

**THE CARE OF KIN: A CASE STUDY APPROACH
TO KINSHIP CARE IN THE SOUTH OF
ENGLAND AND ZULULAND, SOUTH AFRICA**

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Abstract

This thesis focuses on kinship care specifically for children and young people requiring this provision away from their biological parent and for whom Children's Social Services, United Kingdom and Child Welfare Agencies, South Africa, have a statutory responsibility (UK CA, 1989; SA CA, 2005). The study explores kinship care from a multifaceted viewpoint.

A case study approach, incorporating interviews and observations was adopted for the data collection and a thematic analysis approach utilised for the data analysis. A total of thirty-two interviews were undertaken, in both the United Kingdom and South Africa, involving seventeen kinship carers and fifteen social workers.

This study highlights practice complexities experienced in the care of kin in the United Kingdom and South Africa and considers similarities and differences across the two distinct cultural settings and relevant philosophical, but divergent, underlying ideologies.

Findings from this study show that kinship carers who participate in statutory assessments are forced to surrender some of their privacy and autonomy in return for legal endorsement and financial remuneration. Attitudes towards kinship carers are dependent on the social construction of an underlying cultural philosophy or ideology that determines what is best for the child in each country. Specifically, in relation to the United Kingdom, the study found that kinship legislation is often ignored by local authorities, and tacitly ignored by other government agencies. With regard to South Africa, the study found that the poverty issues in Zululand prevent carers from adequately caring for their kin, and issues of illiteracy prevent many carers applying for grants that would alleviate their situations.

This research clearly demonstrates that immediate changes need to be made to improve the way in which kinship care legislation and policy are created and then put into practice in both countries. Furthermore, recommendations are made in relation to the training and up-skilling of social workers involved in kinship care provision.

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The care of kin: a case study approach to kinship care in the south of England and Zululand, South Africa



Figure 1: The two case study settings: The south of England (UK) and KwaZulu Natal, Zululand (South Africa)

CHAPTER 1: INTRODUCTION

This study sets out to explore the experiences of kinship foster carers, in two distinct cultural and geographic settings, who have undergone a statutory assessment in order to provide a placement for a biological relative. The two cultural settings in which this research has been undertaken are the United Kingdom (UK), specifically the South of England, and South Africa (SA), specifically KwaZulu Natal, Zululand. For the purpose of this study, kinship care is explored in the context of children and young people who require a placement provision away from their biological parent(s) and for whom Children's Services (UK) and the Department for Social Development (SA) have a statutory responsibility.

This study provides a 'voice' to kinship foster carers who have undergone a statutory assessment and who have experienced providing a kinship care placement. Although this research is not a comparative study of kinship care, (as the research participants are not equally matched), it will consider similarities and differences across the two cultural settings in kinship care practice and delivery. Whilst this study does not aim to provide a solution to the practice difficulties experienced in the placement of children with kin, either within the UK or SA, it does provide insights to inform both further research and practice.

This chapter provides a background to the study, a rationale for the research and outlines the remaining chapters in this thesis.

1.1 Rationale for study

As a Principal Lecturer in social work, with significant professional practice in this area, I am fully aware of contemporary issues and constraints facing social work practitioners. I am often invited by colleagues and practitioners to explore contemporary issues that challenge them on a regular basis. One such issue resulted in a discussion regarding kinship care placements and how they appeared to break down more frequently compared to foster care placements. The Local Authority in question had no strong evidence to support this premise, as it had not undertaken any research to validate the viewpoint; nevertheless, it was clearly a perception of the situation. This situation engaged my interest, since it was identified in the Children

Act (1989) that children are best placed with family. So I became interested in exploring whether kinship placements actually do have a higher termination rate than a child being placed with unrelated foster carers, as well as the wider experiences of kinship carers.

As part of my academic role and previous role as a Child Care Social Worker, I had been invited to deliver a paper in Cape Town, South Africa, regarding comparative child care practice (Davey and September, 2003). This was based on the different cultural landscape and in the context of how children and families are recognised within their own culture (Assim, 2013). As a result of further reading in relation to kinship arrangements in the UK and SA, I became aware of a South African humanistic philosophy called Ubuntu, which firmly places a child in a ‘belonging community’ (Krige, 1978) rather than being solely the responsibility of their biological parents as viewed in the UK (Owusu-Bempah, 2010). The SA philosophy of Ubuntu originated within the Zulu culture and is a philosophy that is, according to literature, still practised today. I therefore decided to explore this in the context of its relevance to everyday life within the Zulu communities (Murove, 2009). It is most fitting that my research in SA focused on the KwaZulu Natal region of SA – the Zulu Kingdom.

1.1.1 The research question

The initial literature review into kinship care provision highlighted two particular gaps. The first relates to the lack of kinship carers’ *views* when a kinship care placement became a necessity within their extended family. The second gap was the paucity of literature with regard to kinship care practice and delivery in other cultures. The overall aim of this study is to explore the care of kin from two cultural perspectives and to identify if anything can be learned to contribute to the existing collective knowledge of kinship care. In refining my research question, and due to the varying ways in which extended families within the UK can legally care for their kin, the study focuses on the kinship carer’s perspective, specifically for children and young people requiring a placement provision away from their biological parent(s) and for whom Children’s Services (UK) and Child Welfare Agencies (SA) have a statutory responsibility (UK CA, 1989; SA CA, 2005). Thus, the research question for this study is:

How can understanding the experiences of kinship foster carers, from two cultural perspectives, inform social work practice, legislation and policy?

1.1.2 The methodological approach

The research methodology and methods incorporated within this study are based on listening to the unique and individual experiences of kinship carers. The research is qualitative, incorporating two case studies and observation, which provide a mix of ethnographic principles and narrative approaches. The study design, research methods, data collection and process of analysis are presented in Chapter 3, alongside a rationale as to why they were deemed the most appropriate. The research involves interviews and discussions with kinship carers, to elicit their experiences and reflections of participating in a kinship care assessment and providing a kinship care placement. Social workers (SWs) and social work managers were also interviewed as part of this study in order to gather their personal and professional perspectives of kinship care and the potential impact their perspectives have on kinship care provision.

The two case studies identified were a Children's Services Local Authority team, based in the South of England (UK), and three non-governmental organisations (NGOs) who undertake statutory kinship care assessments within Zululand (SA). These two research settings were selected on the basis that they are representative of their community and are perceived to be culturally very different (Chilisa, 2012). A thematic analysis framework was applied for analysing the collected data and this is also presented and discussed in Chapter Three.

1.2 Focus on kinship care: United Kingdom and South Africa

Kinship care is now considered more common than any other form of substitute care for the 163 million children worldwide who do not live with a birth parent (Leinaweaver, 2014). In England, 70,440 children were in the care of local authorities on the 41st March, 2016, with 51,850 of these children living in statutory foster care arrangements (Bond 2016). Kinship care is the most common form of care for children unable to reside with a biological parent (Wijedasa, 2015). Within the UK, kinship care provision can take place through either formal legal procedures or, informally, through private family arrangements which may or may not include

statutory involvement. Formal kinship care arrangements involve child welfare agencies approving the kinship carers as kinship foster carers (Selwyn et al., 2013). Research carried out by Selwyn et al (2009) identified that most kinship care was provided by a single female carer and that the majority of kinship carers were grandparents. Research carried out by the University of Bristol reveals that there has been a 7 per cent increase in the kinship child population since the 2011 Census, which then estimated that there were 152,910 (1.4 per cent) children in England in kinship care (Wijedasa, 2015). Specifically, the research by Wijedasa (2015) determined that the highest regional growth rate in kinship care provision is within the south west and south east of England, which has seen growth rates of 40 per cent and 24 per cent respectively. The reasons for such arrangements are considered to relate to a variety of parental issues including: mental or physical health issues; learning disabilities; domestic abuse; alcohol or substance misuse; divorce; imprisonment; or bereavement (Winokur, 2009, Hunt and Waterhouse, 2012; Leinaweaver, 2014; Mercer et al., 2015). A further factor identified by Hunt (2003a) for the increase in kinship care arrangements is the wish to reduce the role of the state and costs to public services, alongside concerns about removing children from their families and communities.

In South Africa, it was recently estimated that there were 3.7 million maternal orphans, more than 90 per cent of whom are cared for by their extended family and community (UNICEF, 2012). It is estimated that 12 million people face hunger and malnutrition in SA, yet SA is considered a 'food-secure' nation, producing enough calories to adequately feed every single member of its population (Tsegay et al., 2014; p7). Due to disparities in income, limited access to employment and cultural practices such as women taking the responsibility in the care of kin, SA women face hunger more often than men (Jansen, 2013).

Ubuntu is a traditional *Nguni Bantu* African word which, roughly translated into English, means 'human kindness' or 'humanity towards others'. It is part of a traditional set of South African values and ethics that underpins the 'African community spirit' (Chilisa, 2012; p37). Purportedly, this philosophy is evidenced by the way extended families and a village, in traditional African societies, mutually support one another in child-rearing practices and is a widespread trait of social life (Kimmerle, 2006).

Kinship care is, thus, a significant, and yet often hidden, social occurrence. A review of current literature identified similarities and differences with regard to kinship care provision across the two identified research settings. These findings aided the development of the study's overall aim and are presented in Chapter Two.

1.3 Defining kinship care

Kinship care is referred to as 'the full-time care, nurturing and protection of a child by relatives, members of their tribe or clan, godparents, step-parents, or another adult who has a family relationship to a child' (Wilson et al., 2007; p81). Kinship care within UK legislation is referred to as 'family and friends care' (Children Act, 1989). The term 'kinship care' is an umbrella term generally involving a child being placed within a relative's home, rather than with an unrelated foster carer (Duncan, 2007). Within South Africa there is no distinction between a child residing with unrelated foster carers or those placed within their extended family (SA Children Act, 2005).

For the purpose of this study, and to reflect and encompass the global philosophy of kin connections that include clans, tribes and kinsfolk (Wilson et al., 2007) the term 'kinship care' has been used throughout.

For the UK kinship care research participants, all the carers are related to the child/ren. For the SA kinship care research participants, they are either relatives or connected to the child through tribal links.

1.4 Content and structure of thesis

Chapter Two outlines the literature in relation to the care of kin. Although the focus of this study is on kinship care in the UK and SA, literature from other countries was also explored to provide a global context and perspective. The search strategy used to obtain articles and published literature is presented and provides both the historical and current context of kinship care provision. The literature review explored similarities and differences with regard to the provision of kinship care in both the UK and SA. Gaps in literature are identified demonstrating that this study responds to under-researched areas of kinship care and why these areas are worthy of further analysis.

Chapter Three presents the research methodology and methods chosen to explore and respond to the research question. An explanation is given as to why this study draws on a range of ethnographic methods, rather than an unadulterated, purely scientific methodology. Reasons are provided as to why some methods were rejected whilst others were incorporated. The choice of the two case study settings are explained and details of the various logistical, design and analytical issues that had to be explored at the inception and in the execution of the research, including ethical considerations, are described. Some theoretical reflections on the position of the researcher in the field are explored. The juxtaposition of case studies, narratives, stories, interview data and the legislative documentation that create the legal framework for kinship care, in both countries, are incorporated to demonstrate authenticity, thereby increasing the trustworthiness of the findings. A full justification is provided as to why a qualitative methodology was chosen alongside the choice of research methods deemed most appropriate to investigate the research question.

