining the kinship network as previously seen.

Other demographical changes include the texture and structure of family organisation. The patterns of the family that have emerged in the 21st century are astounding. There is more cohabitation, more step families, adoptive families, teenage parents and same sex families and mixed relationships to name a few. All of these family structures can be considered as part of the convoluted process of new kinship patterns, and will affect how kinship care evolves in the future. What then is the future of kinship care?

From an informal perspective, it is difficult to conceive of a time when relatives will cease to rely on the tradition of caring, helping and sharing, so in this sense kinship care will endure over time. Essentially, it has been recognised as an adaptive response to adversity, and an acceptable childcare strategy within many cultural groups (Danzy and Jackson, 1997). Although the concept of family has changed in Britain, most people still have family ties and value them. Perhaps, more emphasis should be placed on the extent to which people remain actively involved in

the spirit of kinship care, given the global changes that are leading families in new directions.

From a formal perspective, local authorities are striving to reduce the numbers of children in the care system. At the same time, they are struggling to find non-relative foster carers to meet the demand for alternative homes for vulnerable children. They are also considering ways of minimising public spending. Turning to the family presents the best opportunity of making these goals a reality. Therefore, actions need to be taken by central and local government to value kinship care as a viable welfare service. Thus, the obligation to care for children within the context of kinship should not only be a family obligation, but equally a state responsibility. Future debates should include how to make services effective, supportive and relevant to the need of caregivers and children in kinship placements. It should also include the further research that involves kinship families as experts, who can help to direct, and make a contribution to the future development of kinship care.

9.6   Summary

This chapter has provided an insight into the similarities and differences of the three groups of participants in the study. I found that while some of the experiences were similar, some were different and these were presented in the discussion as the findings were integrated as a whole. It is essential to remember that kinship care is a valued tradition, and a strategy for family preservation. It was noted that the Afrocentric cultural values support kinship care in that they provide the basis for a natural response to problem-solving. However, embedding it into an existing formal welfare service is not without its difficulties.

CHAPTER TEN

Conclusions

10.1   Introduction

The intention of this chapter is to bring the thesis to a close. In this respect, its purpose is twofold. First, I intend to examine where the strengths and limitations of the study lie, as well as pointing to possible areas of research that might be conducted in the future. Second, I will discuss the implications of the study for policy and practice. Finally, I will suggest how kinship care can be reframed as it is developed into a formal welfare service.

10.2   Strengths and Limitations of the Study

From the outset of my journey, a systematic approach was taken to answering the research questions. Therefore, it is now possible to focus on the strengths and limitations to this study.

First, and most significantly, the study has enabled the voices of the participants to be heard and thereby documented their everyday lived experiences. It provided a mosaic pattern of kinship care, making this evident as the study progressed. In light of this, I would not change the methodology because I am convinced that it was the most effective way of understanding the experiences and meanings that were attributed to kinship care from an Afrocentric perspective. The methodology was of critical importance in allowing the participants to tell their stories in an uninhibited way. A striking feature of the study is that the unfolding experiences of the participants provided the basis for understanding kinship care in its cultural

context. While it was not my intention to focus on gender, it naturally emerged from the findings, adding value to this study. Of the 13 caregivers twelve were women of African descent. This analysis drew attention to the special role that women play in orchestrating kinship networks. In chapter two, I highlighted that Black feminist have long discussed the historical significance of the Black women's role both in constructing and managing kinship networks. Political consciousness has been of key importance in opening up the debate about the interlocking nature of gender and race within a family/kinship context. The study pointed to the need to unravel the complex relationship between race and gender in the context of kinship.

Second, the study has particular strengths in terms of how the voices of the participants permitted the production of knowledge to be framed by their conscious and unconscious interpretations. As a result, social workers and allied professionals can enhance their practice, as they apply the lessons from this study to their professional interventions.

Third, this study was effective in showing that it was through the dedication and motivation of the caregivers, that the young people were diverted away from the public care system. There is ample evidence to show that the young people had benefited from the care, love and attention of their caregivers. In this sense, they were provided with stability and identity, thus keeping them in touch with their family and heritage. The findings show the importance of a broad base of supportive services and indicate the need to develop a community perspective, which is the missing link in transforming kinship care from an informal to a formal welfare service.

Fourth, the study demonstrates the continuing impact of enslavement and colonialism and why kinship care is a valued survival strategy. The study reinforced the importance of kinship networks and multi-aid support as a form of family

preservation. The finding that adversity is a factor that drives kinship care reinforces it as a tradition of help and a support system. The study succeeded in showing that while family legacies can continue to have an impact on family members, it has particular strengths and resilience enhancing factors. Accordingly, the resilience of the caregivers and the young people was a strong theme within the study.

Fifth, unlike most of the research in the UK, where the focus has been mostly placed on grandparents, this study included other family members. They contributed to rich findings and reinforced the idea that a number of people contribute to the child's upbringing within his/her network. It also supported the view that there are numerous attachments that children can develop with caring adults, who can enable them to become resilient.