Thematic analysis principles are presented and outlined to demonstrate why this method was selected for data analysis purposes. Strategies used to interpret the data are also presented in detail. Examples of field notes and transcriptions are included within this chapter to reveal how the central themes and debates for discussion and analysis were selected. The recruitment and selection of research participants is also discussed within this chapter for both case studies.

Chapters Four and Five present the research findings from interviews with kinship carers, social workers and social work managers in both the UK and SA. The findings are presented through the narratives and stories told by the research participants and explored in relation to current social work practice, legislation and policy.

Chapter Six critically discusses the analysis drawn from the findings in relation to the aim of this study. Within this chapter the analysis interpretation highlights some similarities and divergence in the practice and delivery of kinship care in the two settings. A summary of the attitudes towards kinship care and carers, as dependent on the social construction or philosophy and ideology, which determines what is best for the child is discussed in detail.

Finally, Chapter Seven revisits the research question and includes an evaluation of the research methods and their suitability in answering the research question. The Chapter concludes with a summary of the contribution to knowledge, recommendations for changes to social work practice, suggestions for further research and suggestions for the improvement of legislation and policy. The thesis closes with a personal and professional reflection on undertaking this research and a redefinition of 'kindred care' suggested as a more contemporary and inclusive way of referring to all forms of childcare provision, including kinship provision.

Appendices 1 and 2 provide further contextual information with regard to undertaking this study. Appendix 1 provides factual details of both case study settings and information on the research locations. Appendix 2 presents a series of opportunities and challenges experienced whilst carrying out the fieldwork which, as noted by Milling-Kinard (1996), provide additional contextualisation of the process of carrying out the research.

1.5 Conclusion

This chapter has presented the background, rationale and general outline of this study. Chapter Two will now present an analysis of the literature reviewed in relation to kinship care for both the UK and SA, all of which assisted in shaping the development of this research.

CHAPTER 2: LITERATURE REVIEW

This chapter provides a critical overview and evaluation of current literature and research in relation to kinship care in the United Kingdom (UK) and South Africa (SA). Although the literature is reviewed from a Eurocentric perspective, it does highlight cross-cultural themes central to the debates. Messages from research that have arguably impacted on the development of legal and policy documentation, are presented in relation to the impact they have on practice delivery and their relevance to undertaking this study (Broad, 2001).

A focus is then placed on an Afrocentric perspective of kinship, which incorporates both the legal and policy framework and the humanistic cultural philosophy of Ubuntu that underpins the Zulu culture.

The chapter will conclude with a summary of the literature reviewed and the key messages that relate to the development of this study.

2.1 An overview of the literature: United Kingdom and South Africa

The majority of literature relating to kinship care has been published within the UK or North America. An initial search of UK online databases, social work abstracts, Google scholar, library catalogues, books and conference papers was carried out. This broad search was to ensure rigour and provide a coherent synthesis of the available research to inform development of this study as recommended by Fink (2010). This literature overview also incorporated legislation, government reports and legal papers in relation to Court Appeals. Following on from the UK database search, a further search was undertaken to access SA material using the same scope and search parameters.

To begin the development of this study, the initial literature search on contemporary kinship care focused on publications up to 2013. This yielded nineteen articles specifically related to kinship care and seven specifically related to KwaZulu Natal (see Appendix 3). This has been added to by more contemporary studies and literature e.g. Ashley (2015) & Wijedasa (2015).

The Scopus database was used initially, using a broad range of key concepts. Various search terms were included to encompass the variation of terms to describe kinship care and these are presented in a table in Appendix 4. This initial search generated 239,531 results. Although this represented a large amount of literature, only thirty-nine results related to South African kinship care and, on further review, these were mostly concerned with the impact that the human immunodeficiency virus or acquired immune deficiency syndrome (HIV/AIDS) has on children and their families, with a small focus on the kinship care provision. On reviewing the material, the majority was health focused and this was potentially due to the health-orientated databases included in the initial literature search. Combination concepts were then added to the search profile in an attempt to refocus the material and eliminate possible duplications of findings. Further databases were used to narrow the search area including, ERIC, MEDLINE, CINAHL, ScienceDirect, Web of Science, Academic Premier, Social Care Online and Global Health.

The inclusion criteria for the literature search encompassed journal articles, research papers, policy documents and unpublished material, such as student submissions or unpublished university material. Although searches were not restricted by publication date, the language was restricted to English. This restriction was simply due to the cost of getting material translated. However, when later searching for material in local African languages it became apparent that there were few publications and, therefore, this language restriction created minimal exclusions.

Specific searches were then made for the South African literature initially using the same search terms, but adding additional concepts such as ‘kinship Zululand’, ‘kinship KwaZulu Natal’, ‘Zulu culture care’. The literature search for SA provided a total of 384 results. In order to keep the literature relatively current, the search was then modified to the period between 2003–2013, which reduced the data to a total of 282 articles. Further refinements included opting for English as the only written language for the articles and removing duplications. The final results found 111 articles. Following an evaluation of the articles, a total of 20 articles were relevant to this study. Since the initial literature search, the literature review has been updated to include the years 2013–2015, using the same criteria as above (see Appendix 5)

2.1.1 A critical and comparative overview of the literature: United Kingdom and South Africa

The literature review includes the following components:

- the legal definitions of kinship care;
- the legal frameworks;
- the reasons why a kinship placement may be necessary;
- the historical contexts of kinship care;
- the provision of kinship care;
- the perceived motivation of kinship carers;
- the assessment of prospective kinship carers.

2.2 The legal definitions and contexts of kinship care: United Kingdom

Within the UK, the Children Act 1989 refers to kinship care as ‘family and friends care’ and is defined as the full-time nurturing and protection of children (living apart from their birth parents) by their relatives and friends (Children Act, 1989). Kinship care can be provided either through an informal (often referred to as ‘private’) arrangement or formalised through a legal order.

- Private arrangement – is through an informal arrangement where a child is looked after by individuals other than the parent such as a grandparent or a close relative. No legal agreements will have been undertaken.
- Private fostering – is when a child under the age of 16 years (or 18 if disabled) is cared for by someone who is not their parent or a ‘close’ relative’. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity)

- Kinship Fostering – is an arrangement whereby the local authority have a legal responsibility for a child and places them with a family member or friend who is a foster carer for that child.
- Special Guardianship – is a formal court order, introduced in 2005, which allows parental control over a child by individuals other than the parent. This could be a grandparent, close relative or a family friend (Simmonds, 2011)
- Child Arrangements Orders – is a formal court order settling the arrangements as to the person with whom a child is to live (Grandparents Plus, 2016)

For the purpose of this study, kinship care is explored in the context of the local authority having a legal responsibility for a child and placing them with a family member under Kinship Fostering arrangements. Throughout the study the kinship foster carers are referred to as kinship carers.

2.2.1 The legal definitions and contexts of kinship care: South Africa

The South African Children Act 2005 (SA CA, 2005) came into force on 1 April 2010 and provides the legal framework for children considered in need of protection. Sections 150 and 156 of the Children Act 2005 cover ‘alternative care of children’ for those unable to reside with their family and communities and comes under the generic term of ‘fostering’. The Children Act 2005 does not recognise kinship care as an identified alternative care provision for children. The Act, however, does include permanency planning in respect of the child and it is within this legislation that relatives are legally able to care for kin (CA, 2005, Section 186). Fostering within SA is viewed as meeting the basic needs of children unable to reside with their biological parent(s) in two key situations: (i) due to neglect, abuse or abandonment; and (ii) due to the death, incapacity or disappearance of the parent(s). Both categories of fostering enable the carer to gain access to a foster care grant and a legal order that recognises the formal care arrangements (Perumal, 2011).

2.3 The term ‘kinship care’

‘Kinship care’ is a term that has different meanings around the world (Nandy et al., 2011). For Western societies the term ‘kin’ is often referred to in relation to blood

relatives. Other societies, such as that of Zululand, South Africa, view kin as not only blood relatives, but also members of their wider community, clan or tribe (Ince, 2009). It is therefore recognised that the term ‘kinship’ care, can be viewed differently by individual societies.

This study sets out to explore kinship care for children and young people who require a placement away from their biological parent/carer and for whom Children’s Services (UK) and Child Welfare Agencies (SA) have a statutory responsibility. The study has not explored care provision for children living with unrelated foster carers or through informal care arrangements.

2.4 The key messages: United Kingdom

A key principle of the Children Act 1989, is that children are best brought up within their families and for the purposes of the Act, the term ‘family’ is defined broadly, incorporating relatives, friends and other significant people in a child’s life. The Act states that when a child cannot safely remain in the care of his or her parents, the local authority is required to intervene to protect the child, but must also take any necessary steps to promote family life for the child. The Act acknowledges that family life, for each individual child, will vary according to culture, class, religion and community. It also stresses the importance of the child’s ethnicity, culture and language as being significant factors in shaping decisions affecting children.

The Children Act 1989 (Sections 23(1) to 23(6)) places a duty on local authorities to ensure the placement of children with relatives or people with whom they are familiar or connected, in preference to being looked after by strangers, and states:

‘Unless it is not practicable or consistent with the child’s welfare, the child must be placed with family and friends.’

(Children Act 1989, Section 23 (6))

The Children Act 1989 (Section 23 (2 ii), reinforced by the amendments to the Act in 2011 (Section 22c), the Adoption and Children Act (2002) and the Children and Young Persons Act (2008), makes it an explicit requirement for all local authorities to give preference to a placement with a family member. This legislation requires the family to be approved as foster carers. Under the Public Law Outline, introduced in

April 2008 as a tool for the management of care proceeding cases, the potential of care by kin is required to be explored prior to care proceedings being brought.

The European Convention of Human Rights (Article 8), which is part of UK law by virtue of the Human Rights Act 1998, requires public authorities to have respect of individuals and family life. This endorses the key principle of the Children Act 1989 that a child remains within the family setting. The philosophy behind the Children Act 1989 and the European Convention of Human Rights (Article 8) is that placing a child as close as possible to their family and social culture will reduce the likelihood of placement breakdown and the anxiety in children of having to live with strangers in an unfamiliar environment, thus, safeguarding the family unit (Care Planning, Placement and Case Review (England) Regulations 2010, which came into effect on 1 April 2011).

Children placed under formal (public) kinship care arrangements are in the care of the local authority and are referred to as ‘looked after children’ (Children Act 1989). Children living in informal (private) kinship care where, for example, the arrangement has been made privately through the parent or family, may or may not have local authority support and assistance, depending on the individual circumstances of the case.

For the UK research, only kinship carers formally providing kinship care placements through the local authority have been included. These ‘formal’ kinship carers are now referred to as ‘kinship carers’ throughout the remainder of this study.

Kinship care, within the UK, is covered by the following legislation:

- Children Act 1989;
- Care Standards Act 2000;
- Children Act 2004;
- Children and Young People Act 2008;
- Children and Families Act 2014;
- The Boarding-out of Children (Foster Placement) Regulations 1988.

In addition, other legislation may also need to be taken into consideration that may relate to information sharing, human rights and anti-discrimination legislation.