Sixth, by choosing the Afrocentric paradigm, this study was successful in locating kinship care within a very important value system. In so doing, it explicated its relevance for social work. While recent studies have made reference to Black family kinship patterns, I am not aware of any studies in the U.K that exclusively apply the Afrocentric paradigm to explicate the values and traditions that are located within kinship care. Therefore, Afrocentricity provides an important foundation for this study, and reasserts the rights of Black people to live out their culture even in the context of another culture.

As an approach, the Afrocentric paradigm offers the possibility of analysing kinship families in line with their values and ways of knowing. It is in this context, that the research provides an opportunity to learn from the past, make sense of the present and plan for the future. If there is strength to this study, it is that the Afrocentric paradigm has assisted in resisting dominant models that continue to reinforce oppressive ideologies. This approach to conducting the study was in my

view an advantage, because it supported a reflective stance, and an examination of a model that has had very little, if any relevance for policy development and professional practice. This study offers a way of integrating Afrocentric principles into welfare services and reclaiming the cultural values that support family preservation.

Seventh, this study was successful in showing that from a strengths point of view, the Afrocentric cultural values provide an explanation for kinship care and the principles that support care-giving. It is argued that each value provides the basis for strengthening the family by insulating it, and helping its members, through their spiritual connections, collective and interdependent relationships, to create change and positive outcomes. Because it is linked to freedom from mental slavery it is empowering. It offered the most effective way of analysing the data and arriving at plausible conclusions. Afrocentric cultural values are helpful because they offer the distinct possibility of understanding a people in context of their history and lived experiences. (Jeppe. 1994). There is also a positive way in which the paradigm emphasises the need to seek liberation from oppression. Professionals can construct helping process by reducing oppressive behaviours and helping service users to activate personal inner resources.

Finally, an advantage of this study is that it will contribute to policy and practice, particularly in light of the growing tendency for local authorities to place children with their relatives. It offers a viable alternative to trans-racial placements or even same race placements. Consequently, this study will open up new areas for policy makers to develop kinship care services, based on what is known about its informal nature and the relevance of this tradition for Black families who are struggling to preserve their families. It is a benefit to have three perspectives within

the study. This approach offers insight into kinship care from these different vantage points.

It is important to acknowledge that all research has limitations, and that the very act of investigating a topic, will inevitably reveal new areas for study. First, a clear limitation of this study is the sample size and hence the ability to generalise it to a wider population. It was designed specifically to explore the unique experiences of Black families of African descent. Nevertheless, having presented the findings at a number of conferences in the USA where kinship care is the first choice of placement, delegates have commented that some aspects of this study can be extrapolated and usefully applied to other cultural groups. Therefore, this is an indication of how the study could be further developed.

Second, during the course of the fieldwork, I noted that other young people such as siblings and cousins were living in the same households. However, they were excluded because of the scope of this study. I became conscious that further research with these groups could prove to be a fruitful area for exploration.

Third, the current literature in the UK offers very little knowledge about the role that birth parents and in particular, the role that fathers, play within the kinship care circle. This is therefore an unexplored aspect of this study. However, it highlights the need to investigate how parents of both gender can become more involved in offering continuing support to their children, and how they can enter into a reciprocal relationship with the caregiver to reduce caregiver overload.

Fourth, a limitation of this study is that it did not combine different methodologies. On reflection, having gained an understanding of experiences and meanings of kinship care, it would be useful to include a quantitative element in any future research. In doing so, it would be possible to study a larger sample of

participants. Additionally, a limitation is that the sample was drawn from two similar geographical locations. In the interest of making comparisons it would be an advantage to widen the geographical scope of any future work.

Fifth, since one of the major hazards to kinship care was the lack of professional support, there is also scope for a wider investigation into the attitudes of social workers towards families who are looking after their relatives. It would be particularly helpful to understand their attitudes towards families in relation to child protection matters and planning for permanency. Since this study did not concentrate on how children transition into kinship care placements, it would be of added value to consider this aspect of kinship care, with particular regard to planning and decision making.

10.3   Implications: Reframing Social Work Policy

There are many issues arising from this research, but the most pertinent is to reconceptualise services in a way that will create a space for Black families who are practising kinship care. There is a need to develop policies that will enable Black families in the U.K. to maintain their cultural values. Hence, the first priority is to reframe policies in a way that meaningfully recognises the diversity and plurality of cultures that co-exist in this multi-racial society. Polices that support Black family life will aim to achieve a balance between the duties of the local authority to intervene in family life, and an empowering approach to family preservation. The Government has said that it is *'committed to producing statutory guidance requiring local authorities to have transparent and equitable policies about the support they provide to kinship carers'* (CWDC, 2009). This should create an opportunity to include a cultural perspective.