Kinship care arrangements may be made for children under the following sections of the Children Act 1989:

- Section 17 – provision of advice and support, including financial support;
- Section 20 – provision of accommodation by agreement;
- Section 31 – provision of accommodation under a care order;
- Section 8 – placement under child arrangements orders;

In addition, the Adoption and Children Act 2002 permits a child who is subject to a special guardianship order to be placed with kin.

In 2011, the UK Government issued statutory guidance to local authorities on kinship care, which made it a requirement to publish a policy setting out their approach towards promoting the needs of all children living with kinship carers, whatever their legal status. The guidance emphasised that all children living in kinship care placements should receive the emotional and financial support necessary to promote and safeguard their welfare (Hunt, 2008; Hunt and Waterhouse, 2012).

According to Argent (2009), the number of children living within kinship families is believed to have been growing, partly because of the changing nature of the family structure, growing problems with parental substance misuse and the increasing parental prison population.

Legislation and policy within the UK play a key role in the protection of children. Key reports have focused on the outcomes of children living away from the family home (Parker, 1991; Utting, 1997), highlighting that placing children outside of their extended family had less positive outcomes than those living with kin. Further enquiries have continued to influence child protection legislation and policy, such as the death of Victoria Climbié and the introduction of the Children Act 1989. The Adoption and Children Act 2002 amends the Children Act 1989 by expanding the definition of ‘harm’ to include the witnessing of domestic violence. Furthermore, the Children Act 2004 introduced a range of improvements including the statutory Local Safeguarding Children Boards. Such legislative developments are viewed by Farmer (2009) as reflecting the government’s commitment to the welfare of children. UK legislation states that children who are unable to remain with their biological parents, due to perceived risk, are entitled to be protected and cared for by the state. These

children may then be provided with substitute care and come under the label of 'looked after children'.

Farmer (2009) notes that, historically, children have usually been cared for by relatives when their parents are unable to care for them. The UK Children Act 1989 stresses the importance of retaining children within their family and social networks where possible. Since the passing of this legislation there has been a steady rise in the number of children in care in England who are officially fostered with family and friends (Farmer, 2009). The proportion increased nationally from 6 per cent in 1989 to 12 per cent in 2008 (Department of Health, 1991; Department for Education and Skills, 2008). In addition, other children cared for by kin may be supported through the use of child arrangements orders or special guardianship orders.

In support of the Children Act 1989, the Adoption and Children Act 2002 requires that relatives have to be considered when decisions are being taken about adoption, and under the Public Law Outline 2008, the potential care by kin has to be explored before care proceedings are brought and included in the initial care plan put to the court. The Children and Young Persons Act 2008 strengthens family and friends' placement by making explicit the requirement for local authorities to give preference to a relative or friend as a potential foster carer. Although the social work profession has always broadly welcomed the idea of keeping children in their families, it is suggested by Aldgate et al. (2006) that practice has not developed to keep pace and meet the demands of kinship care assessments. Conflicts may occur between social work ethics and values and the way in which policy drives service delivery. Financial cuts across the public sector still leave local authority services understaffed and under-resourced, resulting in reduced service user contact (Bell et al., 2015). Thus, with the increased requirements of kinship care assessments, social work staff may not feel they are adequately resourced to meet these demands.

Kinship care, it is argued, fits into current dominant ideologies in service delivery in the UK, including user empowerment and capacity building (Warren-Adamson 2009), and privileges that Fox Harding (1991) calls the 'kinship defenders' position. Nixon (2007), Hunt et al (2008), Doolan et al (2004) and Farmer and Moyers (2008) advocate that knowledge and skills about kinship care should be part of a raft of options for children and young people in need of extra arrangements for their care (Owusu-Bempah, 2010). Although there is no definitive data on how many kinship

carers in the UK are looking after children without any support or acknowledgement, we do know that, on average, around 16 per cent of children in foster care in England and Wales are living with kin, based on financial information provided by the 2001 census (Doolan et al., 2004; Aldgate and McIntosh 2006). This statistic is based on financial assistance provided by the State to kinship carers. There is no specific data on child arrangements orders, special guardianship or adoption orders made specifically to kinship carers, but as highlighted by Selwyn et al (2013) increasing numbers for Special Guardianship Orders (SGO's) have been made in comparison to kinship foster carer approvals. The Ministry of Justice revealed that in 2015, 5,300 SGO's were made, the first time the number of SGO's have surpassed 5,000 in any one year, and representative of an 81% rise in the total use of SGO's since its introduction in 2011 (Stevenson, 2016). The rise in SGO's is, according to Stevenson (2016) attributed to local authorities trying to keep costs down, due to the local authorities' reduction in financial responsibility for children residing under SGO's in comparison to fostering arrangements. Broad et al. (2001) suggest kinship care is more readily accepted as the norm in some minority ethnic communities; hence there may be a disproportionately high number of kinship placements in some areas, for example, the number of black kinship carers in London. Furthermore, research undertaken by Nandy et al (2011) has revealed that children being brought up by relatives in informal kinship care arrangements come disproportionately from black, Asian and minority ethnic families. By way of contrast, research also shows that children in kinship *foster* care tend less often than expected to be black, Asian and minority ethnic children (Nandy et al., 2011; Farmer and Moyers, 2008). These findings therefore suggest that much of the kinship care, within the UK, for these children is neither supported or regulated.

Argent (2009) suggests kinship care is now emerging as a favoured alternative to other forms of substitute care as a result of both the lack of alternative placements for children and the courts' focus on the child remaining within the family. Research has also highlighted that children living within kinship placements have better mental health and behaviour outcomes than those living with unrelated foster carers (Doolan et al., 2004; Aldgate and McIntosh, 2006; Broad et al., 2005; Hunt et al., 2008; Farmer and Moyers., 2008; Selwyn et al., 2013). Some local authorities have created specialist kinship teams and are devising more robust policies to promote kinship

care as a means of preserving families and avoiding family breakdown (Local Government Ombudsman, 2013). Argent (2009) also suggests that the paradigm of kinship care is at the stage when, backed by appropriate legislation and guidance that supports both the child and carers, a real difference could be made to children's lives. Nixon highlights a number of concerns particularly in relation to striking the balance between 'kinship versus stranger' placements (2007, p90). These concerns include a lack of specially designed assessment procedures for kinship provision and a lack of preparation courses for prospective kinship carers (Nixon, 2007; Hunt et al 2008).

Hunt et al. (2008) suggest that kinship care could be viewed as a naturally occurring family form, but cautions that it still may not be unproblematic:

'Research indicates that it is likely to present unique challenges, over and above the 'normal' demands of parenting.'

(Hunt et al., 2008; p162)

The complexity of kinship care is highlighted within key literature due to the many challenges it brings to the extended family (Nixon, 2007; Hunt et al, 2008; Farmer and Moyers, 2008 and Aldgate and McIntosh, 2008). It is suggested feelings such as loyalty, love, duty, rivalry and obligation can become conflicting emotions within family situations and these emotions need to be carefully considered when placing a child within a kinship care placement (Nixon, 2007; Hunt et al, 2008 and Farmer and Moyers 2008).

Warren-Adamson (2009), through a collaborative enquiry, examined some of the potential issues for practitioners working in the field of kinship care. His research concluded that there was a lack of training, support and supervision for practitioners undertaking the complex and emotionally challenging work supporting kinship placements. Little recognition had been given to the intricate assessment skills required of social workers in assessing kinship carers with their multifaceted relationships. Social workers were using the same traditional assessment criteria and approaches to assessing kinship carers as they were for stranger foster carers, failing to acknowledge how the carers' needs and situations differed. As Geen (2003, p14) suggests, it was like trying to fit a 'round peg in a square hole' meaning that the questions asked by the social worker were not appropriate in relation to kinship care

assessments. Whilst Geen (2003) is an American researcher, this would indicate kinship care and assessments undertaken by social workers might not be a UK/SA issue alone.

It is estimated only six per cent of UK children requiring kinship care are *looked after* by the local authority, leaving approximately 94 per cent living with relatives and friends outside the formal care system. This has made it difficult to ascertain the well-being of these children and their respective carers. In addition, research has been more limited into children living informally with kin (Cuddeback, 2004; Selwyn and Nandy, 2011).

Evidence indicates that kinship care has resurfaced within a wider philosophical, policy and financial child welfare policy context (Greef, 1999; Broad 2004; McFadden, 2009; Mallon, 2014). These include the philosophy of family preservation, dwindling foster care resources, legislation and policy, an increase in parental substance misuse and poor outcomes for children leaving care (Berridge, 2007).

In comparing the effectiveness of these two types of provision it has been identified that kinship carers are more likely than unrelated carers to be struggling to cope with the children in their care due to a lack of experience, as well as issues with financial and emotional support (Farmer, 2009). This discrepancy is considered to be due to a number of factors including being poorer, older, less educated and with more health problems than unrelated foster carers. As Selwyn (2009) identifies:

‘Kin carers are often under additional stress because relationships with the birth family and other relatives can be complex and stressful because of their shared past history.’

(Selwyn, 2009, p26)

Farmer (2009) identifies the need for specific guidance on the assessment process and acknowledgement that kinship carers’ commitment and willingness to offer kinship placements are sometimes achieved at the expense of the kinship carers themselves.

This literature review highlights a number of key areas where further research is called for: first, the influence that social workers' professional and personal philosophies of kinship care may have on the kinship care assessment process; secondly, the nature of the relationship between kinship carer and social worker; and, finally, the potential for understanding kinship care provision across different cultural settings (Cocker and Allain, 2013; Owusu-Bempah, 2010).

In order to understand kinship care provision in SA, it is necessary to understand the legal framework and political context.

2.4.1 The legal framework: South Africa

The South African Government estimated that, at the time the SA Children Act 2005 came into force, there were approximately 2.5 million maternal orphans in SA (Schmidt, 2011). The latest available figures (2002–2010) estimate that there are now over three million maternal orphans in SA, with these numbers continuing to increase (International Adoption Guide, 2012). The highest percentage (26 per cent), of these orphans is living in KwaZulu-Natal (AVERT, 2013). These children are currently placed within orphanages, children's homes and other children's centres, some of which are state run, while others are run by voluntary organisations. The new legislation, it was hoped, would bring clarification and additional guidelines to respond to SA's child welfare problems. SA's post-apartheid government prioritised children's well-being as a key focus of the Millennium Development Goals that were established following the Millennium Summit in 2000 (United Nations Report, 2014)

Historically, in SA, alternative parenting for orphans has been provided through adoption, unrelated foster care and kinship care within the extended family. Due to the HIV/AIDS pandemic, an unprecedented number of children have been orphaned in SA (Owusu-Bempah, 2010).

At the World Summit for Children in 1990, world leaders declared that the essential needs of children should have 'first call' on the resources of families, countries and the international community. In 2000, at the United Nations Millennium Summit, the world's Governments issued the Millennium Declaration, reaffirming their duty 'to all the world's people, especially the most vulnerable, and in particular, the children of the world (UNICEF and International Social Service, 2004, p5). This committed governments to a set of time-bound and specific goals, strategies and actions in four

key areas for the rights and well-being of children: promoting healthy lives, providing quality education, protecting against abuse, exploitation and violence and combating HIV/AIDS (Millennium Development Goals Report, 2007).