In Chapter One, it was noted that the legislative framework places duties and responsibilities on the local authority to provide supportive services for children in need, and this includes children in kinship placements. The purpose of developing a policy position on kinship care, would be to ensure that those who are managing services pay due attention to the needs of kinship families, ending the marginalisation that currently exists. This study indicates that kinship caregivers may be unaware of the types of support they are entitled to receive, or that they may perceive social services intervention as punitive. They may feel a sense of shame or disgrace because of the nature of their family problems, and may feel unable to accept structured forms of help. The gap between the perceptions of caregivers and the response of local authorities can only be narrowed as services are designed to reach families, and to work in partnership with them.

Kinship caregivers need to have access to training resources in order to become aware of the negative and long term impact of abuse and neglect on children's development. Resources are required for a sustained programme of training on the same basis as non-relative foster carers. Currently, the Government is focusing on training and development. From April 2008, all new foster carers were expected to achieve the 'Training, Support and Development Standard for Foster Care within 12 months of their approval (Children's Workforce Development Council, 2007). This is a fitting example of where the Government has intervened to reframe fostering standards as a way of developing the service. They have recognised that '*knowledge and skills make a difference to the lives of children and young people* (CWDC, 2007:3). Therefore, I am arguing that cultural knowledge and skills will make a significant difference to the quality of support that is offered to kinship families.

In the reframing debate, it is necessary to develop a community approach and a range of services that will meet the needs of informal and formal kinship caregivers, and the children/young people they are looking after. This is particularly important for families who feel more comfortable with accessing and accepting informal types of support. The best way of achieving this goal is through dialogue with Black-led community Third sector organisations and other stakeholders. This study indicates that a well balanced structure of support is required to sustain kinship care as a formal and informal service.

The community approach will also enable local authorities to construct links and reach families as they work in unison with others to develop preventative programmes, for example, through churches and other voluntary community organisations. It is useful to look at some of the U.S. Community programmes and learn lessons that could be applied in the U.K. (Generations United, 1998; Brissett-Chapman, and Issacs-Shockley, 1997). The broad base of support favours a mixed economy and an array of services (Scannapieco, and Hegar, 1999). Empowerment can be achieved through self-help and mutual aid strategies directed towards keeping Black children out of the care system. Involving the community requires sustainable funding for projects that specifically provide services for Black families, aimed at reducing fragmentation.

The approach to kinship care must move strategically towards developing policies that focus on achieving social justice, by recognising that institutional racism is a factor in how services are currently designed and framed. Policy statements should explicitly challenge discrimination, by offering protection for kinship families, and by consciously devising policies that have the aim of eradicating exploitation and oppressive acts.

Introducing an Afrocentric perspective offers the opportunity to re-examine and reframe polices that have little significance for people of African descent and will help to resist the formulation of policies that are structured in Eurocentric dominance. In Chapter One, mention was made of the lack of attention to the needs of Black children in policy debates and formalisation of welfare services. This study has suggested that consulting with those who have knowledge of this Afrocentric model would invite another perspective and a reconceptulisation of the meaning of kinship care in the context of people's lived experiences and storied knowledge.

10.4 Implications: Reframing Social Work Practice

This study has shown that social workers have a distinctive role to play in exercising their duties and responsibilities towards children and young people in kinship care placements. Therefore, a programme of training is required to help them develop cultural knowledge and to capitalise on existing strengths that families possess. Making cultural knowledge a prerequisite for social work practice would support the practitioner in initial social work training and post qualifying training. This would enable them to better engage with Black families as they rely on a solid base of knowledge, skills and values. This approach would enable them to advocate on the behalf of families and simultaneously safeguard the child's welfare.

It is important to recognise that even though Black social workers may have an experience of kinship care, their professional status may take precedence over their personal knowledge and representations of kinship care. This study indicated that Black social workers struggle with the personal and professional aspects of working with kinship families from the same cultural group as their own. In order to address these dilemmas, it is important to provide professional support that is aimed at responding to their professional needs. Therefore, it is imperative to find positive

strategies to deal with these tensions at a practice level. Supervision, training and mentoring could be used as tools to enable them to explore and reflect on the dual issues, which undoubtedly impact on their professional practice.

Reframing practice involves the reconceptualisation of kinship care, in the context of historical and contemporary experiences. Thus, this research demonstrates that there is an urgent need for a kinship framework that integrates the Afrocentric cultural values at all practice levels. This tool would undoubtedly assist practitioners in assessing kinship families.

In order for social workers to reframe their practice, they must seek to develop culturally competent skills. The impact of 'race' gender and culture cannot be ignored in an assessment, since they are factors that can lead to racism and sexism. The values that the practitioner brings to the social work interface can be empowering or disempowering, depending on their own learning and set of values. Moreover, history is an important indicator of how kinship care has been internalised and utilised within the family. Gathering this information is critical to the quality of an assessment. Consequently, if the assessor avoids the historical aspects of the family's experiences the assessment will be flawed. Thus, a key message arising out of this research is the need for practitioners to have access to a culturally based framework for assessing Black families. In order to make the best use of kinship care, practitioners, must be able to integrate the four principles of the Afrocentric paradigm into an assessment.

What makes current models inappropriate for Black families is the lack of cultural sensitivity, as well as the inability to apply the history of informal kinship within a bureaucratic, formal context. Thus, this research concludes that a cultural model of assessment is required to make intervention meaningful. This model would provide the tools for the practitioner to focus on the distinctive characteristics of

kinship care, directly linking them to Afrocentric values, blended into the format of kinship assessments. This approach would pave the way for subsequent interventions.

I am suggesting that there is a need for significant reframing of the way practitioners think, prepare and carry out their assessments. It is vital for practitioners to remember that enslavement has had, and continues to have, a negative impact on Black families, and that the consistent application of a Eurocentric model reinforces oppression. Practitioners may wittingly or unwittingly apply theoretical models that are based on ideological frameworks that lead to inconsistency and ultimately a poor assessment. This research suggests that a project concerned with reframing practice will make efforts to devise appropriate tools from which the practitioner can learn and the family can benefit.

The social worker's knowledge base determines his/her ability to orchestrate helping resources and can influence how caregivers and young people appraise kinship care. Thus, a network of social support is required to counter-balance the negative behaviours of practitioners that may lead the caregiver to feel that kinship care is a thankless and lonely task. The degree to which the caregiver is motivated does not negate social support but intensifies it. The more emotional energy kinship caregivers have, the more likely they are to meet the child/young person's needs, reduce risk and keep the child safe from further harm. Reciprocity supports resilience and the child's long term development. A number of studies support my view that resilience can be achieved when support is present (Frazer, Richman and Galinsky, 1999; Gilligan, 2001).

Practitioners must develop the skills to confidently and competently build on network structures and social support systems. These are factors that lend themselves to bridge building working in collaboration. This means considering a combination

of resource types which are culturally relevant, and will creatively blend family, local authority and community resources. The best way of supporting practitioners to work positively with kinship families is to train them in reframing practice by engaging with a model that adequately reflects the reality of the group of people they are attempting to support. The model in Figure Twelve below brings all the strands of this research together in a holistic way.

Figure Twelve: Integrative Model: A Conceptual Overview
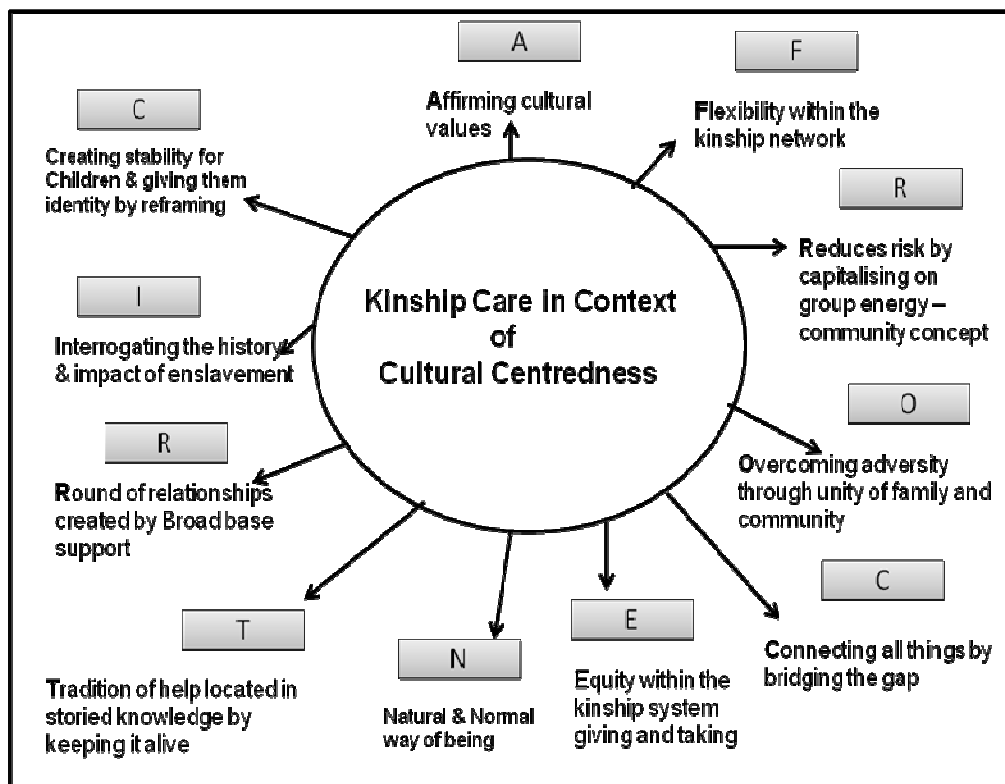
This model suggests that by concentrating on the principles of Afrocentricity and applying them to kinship care, the family can be strengthened by:

1. Affirming and validating the cultural values that support kinship care;

2. Flexibility within the kinship system can create unity and balance;

3. Reducing risk as the family is supported to work as a group and to build on community partnerships to avoid overload of the caregiver ;

4. Overcoming adversity and building resilience by utilising fighting back strategies;

5. Connecting children and young people within the family through positive attachments, and by bridging the gap to alleviate problems.