The SA Children Act 2005, (and current UK legislation) in relation to child welfare processes, is considered to be the individual country's response to their own social, economic and cultural needs (Schmidt, 2011). The objectives of the SA Children Act 2005 are to promote the preservation and strengthening of families, to give effect to the country's obligations concerning the well-being of children and to give effect to certain constitutional rights of children and strengthen community structures which can assist in providing care and protection of children (SA CA, 2005). The five priorities regarding children relate to education, health, rural development, creating decent work and the fight against crime.

Investment in children is a global objective under the UN Convention on the Rights of the Child (UNCRC, 1989). The UN Convention works to promote the rights of children and provides a set of guiding principles that essentially shapes the way in which we globally view children.

The UN Convention (1989) suggests that investing in children is a means of investment in a country's human capital, perhaps viewing children as an economic commodity and the political and social argument, highlighting that the lack of social investment results in high levels of inequality and severe poverty that can undermine social cohesion. The notion that governments support children through welfare policies, expecting no economic return, is perhaps no longer seen as a feasible option. For some communities, which are marginalised through discrimination and inequalities and lack of labour opportunities, within countries that do not have economic stability, the future is bleak. These children are more prone to end up either in the sex industry, involved in criminal activities or die from starvation (Montgomery, 2009). Whilst the idea that globalisation, and the lifting of international trade sanctions specifically, would increase the international opportunities through increased employment, research suggests only certain countries have been targeted by rich investors, particularly those where cheap labour is available and the workforce plentiful (UNICEF, 2012). For those areas outside of

these regions, it decreases job opportunities and further marginalises these populations (UNICEF, 2012).

Both UK and SA legislation also pledges to work within the UN Convention on the Rights of the Child (UNCRC, 1989), which recognises that the family has the first responsibility for the care of children. On 20 November 2009 the UN adopted the Guidelines for the Alternative Care of Children. These guidelines amended the UNCRC (1989) to include the provision of alternative care, such as informal and formal care and specifically include kinship and foster care. They also prioritise the use of placing children with their kin and only with other families (fostering) in the absence of kin (UN General Assembly, 2010).

Within the literature, both the UK and SA legislation and policy are viewed as underpinning each respective Government's commitment to the protection, preservation and promotion of the family. Both the UK Children Act 1989 and the SA Children Act 2005 have a similar focus on the well-being of children, the strengthening of families and give effect to the country's obligations for children unable to reside with their biological parent(s). With both the UK and SA legislation and policy stating similar aims and commitment by their respective governments, it is necessary to explore the context of kinship delivery for each respective cultural setting.

2.5 The reasons why a kinship placement may be required: United Kingdom

In Western societies, kinship care is seen as providing a safety net for a category of children in need (Hunt et al, 2008; Farmer and Moyers, 2008). In 2012–2013, 593,500 referrals were made to Children's Services, Children in Need (CIN) teams, across England. The term 'toxic trio' is a term that describes the co-occurrences of mental health problems, substance misuse and domestic abuse in families. The literature review supports the consensus that the majority of children residing in kinship placements, within the UK, is due to one or more of the toxic trio factors being present in the family environment (Hunt and Waterhouse, 2012; Owusu-Bempah, 2010). A study carried out by Farmer (2009) identified that three-quarters of the children in kinship care placements had experienced neglect (68 per cent),

domestic violence (52 per cent), parental mental health problems (44 per cent), parental alcohol and drug misuse (60 per cent) and death of a parent (13 per cent). These findings highlight the complex family issues that they have experienced prior to entering kinship care arrangements, the emotional effects of which they take into the kinship placement (Broad, 2001).

2.5.1 The reasons why a kinship placement may be required: South Africa

There is much published research regarding South Africa's HIV/AIDS epidemic mortality rates. HIV/AIDS has predominantly targeted younger adults and it is estimated that this epidemic has created half of the country's orphans. The latest published figures also estimate that 3,330,000 young people under the age of 15 are now living with HIV (UN Statistics, 2013). Within the SA case study, every research participant had experienced the loss of at least one of their own children, siblings, or close relatives, leaving orphaned children requiring a kinship placement. Although HIV was never stated as being the causal factor, the probability was that it was the most likely cause but has not been overtly expressed through the participant kinship carers' interviews in Zululand. This theme is discussed further, as well as case illustrations in Appendix 2.

In summary, the literature indicates that the reasons why a kinship placement may be necessary vary significantly between each of the respective cultural settings. Within the UK abuse, domestic violence and parental mental health problems are identified as the most significant factors for a child requiring a kinship placement (Farmer, 2009). Within SA the HIV/AIDS pandemic is considered to be the main reason.

2.6 The historical context of kinship care: United Kingdom

'In Western societies, it is not only lay members of the public who are prone to viewing alternative child-rearing as aberrant; child welfare professionals – social workers, schoolteachers, family therapists and family lawyers – are also susceptible. In other words, to most people in Western societies, it is axiomatic that children should be raised by their natural or genetic parents.'

(Owusu-Bempah, 2010, p17)

The fostering of children within patriarchal groups dates back to at least the 17th and 18th centuries and although the term kinship care was not used, expressions such as 'fostering' were, and this acknowledged children living both within the extended family and those outside of the family (Argent, 2009). Geertz (1975; p23) suggests that: 'Fostering was an economic as well as a social transaction that required a lifetime's commitment.' In the 19th century, informal arrangements for fostering children also occurred in families that were unable to support their children financially (Aldgate et al., 2006).

The practice of placing children with relatives, however, fell out of favour in the early 20th century, due to an increasingly popular philosophy of giving children 'a fresh start' away from the negative influence of the 'profligate' and 'unsuitable' families (Aldgate et al., 2006; p76).

Kinship care re-emerged as a favoured option to unrelated foster care in the late 1980s to the early 1990s and the literature identifies several factors that contributed to this changing practice. One factor was the shortage of local authority foster placements that resulted in a need for professionals to consider other options (Hantrais et al., 2014). Other factors that appear to have been an influence on this changing practice was the shortfall in public funding and a shift away from institutional forms of care toward community-based arrangements (Knapp et al., 2004). As with adoption, which was viewed as having a twofold benefit to the state (namely passing on to adopters the responsibility to cover the cost of raising the child and imposing a moral obligation on the adopted child to care for their adoptive parents in old age, so relieving the state of another potential request for assistance), likewise kinship care could be considered as achieving the same benefits (Montgomery, 2009). This view also fitted with an emerging philosophy that children should remain within their biological families for their psychological attachments (Selwyn et al, 2013, Hunt et al 2008). In turn, this resulted in a more positive attitude by professionals in relation to kinship placements. Courts, too, began to consider the rights of relatives to act as foster carers (Boots and Geen, 1999; Robson 2008). As Bledsoe (1990) suggests, both fostering and adoption are usually described in terms of their benefits to adults, whether individual adults or the wider population, however, the potential for kinship care to alleviate pressure on the public purse, address the shortage of unrelated foster care placements and respond to an

emerging ideology of children being cared for within the wider family are examples of further societal benefits.

The 1990s was viewed as a turning point for rolling back public spending and moving away from welfare dependency following the UK recession (Jenkins, 2010). In family policy, universal benefits were cut and more focused benefits were provided to support certain sectors of society such as the poor, the mentally ill and unemployed males (Hantrais et al., 2014). The focus on the family was viewed as an important part of the government remit, to ensure that limited resources were being utilised effectively and that social issues were properly addressed to help reduce the need for families to seek assistance in future. Whilst it was viewed that the majority of the public accepted the focus on targeted benefits and the need to ensure that only the most needy in society received help, other policies, not seemingly directly related to families, were also having an impact on family life, for example, financial cuts in social security, health and education (Blakemore et al., 2013). During the 1980s the UK Gross Domestic Product (GDP) fell by 4.6 per cent and in the 1990s by 2.5 per cent, impacting on the country's output. Unemployment rose during the 1990s recession by 3.4 per cent (Jenkins, 2010) and the average standard of living fell, impacting on those already struggling.

2.6.1 The historical context of kinship care: South Africa

Traditional African families have provided informal kinship networks pre-enslavement for the common interest and corporate function of the family (Ince, 2009). These kinship networks were multi-generational in nature and referred to as a lineage, providing family structures that offered care to children left in need of parenting (Giovannoni, 1970). Moreover, the kinship relationship placed biological and blood relationships above matrimonial relationships.

Historically, many children were reared in female communities due to the enslavement of males; they often formed attachments to a number of adults, rather than, as in Europe at the time, a traditional attachment to a single caregiver (Ince, 2009). The enslavement of the black African and the reliance on others for survival is seen as a key aspect of the kinship relationship (Staples and Boulin-Johnson, 1993).

According to Ronnau and Marlow (1993), kinship care, post slavery, was based on the philosophy of unity between family and community, rallying essential sources of

support and a means of overcoming adversity through collective survival, interdependence and responsibility for others (Ince, 2009).

The term 'kinship care' within African communities has been used to describe the relationship between family and community (Ince, 2009; Martin and Martin, 1978). The term also reflects a number of different configurations of the kin structure. 'Fictive kin', for example, describes kin selected as part of the family because of the support they could provide but who were biologically unrelated to the family (Martin and Martin, 1978, p11). Further, 'augmented family' describes kinship families that have expanded to include other people within the community because of their ability to provide support (Ince, 2009, p114).

The continued colonial occupation that existed over many centuries impacted on the black South African's way of life in terms of the destruction of their political, social and economic systems (Mahoney, 2012). Mahoney goes on to say that the continued absence of welfare services, the lack of financial support and ongoing economic instability contributed to the continuation of extensive informal networks and the reliance on kin to provide mutual aid in terms of resources, shared child-rearing and support systems.

A study carried out in the 1960s by Preston-Whyte (1978) sought to investigate Zulu kinship relationships through the exploration of household composition and interactions. This study identified the development of African families and considered the extent of 'matrifocality' and women-led households. Preston-Whyte's study included visits to 109 households, of which 59 per cent were nuclear families; a man, his wife and their children. In addition, relatives or dependants were also usually residing at the home. The most significant introduction into the household was children from unmarried daughters. It was common for more than two generations to reside within any one residence. 'Matrifocality' was present in 49 per cent of the households when a woman was widowed, separated, divorced or who had never married. Although men were not present in 49 per cent of households, Preston-Whyte (1978) identified that they were seldom completely absent. These women were seen to have transient males visiting their home that provided financial support for the children they had fathered. In addition to the financial support, they also were seen to provide protection to the family for the duration of their visit. However, these

men also fathered children within other households and therefore stayed for only short periods of time within one particular household. The employment that these women engaged in was mainly the provision of live-in domestic services, which took them away from their family home and resulted in another female – usually a relative – to care for her children whilst financially supporting them. The study concluded that the absence of males and the requirement for women to leave their own households represented a rapid change in family life (Preston-Whyte, 1978). This research, presenting the Zulu family in the 1960s, has particular relevance to this study due to the current HIV/AIDS epidemic, which has reconfigured the family structure even further. In addition, the ‘matrifocality’, which Preston-Whyte (1978) suggested may be a temporary occurrence, also provides insight into the role women play in current Zulu culture.

Literature from both the UK and SA highlight that kinship care has been a traditional and historical method of child rearing for both countries. Significantly, within the UK, kinship care has fallen in and out of favour in response to changing philosophies and in response to economic and societal needs. Within SA, kinship care has maintained an important means of child rearing and a cultural response to overcoming adversity through collective survival, interdependence and responsibility for others (Ince, 2009).