6. Equity is a key factor within the core principles of the helping tradition, therefore giving and receiving support keeps the system flowing. It also means avoiding isolation of the caregiver

7. Natural and normal response to adversity are to be affirmed;

8. Traditional forms of help are located in storied knowledge and this needs to be passed on to the next generation of children through a variety of methods to keep it alive;

9. Reciprocal relationships will support the child and family, by fostering interdependence and collectivity.

10. Interrogating the history and continuing impact of enslavement is a positive way to empower people and help them value their cultural heritage;

11. Concentrating on a model that fits the customs and cultural values of a people, opens up a space for creating stability, identity and a future for generations to come.

10.5   Conclusion

This research has provided an insight into the historical and contemporary utilisation of kinship care among families of African descent. In so doing, attention has been drawn to the many ways in which Black families historically constructed kinship networks, and the purpose they served. The history of enslavement and colonialism could not be ignored or denied since both have played a decisive role in kinship patterns and family organisation which exist to the present day. In this

context, family preservation has been germane to this study. As a child rearing practice, kinship care is both family and identity sustaining, because it is first and foremost a survival strategy. Nevertheless, it has changed with time, migration, the imposition of the nuclear family and environmental factors to which kinship families have had to adapt.

Key factors associated with kinship care were provided in the extensive review of the literature and within the findings. This study confirms that kinship care, within the experiences and meanings of Black people, is based on African values and has trans-generational significance for Black children who are currently growing up in the U.K. The prime indicator of meaning is the location of kinship care within the historical experiences of the caregivers, who in turn transmitted it to the young people. If kinship care is to be carried forward to the next generation, a concerted effort must be made to retain its informal structure and to help young black people learn about the value of this tradition. This requires an orchestrated effort on the part of local authorities to support kinship schemes financially within the Black community. Such an approach would enhance and validate kinship care as a community concern, and one that fits into the current social context in which Black children are living.

This history of kinship can go unacknowledged by professionals as they strive to deliver services in an environment where there is scarcity of resources, and where the willingness of caregivers to bridge the gap can be taken-for-granted. The reframing debate can be supported as policymakers, middle and senior managers enable practitioners to reflect on their interventions and engage with a range of service providers to build a broad base of support. This is a concept that emerged from this study as an important driver for kinship care. Existing research suggests

that when families are experiencing disruption, it can be associated with a lack of network support (Utting, 1995) and that social support is a buffer against stress (Buchanan and Flouri 2001; Buchanan and Ten Brinke, 1998). Although Nixon (1997:914) was referring to non-relative foster care, his comments that fostering can be a '*rewarding experience*', but that there are '*heavy demands made on foster carers*' also applies to kinship caregivers. While a high level of motivation is internalised as a moral duty, the study found that balance is a key dimension of kinship care. However, balance can only be achieved if a broad base of support is activated. The dichotomy is that while caregivers are highly motivated, an overload of responsibility can contribute to negative outcomes.

In conclusion, it has been suggested that a paradigm shift is necessary to reframe practice in order to make services more relevant to the needs of Black service users. Currently, there are no cultural models for assessing and providing services to kinship families of African descent, and this is where consciousness-raising is imperative.

Having arrived at the end of the study, it emerged that the values of the Afrocentric paradigm were at times consciously and unconsciously operationalised by the caregivers. It is difficult to say how the young people will carry this tradition forward in the future. This is because they are living in a different age, community and cultural setting where there is the risk of losing their cultural heritage. However, an advantage is that having lived the story of kinship they have attached significant meaning to it. Much can be drawn from the words of the newly elected African American President of the United States of America who posits that we need to '*see the world on a split screen*' (Obama, 2007:233). I would contend that this split screen must operate on three levels, the first must enable Black young people growing up in

the UK to understand their history, honouring and valuing their rich cultural heritage. The second screen must enable them to understand their African past as a valid part of their identity. The third screen must enable them to keep kinship care alive, replicating and transmitting the values of this helping tradition as a valuable part of their storied knowledge for the next generation.

At a time when there is considerable intent to inject quality into childcare services, and when the Government is beginning to commission research into kinship care, history could be repeated as Black families are either omitted or marginalised in current research and professional debates. An agenda for change and action is required to bring together a range of supportive services, to sustain kinship care if it is to be adopted as a welfare service. This study found that kinship care has the capacity to create stable environments for children, to improve childcare outcomes, and to galvanise the most fundamental values of Black family life, that is to say *a tradition of help.*

Appendix 1
Ethical Statement to Local Authorities

I am seeking permission to interview kinship caregivers and the young people they are looking after, as well as social work managers working specifically with kinship care placements.

The rules of research are clearly stipulated in research texts, and require researchers to provide evidence of how they will accord privacy and dignity to participants in their research activities. I will give all participants assurances that I will follow a code of ethics to safeguard their rights. I am aware of my ethical obligation to treat all participants with respect, and human dignity and will conduct my research in the field in accordance with this code.

All participants must give informed consent and agreement to be interviewed. A representative of the agency will be requested to liaise with the families on my behalf. In order to achieve this objective, I will not establish contact with any of the participants until they have agreed that I can do so. They must give their consent for before their telephone numbers are revealed to me.

In order for this research to have an impact beyond my studies, it must be widely disseminated through publications and at research conferences. I will be seeking every opportunity to make the findings of this study public. However, in doing so, I will continue to protect the identities of all participants. On the day of the interview, I will ask each participant to sign a consent form to provide evidence of their willingness to participate in the study, and for their information to be included in any subsequent publications.

Permission will be sought to tape record each interview and these will be transcribed verbatim. If a participant declines to be tape recorded, I will make hand

written notes. In such cases, the participant will be informed that the process will take slightly longer. Each interview will last approximately one to one and a half hours.

Each participant will be identified by the use of a coding system, but will be eventually assigned a fictitious name so as to maintain confidentiality and anonymity.

All participants will be given the name of my research supervisors, their numbers, and the name of the university at which I am a part-time student. They will be advised that they may contact my supervisors, or an identified person within the agency that provided their name if they want to check my identity, or make contact with me after their interview has been conducted. I will leave a business card and a mobile number in the event that they wish to make contact with me. Participants will also be asked to give their permission for further contact should I wish to clarify any points post their interviews, or during the process of transcription.

All participants will be advised that they do not have to disclose private information that would make them feel uncomfortable, and that they can decline to answer a question at any stage of the interview. This will give the participants rights of choice and self-determination. I recognise that recalling events can be distressing, therefore I will stop the interview if a participant becomes distressed or show signs of discomfort. I will give them the option to do one of the following:

- Terminate the interview

- Continue when they have regained composure

- Return on another occasion

The benefits of the research will be explained, and a definition of kinship care will be provided to ensure that the participants understand how I am using this term, so as to ascertain that it accords with their understanding of their experiences.

Interviews will be conducted in the privacy of the participants' homes, and in

their offices. This will aid their comfort, and reduce the likelihood of trauma.

All researchers must demonstrate that their research is reliable and trustworthy. This will be achieved by giving the participants an opportunity to read their transcriptions and comment on its truth-value. Truth is to be determined by the participants within the context of their personal experiences and not by myself as the researcher.

As a social worker, my first priority is the welfare of the child, therefore if a child discloses any form of abuse, I will report my concerns to the responsible local authority so that they can investigate any disclosure under their child protection procedures.

It is recognised that black people are often fearful of undue intrusion into their personal lives by large-scale organizations. As a Black researcher, I hope to allay these fears by reassuring the participants that I am not working for the local authority. It will be explained that my prime objective is to learn, achieve an academic award, and eventually, make a contribution to the development of social work policy and practice surrounding kinship care.

I am grateful to the research sites who have given consent for access to the participants. In finding a way to reciprocate, I will return when I have analysed the data to present the findings to staff, caregivers and young people.

Appendix 2

Letter to Young People, Caregivers and Social Workers Requesting Consent

Date

Dear

My status: Researcher

My name is Lynda Ince, and I am a student at the University of Birmingham. I am completing a study about young people who are living with their relatives. I am seeking your approval to participate in an individual interview. If you give your consent, an interview will be arranged at a time and place that is convenient to you. In the interview I will ask you to talk about your experiences of kinship care, and what it means to you, as well as any difficulties or success you have had. The interview will last for approximately one hour to one and a half hours.

Your Informed Consent

I will ask you to sign a consent form. This form will ask you to give your permission for the interview to be conducted, and for your permission to include your comments when the study is finally published. I will ask for your consent to tape the interview before the interview commences.

Confidentiality and Anonymity

I will promise to grant you confidentiality and anonymity by changing your name. Your identity will not be disclosed at any stage of the study, or in any subsequent publications, conferences or workshops. Your audio tape recording will be given a code number to ensure that your identity is protected at all times.

Your Rights

I recognise your rights to free speech, to express your views, and to give or retain information as you see fit. I will not coerce you into giving information that you believe would cause harm, risk or discomfort. I will leave my business card with you, and the name of my supervisors. Please take the opportunity to contract us if the need arises, or if you feel

the need to discuss any issues that arose during the interview that you would like to clarify. Your willingness to participate in the interview will indicate your voluntary consent. You have a right to decline any request made to you to participate in this study. If you agree to participate, you have the right to decline to answer a question if it makes you feel uncomfortable, or if you feel unable to answer it. However, if you do not understand a question, please let me know and I will rephrase it in a way that will make it easier for you to respond.