2.7 Provision of kinship care: United Kingdom

Kinship care within the UK covers a variety of situations: completely private and informal arrangements within the family without any involvement of children’s services or the law; registered private foster care; local council foster care with family and friends; and kin care under child arrangements orders, special guardianship or adoption orders. Children may be accommodated by the local authority on a voluntary basis, be subjects of care or supervision orders, be ‘on the books’ as ‘children in need’ or not be known at all (Warren-Adamson, 2009).

When children under child protection legislation are deemed to be no longer able to remain with their biological parent(s) and require full-time substitute care, law and government policy strongly promote the use of family and friends care (Hunt and Waterhouse, 2012; Mallon and McCart Hess, 2014). Therefore, kinship care,

arranged through the local authority, is considered to be a form of substitute care for children whereby a relative assumes the role that a parent would usually play, but the local authority retains legal responsibility for the child (DoH, 1989).

Substitute care for children over the decades has varied in its approach and is identified by Cocker and Allain (2013) as ranging from an emphasis on foster families prior to the 1970s, followed by a focus on permanency and adoption in the 1970s. In the 1980s, the prioritisation of biological families was the favoured option and in the 1990s the extended family and kinship networks gained greater prominence. These varying approaches are also, according to Cocker and Allain (2013), linked with a range of different underlying philosophies about family life and what was perceived as best for the child. One of the central theories, important to a consideration of substitute care and according to Cocker and Allain (2013), is attachment theory. Bowlby's (1969) attachment theory concentrated on the need for a child to have a 'secure' attachment with one main caregiver. Golombok (2000, cited by Cocker and Allain, 2013) suggested that not only was it important for a child to be attached to one main care giver, but the type of attachment was also significant and that the quality of the attachment would affect how the child functions throughout their childhood and in later life. The significance of how childcare attitudes influenced childcare practice and, ultimately, childcare policies is recognised in the Curtis report (1946). The Curtis report (1946), based on the death of Dennis O'Neill whilst in foster care, highlighted the inadequacies of the childcare provided under the Poor Laws and highlighted the lack of a more enlightened attitude to childcare. Childcare provision for those children placed outside their immediate family was deemed to be punitive, rather than restorative and nurturing, in line with developmental theories. However, these developmental theories were criticised due to the theories making a number of universally valid claims about children, but failing to contextualise them historically and culturally (Taylor, 2004). Taylor further suggests that these theories are individualistic in focus and negate the influence of culture on different children's development and, in addition, misinterpret the social realities of some children's lives (2004). Robinson (1995) believes that child development theories do not display an understanding of the experiences of black children and how these differ from those of white children.

According to Hymowitz (2013) the nuclear family has been the predominant family unit in England since before the 13th century, however, it should be noted that this notion is disputed by a number of sociologists, who claim the nuclear family followed on from a tradition of kinship families due to the industrial revolution when families were forced into city life and factory employment (Laslett, 1972; MacFarlane, 1987). The nuclear family was viewed as a financially viable social unit due to the industrial revolution and early capitalism (Blakemore, 2013) and, accordingly, seen as central to stability in modern society (Kennett, 2001). In modern society, the traditional nuclear family structure is viewed as changing to accommodate 'looser family structures' that include lone parenting, cohabiting couples, reconstituted families, gay and lesbian partnerships/marriages, foster families, adoptive families and kinship families (Cree, 2015, p38). Within the UK, marriage levels are now at an all-time low with cohabitation rising to 64 per cent in the last decade, and the UK now has the highest number of children born outside of wedlock – almost half the birth population – within Europe.

In 2011, the national census showed a decline in people describing themselves as Christian, a drop of 4.1 million, a reduction of 15 per cent in a decade (Office of National Statistics, 2012). According to Montgomery (2009), the decrease in Christianity within the population has had a direct influence on the decline on family values and the nuclear family structure.

A further debate within the literature questions the importance that Western society places on attachment theory – the bond between mother and child (Parsons, 2013). The literature focuses on the Western belief that children are born into a nuclear family with the expectation that they form attachment or bonds exclusively with their main carer, usually their mother. Bowlby affirmed that the mother was the key figure in the attachment process and defined attachment as 'a lasting psychological connectedness between human beings' (1969, p194). Other theorists articulated Bowlby's (1969) idea of attachment, in emphasising the mother's early responsiveness and sensitivity to the needs of the young child, referring to this as 'sensitive mothering' (Smith et al., 2003). This positive attachment is viewed, within Western societies, as essential, in order for babies to grow into psychologically, well-adjusted adults. In regard to other cultures, the literature suggests that where children are born into extended families and communities, the meaning of attachment is seen

as taking place between a child and multiple members of the extended family. Owusu-Bempah (2010) suggests that these children form a belief in the dependability and trustworthiness of the kin and the community as a whole. Another theory in relation to the child's development is the transactional model argued by Samaroff and Chandler (1987, cited in Ding et al., 2005) who suggest that the child's development outcomes are a result of a triad of the child's behaviour, the caregiver's response and the environmental variables that influence both the child and caregiver. Ainsworth (1970) supports the notion that child-rearing practices relate more to the environment, traditions and beliefs about children. She argues there are two main types of culture: (i) the individualist culture, that values independence; and (ii) the collectivist culture, that values cooperation. These cultures have different perceptions of the importance of attachment theory. Ainsworth (1970) found the individualist culture requires a more secure attachment with children, whereas the collectivist culture promotes greater independence. The results of her 32 studies across eight countries found that secure attachment was the most common type of attachment in all cultures and the highest form of attachment culture was in Great Britain (Ainsworth, 1970). Child development theories are seen as key to the way cultures today respond to child care provision, when a child cannot be cared for by their biological parent (Robinson, 2007). It is therefore highly relevant to consider these theories for the purposes of this study, which explores two distinct cultures and the emphasis they respectively place on where a child should reside.

A new concept presented within the literature considers the idea of 'socio-genealogical connectedness' (Owusu-Bempah, 2010), which opposes the principle of a child being reliant on a singular adult attachment and, instead, becomes attached to the wider society and respective culture. Socio-genealogical connectedness is viewed as an essential factor in a child's adjustment to separation and forms the basis of their emotional stability, mental health and, ultimately, their sense of completeness. It forms an individual's ability to accept and integrate their biological, social, cultural and ethnic roots in order to develop into a psychologically healthy person. This concept suggests that socio-genealogical connectedness is about an individual's self-identify, their self-worth and their sense of psychological wholeness and mental health (Samaroff et al., 2005, Aldgate et al., 2006 and Owusu-Bempah, 2010).

Attachment theory is viewed by Belsky (2006) as being misleading and unhelpful in that it ignores the socio-cultural environment in which development occurs (Owusu-Bempah, 2010). The two case studies, as part of this study, will examine and consider the varied socio-cultural environments.

2.7.1 Provision of kinship care: South Africa

The term ‘Ubuntu’ in much of the literature is depicted in two distinct ways. First, it is often referred to as a set of common characteristics or behaviours such as kindness, compassion and the valuing of others (Broodryk, 2002; Murithi, 2006, cited in Hailey, 2006). Secondly, it is sometimes described as a philosophy that characterises the norms and values that are held in traditional African societies, through a value system or paradigm (Louw, 2001; Nussbaums, 2003, cited in Hailey, 2006).

The Ubuntu philosophy is based on a set of principles and values of caring for each other’s well-being as a spirit of mutual support and, above all, to value the good of the community above self-interest (Chaplin, 2014). The basis of the Ubuntu philosophy is ‘human kindness’ or ‘humanity towards others (Zandberg, 2010, p51).

In South Africa, Ubuntu is widely recognised as a humanist philosophy focusing on people’s allegiances and relations with each other (Forster, 2006). The word has its origin in the Bantu languages of South Africa and Ubuntu is seen as a classical African concept. There are several definitions given in understanding how the philosophy is translated and the meaning of its translation in practical terms. Archbishop Desmond Tutu explained Ubuntu by describing it as inter-connectedness and stated:

‘We think of ourselves far too frequently as just individuals, separated from one another, whereas you are connected and what you do affects the whole world.’

(Tutu, 2008, p1)

Jackson (2010) refers to Ubuntu as a philosophy that supports the changes that are necessary to create a future that is economically and environmentally sustainable.

In the Shona language, the most commonly spoken language in South Africa after English, Ubuntu is also referred to as ‘unhu’ which expresses the same concept as Ubuntu. Under ‘unhu’ children are never orphans, since the roles of mother and

father are, by definition, not vested in a single individual with respect to a single child.

There is considerable written evidence of the cultural values underpinning the community involvement in the raising of children (Battle, 2007). Examples of this include the Nigerian Igbo culture which holds the belief that ‘it takes a village to raise a child’ (Swanson, 2009, p34). This is demonstrated in the fact that the Igbos name their children ‘Nwa ora’ which means ‘child of the community’ (Schwartz, 2002, p8). Further, the Swahili culture has the proverb that ‘one hand does not nurse a child’ (Murithi, 2006, p16). Additionally, there is a Sudanese proverb that states ‘a child is a child of everyone’ and a Tanzanian proverb asserts that ‘one knee does not bring up a child’ (Swanson, 2009, p35). These sentiments and concepts of Ubuntu, it is suggested, traditionally runs counter to the creed of individualism in Western society (Battle, 2007) where legislation and policy firmly place a child, and the responsibility for the child, within the nuclear family (Farmer, 2009). These cultural values also challenge Bowlby’s (1969) notion of the importance of attachment theory and the bond between the mother and child.

Several published papers refer to the Ubuntu philosophy as a way in which South African people live through a family atmosphere of philosophical affinity and kinship among and between the indigenous people (Broodryk, 2002; Louw, 2001; Murithi, 2006). References are also given to the way in which the Ubuntu way of being differs from the Western philosophical approach, arguing that it cannot be viewed solely through a Western lens due to the perceived lack of cooperation and care for one another within Western society. Two of the papers reviewed (Nussbaums, 2003; Shutte, 1993) failed to adequately detail the basis for which Ubuntu is or can be applied in practice or to illustrate the impact it may have on an individual’s daily life or a community’s existence. Figure 2 below, presents the Ubuntu philosophical papers, identified through the literature review.

Figure 2: Ubuntu philosophy: Key literature that underpinned this study

Author/Year/ Title of Paper	Key findings	Critique	Community observed	Design of investigation	Sources of information
Broodryk (2002) ‘Ubuntu’, Life Lessons from Africa	Improvement of self through valuing own identity. Community- building through openness of supporting one another. Minimise self- interest, help community transformation.	Theoretical perspectives drawn from literature. Personal observation and reflections.	South Africa – various locations (not Zululand).	Ethnographic	Personal experience of living in SA – experience of wars, famine, election of President Mandela. Media coverage.
Louw (2001) The Idea of ‘Ubuntu’ Philosophy Decolonisation of SA Assessment of faith The uniqueness of Ubuntu	Community- building through shared values and relationships with one another. Describes ‘being with others’. Promotes genuine harmony and continuity through the wider human system.	Notional ideas drawn from literature review.	Rural communities.	SA literature review.	Theoretical – SA literature review.