Benefits of the research

I hope that this study will have the effect of increased awareness and understanding among service providers and social workers who interact with kinship families. You will not benefit directly from the study in terms of financial gain. However, there will be an indirect benefit in terms of developing knowledge and more awareness about kinship care. It is hoped that this study will help to inform the development of kinship care services, and that your contribution will ultimately bring benefits for kinship caregivers, children/young people, and social workers who interact with them.

Lynda Ince

An Interview Guide for Young People

Thank you for agreeing to be interviewed for my study. I very much appreciate that you have agreed to participate in this study by talking to me about your personal experiences. It is your right to expect me to treat you with dignity and respect throughout this interview. If you find a question too personal or feel that I am intruding in any way, you are not obliged to answer that question. Otherwise please tell me as much as you can as I ask you the questions. There are six sections to the questions I will ask you. Your interview will take approximately one to one and half hours. At the end of your interview, I will ask you a series of general questions about yourself. I will use the term kinship care and this is what it means. The term kinship care means that a member of your family or a relative is looking after you instead of your birth parents. So, I will be using the words 'kinship care' throughout your interview.

Interview Guide

Do you feel comfortable with what I have said? Wait for a response and then proceed.

Could you give me a brief pen picture of yourself?

Prompt: How would you describe yourself?

Exploring Experiences

- Can you tell me about your experience of living with your relative/s?

Prompt: What has it been like for you since you have been living with your relative/s

- How long have you been living here, with your relative/s?
- Do you know the reasons why you moved to live with your relative/s?
- Have you experienced any changes in how you feel because you are living with your relative/s?
- Can you tell me what you remember about coming to live with your relative/s?

The Meaning of Kinship Care

- What does it mean for you to live with your (grandparent/aunt/sister/step uncle) instead of your parents?
- What does it mean for you to have contact with your parents and other relatives?
- What do you think about the relationship you have with your relative/s?

Section C: Difficulties, sources of Risk or Adversity you have faced

- Can you tell me about any difficulties you have experienced, which led to you living with your relative/s?
- Can you tell me what types of problems you have had because you are living with your relative?
- Can you tell me how you get along with your parents and members of your family? Do you have contact with them?
- What types of problems have you had?
- Are there any problems that you have in this community where you live?
- Do you have a social worker who visits and supports you and your carer?

Resilience, strength and overcoming adversity

- Can you give me some examples of how your carer helps you at home and at school?
- What does she/he say to you about achieving at school?
- What does she/he say to you about how you must behave?
- What has personally helped you by living with your caregiver?
- In what ways has living with your caregiver helped you as a young black person?
- What sorts of things do you do to cope if you have a problem?
- Can you tell me what sorts of things you like doing. Such as hobbies that you do a lot?

Your Story

If you had to write a story about kinship care, what would you say about it?

Demographic Details

1. How old are you?

2. How long have you been living with...............?

3. What is your relationship with the person who is looking after you?

4. Do you have contact with your mother and father?

5. Do you have contact with other relatives?

6. Have you ever been in care, and living with non-relative foster carers?

7. Do you know the reason why you are being looked after by your relative?

8. Are you on a care order to Social Services?

Thank you very much for your help.

An Interview Guide for Caregivers

Thank you for agreeing to be interviewed for my study, I very much appreciate that you have agreed to participate in this study by talking to me about your personal experiences. It is your right to expect me to treat you with dignity and respect throughout this interview. If you find a question too personal, or feel that I am intruding in any way, you are not obliged to answer that question. Otherwise, please tell me as much as you can as I ask you the questions. There are six sections to the questions I will ask you and your interview will take approximately one to one and half hours. At the end of your interview, I will ask you a series of questions about yourself. I will use the term kinship care, and this is what it means. Kinship care is when a family member is looking after a child who is related to them instead of their birth parents. So, I will be using the words 'kinship care' throughout your interview. A close family friend can also play this role.

Do you feel comfortable with what I have said? Wait for a response and then proceed.

Interview Guide

Introduction

Can you give me a brief pen picture of yourself? (Prompt: what is your story?)

Who are you looking after, and what is your relationship with the young person's parents?

Exploring Experiences

- When you were growing up as a child what was your experience of how adults in your family and your community looked after children?
- Do you have any childhood experiences of kinship care that standout in your mind?

- Can you tell me about your current experiences of looking after your relative (grandchildren /nieces/ nephews)

- Can you explain why it became necessary for you to look after your grandchild/niece/nephew?

- Is there anything else that strikes you as important that you would like to share with me?

The Meaning of Kinship Care

- What does kinship care mean for you personally?

- How did you come to have that meaning to kinship care?

- What does kinship care mean for you as a person living in the UK?