Author/Year/ Title of Paper	Key findings	Critique	Community observed	Design of investigation	Sources of information
Murithi (2006) Practical Peace- making; Wisdom from Africa: Reflections on Ubuntu	Web of reciprocal relationships for purpose of community survival.	Community- building concentrates on the need for community survival.	Focus on Archbishop Desmond Tutu's focus on Ubuntu during his leadership in SA of the Truth and Reconciliation Commission	Global literature review.	Theoretical.
Nussbaums (2003) 'Ubuntu': Reflections of a South African on our common humanity	Conflict resolutions based on a relational basis and philosophy of Ubuntu Communities that are marked by equity, justice, mutual support and care.	Lack of information on how this philosophy is applied practically in everyday life or on the philosophy's impact on everyday life. Focuses on the lack of information provided to the West on complex SA issues.	Exploration of the Ubuntu philosophy from personal experience of living in SA.	Literature review. Media coverage.	Literature review on African values.

Author/Year/ Title of Paper	Key findings	Critique	Community observed	Design of investigation	Sources of information
Shutte (1993) An African Assessment of the Religious Other	Western aphorism 'I think, therefore I am' substituted for 'I participate, therefore I am'. A network of delicate relationships of interdependence.	Faith based perspective of Ubuntu.	Literature review on African philosophy – including Ubuntu.	Literature review.	Theoretical.

The papers noted in Figure 2 are based on literature reviews and the personal experiences of the SA-based authors. They explore the Ubuntu philosophy from varying perspectives including humanity, wisdom and faith.

Swartz (2006) calls Ubuntu a ‘pervasive African philosophy’ that has been part of the process of shaping the concepts of citizenship and morality in post-apartheid South Africa and suggests that Ubuntu’s contribution to forming a post-apartheid society is, at its heart, one of social control.

The papers reviewed that applied the Ubuntu philosophy to everyday life (Broodryk, 2002; Louw, 2001 and Murithi, 2006) highlighted the philosophy’s impact in the following five key areas:

- assisting people to help themselves, through their own relationship with a particular community;
- Ubuntu’s role in community building;
- the encouragement of collective work and consensus building;
- Ubuntu’s role in conflict mediation and reconciliation;
- the impact it can have on an organisation’s effectiveness and productivity.

All of these practical applications of Ubuntu espouse interconnectedness with an individual and their community and thus identify a way of ultimately empowering both the individual and their respective community (Louw, 2001).

Little consideration or reference within the literature is given to the potential for negative consequences of the synergistic relationship between an individual and the community. Hailey (2006) acknowledges that Ubuntu is recognised as an African philosophy yet recognises that communal conflicts in the Democratic Republic of Congo, Rwanda, Liberia, Uganda, Nigeria and Zimbabwe display the darker side of African civil societies. He suggests there is a potential for strong, cohesive communities to result in negative consequences, such as individual members of a particular community or ethnic group supporting and sympathising with those who promote evil acts.

The term Ubuntu captures the principles and values of human interactions in African communities to benefit both the individual and their community. Although Ubuntu is not based on a religious faith, it espouses a belief that Ubuntu articulates a basic respect and compassion for others through their relationships. Archbishop Tutu believes that such relationships are based on God's will, thus linking it to the Christian faith (Battle, 2007). The requirement for the African individual to articulate Ubuntu's principles through the showing of respect, consideration, kindness and sensitivity to the needs of others is not purely linked to the practices of African people. Within the West, these values are also regarded highly and are closely linked to Christianity. Many Zulu people converted to Christianity under colonialism and through the arrival of Christian missionaries during the 1800s (Taylor, 1995). According to Krige (1978), the Zulu Christian belief relates to a 'creator', God (Unkulunkulu in Zulu), who is above interacting in day-to-day human affairs. Day-to-day intervention is, according to Mutwa and Teish (2003) left to ancestral spirits who do have the power to intervene in Zulu people's lives on an everyday basis, either positively or negatively. Therefore, many Zulus retain their traditional pre-Christian belief system of ancestor worship in parallel with Christianity, viewing both as playing individual roles.

Hailey (2006) suggests that, within the west, the individual thought process is *'I think therefore I am'*, whereas the Ubuntu version is translated as *'I am human because I belong'* (Cress, 1998). Cress further suggests the appeal of the Ubuntu philosophy is that it has a radical reflection on humanity, the universal appeal of traditional community values and a spiritual dimension, therefore making it of universal interest (1998).

In summary, the literature highlights a significant difference as to the provision of kinship care and the historical role it has played within different cultural settings. Within the UK, although kinship care was once viewed as a natural occurrence, families are now seen as predominantly nuclear in composition (Blakemore, 2013) whereas in SA kinship care is viewed as the preferred method of child rearing. These cultural practices highlight the differences between the individualist and capitalist culture of the West and the collectivist and community culture of South Africa (Ainsworth, 1970).

2.8 Motivation, cultural norms and expectations: similarities and differences

Motivation is viewed as a theoretical construct used to explain a human's behaviour, a reason for their actions, their desires and needs (Reeve, 2008). For the purpose of this study the term 'motivation' is used to explore the incentive of kinship carers to offer kinship placements.

2.8.1 The motivation of kinship carers: United Kingdom

A review of the literature, in relation to why kinship carers may be motivated to offer a kinship placement, identified that it was often due to their social conscience, moral obligation, spiritual influence or a duty of love. These findings indicate that the kinship carer may act out a sense of family duty or obligation and not solely in the interest or well-being of the child (Owusu-Bempah, 2010). Three further factors highlighted within the literature indicate that motivation may arise due to: (i) a personal desire to have a child; (ii) a need for self-fulfilment; or (iii) a desire to rescue a child from the statutory care system (Gleeson, 2008).

The literature review highlighted a number of studies that suggest notional motives as to why kinship carers offer a kinship placement (Anderson, 2001; Cole, 2005; Skyes et al., 2002). The studies identified were all based on Western perspectives and, therefore, underpinned from a Eurocentric parenting perspective.

2.8.2 The motivation of kinship carers: South Africa

Within SA there is a paucity of literature in relation to research that focuses on motivational factors that may influence a kinship carer to offer a placement. The literature that is available on this particular point is typically within published papers that relate to the culture of people in SA and their Ubuntu philosophy. None of the literature related to primary research on kinship (Broodryk, 2002).

2.8.3 Summary of the motivation of kinship carers

It is clear that there are significant differences between the motivations of kinship carers in the UK and SA to offer a placement. The literature identifies more personal motivations for a kinship carer in the UK including a carer's social, moral or spiritual conscience or duty, an altruistic desire to have a child of their own or to 'rescue' a child from statutory care (Gleeson, 2008). By contrast, in SA (noting the limited

literature available), it is viewed as a carer's underlying philosophy to care for their kin as part of their normal cultural practices (Broodryk, 2002).

2.9 The statutory assessment of prospective kinship carers: United Kingdom

Literature presented in relation to the statutory assessment of prospective kinship carers centres on the following themes:

- quality of assessment – effectiveness of particular assessment and tools/approaches adopted;
- cultural sensitivity of the assessment – relating to both indigenous care providers and the lack of differentiating between kin and unrelated foster care assessments in terms of content (Robinson, 2007);
- consideration of risk – particularly in relation to inter-generational transmission. For example, do the kinship carers potentially face the same difficulties/issues as the biological parent(s) and will this inter-generational transmission continue?

The statutory assessment and approval of kinship foster care is much debated within literature. Particular focus is given to the challenges kinship foster families face in meeting the required approval standards (Owusu-Bempah (2010)), for example, notes the complex system of approval and financial support available to kin foster carers (Berrick et al, 1994; Farmer and Moyers, 2008) and whether there should be differences in assessment approaches and standards between kin and unrelated foster carers (Talbot and Calder, 2006; Farmer and Moyers, 2008).

Factors such as age, lack of suitable accommodation and poverty-related issues are cited by Osuwu-Bempah (2010) as presenting significant hurdles for kinship foster carers in meeting the formal criteria for foster care approval. Additionally, as highlighted by Farmer and Moyers (2008), many kinship carers begin caring for the child following a family crisis and therefore may not be entitled to state funding or support. These issues feed into the debate as to whether it is appropriate to assess kinship carers in a similar way to non-kin foster carers or whether a different approach and type of assessment is required. As Argent (2009) suggests this does not

mean accepting a decline in standards of kin-foster care, but rather ‘widening our horizons’ (2009, p7). The importance of quality assessments for kinship foster carer is supported by research (Hunt, 2009; Farmer and Moyers, 2008), but no consensus is provided within the literature as to one definitive assessment tool or approach. Many studies cite recommendations that would enhance the kinship care assessment process such as; flexibility but rigour (Pitcher, 2001, cited in Winokur, 2009), supportive (Pitcher, 2001, cited in Winokur, 2009) empowering and collaborative (Hunt, 2008), enabling rather than approving (Hunt, 2008), sensitive, respectful and inclusive (Doolan and Nixon 2004), and partnership based (Gupta, 2008).

Kinship carers’ experiences of the assessment process were also identified through the works of Doolan et al. (2004), Hunt (2009) and more latterly research undertaken by Hunt and Waterhouse (2013) and Selwyn et al (2013). Key messages included that whilst kinship carers acknowledged the necessity of assessments, resentment could be felt in relation to the focus of these assessments on ‘risk’ (Hunt, 2009, p.112). Kinship carers also expressed wanting to feel valued, respected and seen as ‘experts’ rather than passive participants in an assessment process (Winokur et al, 2009). The introduction of a more collaborative approach to the assessment of prospective kinship carers has been responded to by the Family Rights Group in the development of tools aimed for social workers assessing family and friends care. They focus on a more collaborative approach to ensure a more ‘open working partnership’, allowing the assessment to draw on the family’s strengths and established relationship with the kin child (FRG, 2010).

There is limited insight in the literature around social workers’ professional and personal perspectives, philosophy of kinship care and the potential impact this may have on the assessment process and outcome. As acknowledged by Okitikpi (2011), social workers play a key role in determining the outcome of children and family assessments, based on their own beliefs and values. For this study, which explores formal kinship care provision, the assessment process is a pivotal point in determining whether the kinship carers will be permitted to care for their kin. As such, it is important to understand social workers’ personal and professional values and beliefs, and the potential this may have in determining outcomes.

2.9.1 The statutory assessment of prospective kinship carers: South Africa

In SA, literature in relation to social work assessment is based on a developmental social work approach. This approach is centred on an overarching commitment to poverty eradication through discouraging dependency, the active promotion of people in their own development and the prevention of social problems. It is also underpinned by a philosophy that advocates welfare as a human right (Gray, 2000). Although the developmental social work approach is seen as the closest indigenous model of social work practice to emerge in SA, it is also acknowledged that social work theories and models have been guided by both UK and US models of practice (Bar-On, 2003). The literature available in relation to assessment practice in SA does not specifically relate to the assessment of prospective kinship carers, but a general approach to all social work assessments. Kinship policy, in relation to practice, identifies the social worker 'assessing' the prospective kinship carer, with similar checks to those carried out in the UK. These include background checks on the suitability of the kinship carer, the financial security of the kinship carer and the availability of a suitable place in which to care for the child(ren). No literature for SA could be found on either kinship carers or social workers' professional or personal perspectives of kinship care and the potential impact this may have on the assessment process or outcome.

2.9.2 Key messages: United Kingdom and South Africa

The literature review highlighted that both the UK and SA share similar policy and practice documentation in relation to the assessment of prospective kinship carers. The assessment itself is embedded in legislation and the process, through home visits, considers the suitability and practicality of the kinship carer's ability to look after the child. There was a paucity of research in the UK in relation to social workers' professional and personal perspectives of kinship care and the potential impact that this may have on the kinship care assessment process and outcome (Doolan et al., 2004; Hunt et al., 2009). In SA there was no research available regarding this topic.

2.10 Transferability of learning from one culture to another

Kinship care is a recognised form of childcare throughout the world, although perceived differently due to an individual country's distinct cultural setting and beliefs (Owusu-Bempah, 2010).

Similarities in literature with regard to kinship care for the UK and SA included key legislation, policy and common assessment processes. This may allude to there being similar practice in the assessment of prospective kinship care, but as there was no primary research available, it would be difficult to affirm at this stage of the study. There is also a paucity of literature with regard to social workers' professional and personal philosophy of kinship care and the potential impact this may have on the kinship assessment process. A further scarcity of literature, particularly within SA, was kinship carers' experiences and reflections on undergoing a statutory kinship care assessment and in offering a kinship placement.

The varying nature of the availability of literature with regard to kinship care in the UK and SA (with the UK generally providing more extensive research) has resulted in a lack of opportunity to consider shared learning between the two different cultures. As identified by Schmidt, one of the core aims of social work practice is that it 'promotes the international dimension of social work and fosters an exchange of learning, knowledge and values' (2011, p103).

In order to respond to the gaps identified within the literature review, the research question posed is as follows:

How can understanding the experiences of kinship foster carers, from two cultural perspectives, inform social work practice, legislation and policy?

2.11 Conclusion

This chapter has reviewed key works in relation to kinship care policy and practice, enabling this study to build on existing research and address gaps, in knowledge - specifically in relation to cross-cultural studies and kinship carers' experiences and reflections on undergoing a statutory kinship care assessment. The next chapter will present the research question in relation to the methodological framework

incorporated within this study and present the methods of data collection utilised in order to address the overall aim of this study.

CHAPTER 3: RESEARCH METHODOLOGY AND METHODS

3.1 The research methodology

The research question for this study is:

‘How can understanding the experiences of kinship foster carers, from two cultural perspectives, inform social work practice, legislation and policy?’

3.1.1 The epistemological approach: a Western perspective

The consideration of how particular research should be carried out is, according to Bryman (2012), an epistemological debate which invites questions to be raised about how the social world should be studied (Hammersley, 2010; Bryman, 2012; Robson, 2011; Ritchie et al., 2014). For the purposes of this study, which aims to explore kinship care and the fundamental nature of knowledge, reality and existence for those offering kinship care placements, a qualitative, interpretive and idiographic, approach was applied. This enables the research to explore, present and interpret kinship care representations through a series of interviews, field notes, photographs and recordings. According to Denzin and Lincoln:

‘Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world.’ (Denzin and Lincoln, 2005; p3)

Broadly speaking, there are two particular schools of thought in relation to how research should be conducted: a scientific approach and a more socially situated approach. The positivist quantitative approach refers to a formulated hypothesis which can be measured and checked and can demonstrate a degree of reliability that is quantifiable (Denzin, 1989). This approach is considered by some to be more empirical or ‘scientific’ than qualitative approaches. Tracing its roots back to the philosophy of rationalism, a quantitative approach typically follows a more rigidly empirical, structured and measurable approach to understanding questions, observations and data (Punch, 2014). Hypotheses are formulated around variables that can be measured, manipulated and controlled. This research is normally carried

out in controlled settings, which in themselves may be considered artificial constructs that may therefore influence the outcome of the research findings. Prosser (2011, cited by Ritchie and Lewis, 2014) advocates that a hypothesis should be derived from theory and then proven empirically. He further argues the use of falsification, proposing that a null hypothesis should be the basis of research, which the researcher would need to disprove, as opposed to an hypothesis that the researcher expects to be proven (Ritchie and Lewis, 2014). Prosser (2013) supports the work of Karl Popper in which he points out that no conclusive disproof of a theory can ever be produced, arguing that it is always possible to say the experimental results are not reliable due to discrepancies between the experimental results and the theory. Popper (2002) states:

'If you insist on strict proof (or strict disproof) in the empirical sciences, you will never benefit from experience, and never learn from it how wrong you are.' (Popper, 2002; p28)

As this study examines kinship care within two distinct cultural settings, a qualitative, socially constructed approach was deemed appropriate due to the research intention of listening to carers' unique and individual experiences of participating in a kinship care arrangement, rather than a measurable and quantifiable predetermined hypothesis. The chosen approach incorporated within this study was underpinned from a number of methodological principles, deemed appropriate to the case study setting and research context. For example, within the UK, interviews with research participants were conducted on the principles of narrative inquiry (Dill et al, 2010; Holloway and Brown, 2012). Whilst each participant had their own unique story to tell, as the researcher I shared some of the same context and culture and, therefore, had some understanding of research participants' explanations about their respective situations.

Undertaking a research study in which two cultures are explored required considerable thought as to the way in which I understood and conducted the research. One of the significant factors was the frame of reference I used to consider such issues. As Chilisa (2012) advocates, there are two knowledge systems in operation in social science research, one being Euro-Western, the other non-Western which operates with the values and belief systems of the historically colonised. To address

the issue of the two knowledge systems, I explored the definitions of epistemology, philosophy and axiology in the respective cultural research settings and, as a result, gained a better understanding of the settings themselves and the manner in which I should conduct myself whilst undertaking fieldwork data collection.

Interpretive interactionism was first introduced by Denzin (2001), who developed his theory from ideas previously put forward by Mead and Blumer (1986). Interpretive interactionism focuses on the research of ordinary people during times of critical incident or pivotal life changes. Denzin's (2001) work drew theoretical conclusions from an underlying social process and specifically focused on a participant's language and behaviour during interviews, placing the individual at the centre of the process (Sundin and Fahy, 2008). Interpretivism is based on the premise that the researcher has to explore and understand the social world through the perspectives of the research participants. Fundamentally, it is not governed by regularities that pose law-like properties, but based upon the belief that there is no single truth that will be perceived as such by all (Bryman, 2012). Research that is based on a subjective, contextual approach, will provide very rich data, high in ecological trustworthiness, but only applicable to the situation that was being focused on. Due to the highly subjective nature of this type of research, findings would be difficult to generalise (Page, 2009).

I was aware that, as the researcher, I could not avoid some form of involvement within the participants' lives. In doing so, I was conscious that this could distort the field of focus. As Hughes (1960) suggests:

'The observer, in a greater or lesser degree, is caught up in the very web of social interaction which he observes, analyses and reports.' (Hughes, 1960 cited in Junker, 1960; p121)

I therefore remained conscious of the possible influence this may have on the research itself and, in particular, in analysing the research findings. Researcher bias and subjectivity is considered a common difficulty in qualitative research but is also considered inevitable and, therefore, all research findings are not value-neutral (Mehra, 2002). As a result, critical reflection on this particular issue and the

incorporation of a range of research methods produced sufficient data to support the interpretation of the findings and the conclusions drawn from these.

3.1.2 The epistemological approach: an African perspective

Many African perspectives view relational epistemology as knowledge which has a connection with the knowers and the known, the researchers and the researched (Chilisa, 2012; Sharra, 2009; Wilson, 2007). A relational epistemology refers to all the systems of knowledge built on relationships and is the well-established general beliefs, concepts and theories of any particular people which are stored in language, practices, rituals, proverbs, revered traditions, myths and folk tales. This knowledge, according to Chilisa (2012), is practised in various fields such as medical science, religion, child bearing, agriculture, psychology, and education. Laible (2000; p19) refers to this way of knowing as ‘a loving epistemology’. She explains that it is a way of knowing and when the production of knowledge includes the journey of the researcher and the researched into each other’s lives, a two-way reciprocal arrangement occurs. The ‘loving epistemology’ is based upon the framework that relies on research being carried out authentically, within the natural setting of the researched and representative of their lives (Murove, 2009). To consider the arrangement of Zulu kinship care in isolation from the Zulu communities would reject the fundamental understanding of the social context of the Zulu culture and the Ubuntu philosophy of ‘I am, because we are’ and any possible contrast to the Western philosophical proposition of ‘I think, therefore I am’ (Descartes, 1986, cited in Cress, 1998). This suggests more confidence and dependence in one’s own knowledge and being and the potential distrust of other knowledge, considering it possible deception or mistake (Cress, 1998).

3.1.3 The philosophical approach: a Western perspective

Within the West there is no universal agreement of the definition of philosophy, due to the exhaustive number of accepted definitions and the discipline from which they came (Russell, 2007). However, a generally accepted definition according to Levi-Strauss (2001) is the ‘exploration of understanding the universe as a whole’ (p3). Western philosophy has been recorded from its development among the ancient Greeks to the present and therefore generally considered globally as well developed and articulated philosophies (Russell, 2007).

There are four major branches of Western philosophy: (i) metaphysics (why and how people have reality and being); (ii) ethics (why and how people are moral and have moral systems); (iii) epistemology (why and how individuals know); and (iv) aesthetics (why and how people appreciate beauty and the arts, more latterly scientifically described as the study of values or principles) (Russell, 2007; p 49). One additional branch of philosophy is given to logic (why and how there is judgement and reasoning) (Kenny, 2011; p8).

Within the discipline of the natural sciences, Western philosophies are thought to have emerged from philosophy based on observation, experiment and hypothesis testing (Chalmers, 2004). A further characteristic of Western philosophical ideas, according to Wilson (2008) is that they relate to their historical background and to the cultural history of their time. This was an important consideration in relation to the UK case study due to the influence philosophies have had on kinship care provision. One such example is the changing thought on where a child is best placed when they cannot be cared for by their biological parent(s). Over the last century there have been changing ideologies, resulting in changes to child care policies, on whether a child is best placed with their extended family or better placed outside the family, offering them a 'fresh start' (Aldgate et al., 2006). These changing ideologies could arguably reflect the needs of respective governments. For example, in times of war, when women were needed to physically support the war effort, national guidance was that children were better placed in a nursery, thus, arguably, both socially and morally supporting the ideology of children being best cared for outside the home environment (Alcock et al., 2014).

As acknowledged by Holloway and Brown (2012), the researcher is the research tool, setting the agenda and guiding the process. It is therefore important to recognise my own cultural background, professional status and education when carrying out research. As highlighted by Tietze et al. (2003) my own prejudices and preferences are likely to influence my thoughts, views and, ultimately, the interpretation of the data of this study so it is also important to acknowledge that I am white, was educated in the UK and have lived and experienced a Eurocentric philosophy of education and research. I have had no prior experience of Afrocentric philosophy and, therefore, could be described as a white, middle class, Eurocentric researcher.

This label, according to Hoppers, affects the way in which I undertake research and ‘hear’ the voice of another culture.

‘As I reflect on my colonial education, I cannot deny the lingering (in)visible traces of the Eurocentric models of talking, theorising and even living.’

(Hoppers, 2002; p57)

3.1.4 The philosophical approach: an African perspective

According to Janz (2009), an African philosophy is defined as the ‘critical thinking by Africans on their experiences of reality’ (p41). Other SA philosophers view the role of African philosophy to be more of a critical inquiry on Africans and their worlds; making the uncoordinated, coordinated, the uncritical, critical and the inarticulate, articulate, particularly of the pre-literate Africa (Benatar et al. cited in Anyanwu, 1989; p27).