- Is the meaning you have just described different in any way from what you recall in your childhood?

- Where did you grow up?

Beliefs and Values

- What beliefs do you hold about kinship care that gives it meaning?

- What are your personal values about raising children as a kinship caregiver? (**Prompt:** disciplining children and managing their behaviour)

- How do the values you have just described support you in looking after your relative?

- How do you apply these values in your care-giving?

- How does your cultural heritage support what you are doing as a kinship caregiver?

Sources of Difficulties and Risk/Difficulties

- Can you describe any problems that you have experienced as a kinship caregiver?

- What concerns did you have for the child/young person that led you to take over their care?

- What do you do when problems arise? Who are you most likely to turn to for support?

- How involved are the child's parents? What kind of relationship do you have with the parents?

- What impact if any do you think your relationship with the young person has had on other family relationships?

Building Resilience/Strength and overcoming adversity

- What would you see as your personal strengths that have enabled you to care for your grandchild/niece/nephew/brother?

- What enables you to continue caring for them?

- How involved are you in your local community?

- What do you see has been the main benefits for your grandchild/niece/nephew, brother?

- What has helped you to survive the experience of looking after your relative?

- What would make you think that you had achieved your goal?

Please finish this sentence for me: For me kinship means…………………….

Demographic Details

1. How old are you?
2. Where were you born?
3. What is the length of time you have been living in the UK?
4. Are you (a) married (b) single (c) divorced (d) widowed (e) separated?
5. Do you have contact with the young person's parents? Yes No
6. Are you (a) employed (b) unemployed (c) retired?
7. If you are employed what type of work do you do?
8. Please give a reason for looking after your relative
9. How long have you been caring for the young person in your care?

Thank you very much for your help.

An Interview Guide for Social Workers

Introduction: Thank you for agreeing to be interviewed for my study. I very much appreciate that you have agreed to participate in this study by talking to me about your personal experiences of providing services for kinship families. It is your right to expect me to treat you with dignity and respect throughout this interview. If you feel unable to answer a question because it would compromise your professionalism, you are not obliged to answer that question. Otherwise please tell me as much as you can as I ask you the questions. There are four sections to this interview and it should take approximately one to one and a half hours. Although there is no specific definition of kinship care in the UK, the Children Act 1989 refers to it as Friends and Family Care. However, I will be using the term kinship care.

Exploring experiences

- Can you tell me about your experience of working with kinship families?
- Have you got some personal experiences of working with kinship carers?
- What is your experience of how your agency responds to kinship carers and children in these placements?
- How does your department respond to families who are looking after children informally, but approach them for support?
- What about children on formal orders? Can you tell me about your agency looks after them?
- Can you tell me how your department is working with the Black community?
- How does your agency respond to children who are formally recognised as kinship carers?

The meaning of kinship care

- What meaning would you attach to kinship care in a professional context?
- What are your views about what kinship care means for families?

Difficulties and sources of risk

- Can you tell me about any difficulties you have experienced in working with kinship families?
- What do you see as the risk in placing children with their relatives and friends?
- What do you see as the main difficulties in working with kinship families?

Resilience

- What do you perceive to be the strengths that families bring to looking after their relatives?
- How would you describe resilience in the context of kinship care?
- What do you see as the benefits it offer children and young people in kinship care placements?
- How would you apply an African perspective to your work with Black families?
- Is it a perspective you would apply to your work?

Thank you very much for your help.

Appendix 4

Information and Consent Form for all Participants

I…………………………………willingly give my consent to an interview with Lynda Ince for the purpose of her PhD studies at the University of Birmingham. I understand that I am not obliged to answer any questions that make me feel uncomfortable, or which I may find too intrusive. I have been told that if I do not understand a question, I can ask Lynda to give further clarification, or to rephrase the question.

I understand that my identity will not be disclosed, and that Lynda will take steps to safeguard my identity.

I agree that Lynda may use any comments I make as part of her analysis, and to support her work. I agree that my comments can be included when the study is published with the proviso that my identity is not disclosed.

Signed…………………………………

Date…………………………………

In the event that you need to contact Lynda Ince, please use the following number:

████████

Supervisors: Lena Robinson and Steve Nixon

University of Birmingham

Department of Social Policy

Edgbaston, Birmingham

0121 4145726

Appendix 5

Guide for Debriefing and Field Notes

About the participant

- Name
- Address
- Contact Number
- Source of Sample

About the social environment

o Neighbourhood
o Type of housing
- Living conditions

About the Interview context

- Time and duration
- Where interview was conducted

About behaviours

- Response to the researcher
- Communication
- Non verbal expressions
- Emotional state

About Engaging and communicating

- Rapport
- Openness
- Ease/difficulties in communication
- About my emotional responses
- Emotional feelings
- Significant events/occurrences
- Impressions

About logistics

- Travel & safety
- Area/locality visit
- Interviewing and Timing

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