Momoh (1989) suggests:

‘That (African philosophy) concerns itself with the way in which African people of the past and present make sense of their destiny and of the world in which they live.’ (Momoh, 1989; p16)

There has been some debate and disagreement amongst philosophers, regarding what defines an ‘African’ philosophy. Much of the debate focuses on whether ‘African’ relates to the content of the philosophy, including the distinctive methods adopted, or whether it is the requirement for any African philosophy to have been produced by Africans, or by people of African descent (Owusu-Bempah, 2010).

Kimmerle (2006) identifies three main distinctions between Western and African philosophies; the first relating to the concept of ‘vital force’, which he argues differs from a Western philosophy of just ‘being’ (p18). The second concept is that of the ‘prevailing role of the community’, differing, he argues, from the predominantly ‘individualistic’ thinking in the West. The third concept is the ‘belief in spirits’, differing from the scientific and rationalistic way of thought identified within the West. For the purpose of this study, reflection on Kimmerle’s notion of the three distinct differences between Western and African philosophy whilst interviewing Zulu participants and the African philosophy of Ubuntu were paramount to understanding people’s way of life and viewpoints.

Undertaking this research in Zululand created the need to broaden the Eurocentric understanding of research based on Western philosophies and take on board a range of non-Western, balancing philosophies. As Chilisa (2012) states:

‘There is an increasing emphasis on the need to sensitise researchers and students to diverse epistemologies, methods and methodologies, especially those of women, minority groups and former colonised societies and indigenous people, historically oppressed communities.’ (Chilisa, 2012; p65)

To understand non-Western philosophies, according to Scharfstein (1989; p101), permits the researcher to understand another worldview and aids the researcher to overcome what he calls ‘Western blindness to non-Western philosophies’.

Understanding the Afrocentric philosophy permitted a view of the South African aspect of this research in a broader context.

3.1.5 Ethnophilosophy

Ethnophilosophy is defined as the study of indigenous philosophical systems (Imbo, 1998). Emagalit (2001) used the term ethnophilosophy to refer to the collective worldviews of people that are encoded in language, folklore, myths, metaphors, taboos and rituals. Although ethnophilosophy is not solely an African concept, Emagalit (2001) describes it as a system that can analyse and understand the collective worldviews of diverse African cultures. Elsewhere, Chilisa and Preece (2005) support Emagalit’s (2001) definition of ethnophilosophy, describing it as:

‘The experiences of the people encoded in their language, folklore, stories, songs, artefacts, culture and values.’ (Chilisa and Preece, 2005; p61)

Chilisa (2012) further suggests that:

‘Community language, stories, songs, myths and taboos can also serve as sources of information that can be triangulated with data from traditional methods such as interviews.’ (Chilisa, 2012; p131)

Swanson (2009) suggests that the concept of ethnophilosophy is that a specific culture can have a philosophy that is not applicable or accessible to all people and cultures worldwide, suggesting that ethnophilosophy takes a culture-specific view of philosophy. Within this study, my aim of understanding the Ubuntu philosophy

required me to understand both the African culture and the indigenous philosophical systems of the Zulu people. It was essential that I became familiar with their culture, values and life experiences within the context of their communities. In order to do this, I was obliged to hear from the indigenous individuals themselves about their everyday perspectives and examples of Ubuntu. This specifically informed my understanding of the way their society functioned in relation to kinship care (Malinowski, 1947).

One of the direct challenges of African philosophy amongst Western philosophers is the lack of academic texts written on African philosophy (Emagalit, 2001).

According to Imbo (1998, p304) this is due to ethnophilosophy being located in the proverbs, myths, folk tales, sculptures and traditional oral culture of SA. This oral transmission of the Zulu culture was highlighted through my contact with agency and project staff who were able to enlighten me on cultural and historical aspects of kinship, including care that is not accessible in literature.

In exploring two diverse cultures in relation to kinship care, I had to ensure that I took great care not to make assumptions about the ethnophilosophy of either culture. Whilst I may have assumed I had an understanding of the ethnophilosophy within the UK case study, I wanted to make a more objective exploration of the ethnophilosophy of the Western culture and its influence in particular on kinship care. I therefore made a conscious effort within the research process not to make assumptions, through the continued questioning of practices and experience of the UK research participants as well.

3.1.6 An axiology: a Western perspective

Axiology is defined as the study of values (Given, 2008) and is considered to have particular relevance in the field of qualitative research due to the researchers' explorations of perceptions, beliefs, assumptions and the nature of reality and truth (Blaikie, 2000, p81). Also highlighted is the need for the researcher to ensure their own biases are understood, exposed and minimised (Blaikie, 2000). The need to demonstrate to the reader the researcher's own values is acknowledged as having an influence on the way in which the research is undertaken, from conception through to conclusions and it is therefore important to understand and discuss these aspects in

order that approaches are consistent to the nature and aims of the particular inquiry are adopted (Given, 2008, p71).

3.1.7 A relational axiology: an African perspective

The Bantu-speaking communities in southern Africa discuss a relational axiology that is embedded in the Ubuntu ontology: principles of 'I am because we are' define the relationships of people with the living and the non-living, spirituality, love, harmony and community building (Chilisa, 2012). This axiology contributes to the way in which the researcher carries out the research in practice. In practical terms this relates to accountability, respectful representation, reciprocal appropriation and rights and regulations during the research process (Louis, 2007). Relational accountability, according to Chilisa (2012), refers to the fact that all parts of the research process are related and that the researcher is accountable to and for all aspects (p78).

The Ubuntu world view of 'I am, because we are' is an example of a framework that calls upon the researcher to see 'self' as a reflection of the researched 'other', to honour and respect the researched as one would wish for oneself, and to feel a sense of belonging to the researched community without feeling threatened or diminished (Chilisa, 2012). From my own research perspective, I needed to be aware that my own research knowledge and training had emerged through Western teaching and I needed to consider this in relation to my fieldwork in Zululand. However, the fundamental Ubuntu philosophy of being respectful and undertaking fieldwork in a way that would not threaten or diminish the research participants aligns with my own professional and personal value base. For me, consideration had to be given, within my fieldwork, to the particular issue of how I recognised the community's role in child-caring practice, as opposed to seeing the child purely in the context of the (Westernised) nuclear family.

According to Caracciolo and Mungai (2009), Ubuntu is seen as both an ethical framework and a way of knowing in research, offering guidance in relation to the researcher's responsibilities and obligations. This framework provided me with a reference base for conducting my research, offering a code of conduct that recognised the joint collaboration between the research participants and the researcher. The Ubuntu ethical framework differed from the British Code of Ethics

issued by my own university in the UK (Bournemouth University, 2014), in that it emphasised a more moral and philosophical approach to research in addition to procedures and practices. The Ubuntu ethical framework had more focus on the mutual respect and well-being of the research participant, as well as the researcher. Ubuntu research is based on sharing knowledge with participants, whereas Westernised research is based on gathering or taking knowledge from participants (Chilisa, 2012). Therefore, this was a research philosophy that I particularly engaged with and wanted to engage in. Throughout the research I wanted to ensure that I upheld a personal as well as cultural moral position.

3.2 The role of the researcher: social, moral and cultural factors

It is argued that current academic research traditions are founded on the culture, history and philosophies of Euro-Western thought. It is suggested that such Western methodologies may silence and exclude the views of non-Western societies by their insular Eurocentric viewpoint (Chilisa, 2012; Davey et al., 2014). As a researcher, I had to ensure that my understanding and application of research methodology and methods took into consideration other cultures and models of research application. Western-philosophical approaches are seen to be based on dominant paradigms that hold the fundamental belief that knowledge is an individual entity. The researcher is viewed as an individual in search of knowledge and that knowledge is something that is gained; therefore, knowledge may be ‘owned’ by an individual. The SA indigenous paradigm comes from the fundamental belief that knowledge is relational, belonging to all and shared with all of creation (Chilisa, 2012) and the belief is that it goes beyond the individual’s knowledge to the concept of relational knowledge; you are answerable to with whom you relate (Wilson, 2007).

‘In no other major civilisation do self-regard, self-congratulation and denigration of the ‘Other’ run as deep, nor have these tendencies infected as many aspects of their thinking, laws, and policy, as they have in the West and its overseas extensions.’ (Eze, 2003; p212)

For my research in both the UK and Zululand, I needed to understand the way in which people related to one another and allow them an authentic voice in the research process. For my research in Zululand to be productive, I needed to explore

and learn about how this could occur within indigenous cultures. As Chilisa (2012) states:

'I have always been disturbed by the way in which the Euro-Western research process disconnects me from the multiple relations that I have with my community, the living and the non-living.' (Chilisa, 2012; p3)

In contrast to research situated in the UK, in Zululand it would have been impossible for me to become 'part of the scenery' as it was probable that I would be the only white person in the vicinity. In addition, as I could not speak the Zulu language, communication could only occur through a translator being present. According to Locke (2009), being able to physically fit in with a group aids the researcher's ability to bond with them. Whilst this is a valid argument, my physical appearance did not prevent me from being accepted or being able to bond with the Zulu people during my fieldwork. On the contrary, my physical appearance being so dissimilar made some of the Zulu people more inquisitive about my presence. On several occasions, whilst at the respective research locations, young children and their carers would approach me and attempt to stroke my blonde, straight hair, which I always felt was a positive way of starting communications. I also concluded that even though I was a white female, the fact that I was female in what was a predominantly female environment may have actually given me some advantage; the children, for example, were not afraid to approach me.

For the research interviews conducted within Zululand, I needed to further understand the culture of the Zulu people in order to present and interpret the context of the kinship carers' unique experiences. To do this, a more structured interview approach was used so that the interview remained focused and I understood the context and culture in which the research participants were explaining their experiences. Therefore, the principles of ethnography were followed in an attempt to gain further insight and to understand the experiences and culture in which they engaged in a kinship care placement. Failure to explore and describe each respective case study's context and the culture in which they are placed would not have permitted me to expose, in context, an individual's impetus or value base in which they participated in a kinship care arrangement. A further concern was that in undertaking cultural research where I shared some of the context and culture of one

setting, an unconscious bias may have occurred as I viewed the British system of kinship care as the 'norm' and the Zululand system as the 'other'. As Elabor-Idemudia (2002) queries:

'How is it possible to decolonise (social) research in/on the non-Western developing countries to ensure that the people's human condition is not constructed through Western hegemony and ideology?' (Elabor-Idemudia, 2002; p104)

Finally, whilst acknowledging that I am a participant in UK culture, I am not a kinship carer and, therefore, it was important to not only make strenuous efforts to understand the social context of kinship care in SA, but to make equally strenuous efforts to understand the social context of kinship care within the UK. It is also necessary to acknowledge my professional background in UK social work, which may impact on this study.

3.3 Research Methods

This study, using a case study approach, draws on a number of research method principles. Ethnography is, etymologically, the description or writing (*graphy*) of cultures (*ethno-*), and the objective of an ethnographic study is to provide an in-depth analysis of a culture with a view to providing an interpretative account of the cultural milieu (Marshall et al., 2006). For the research undertaken in both the UK and SA, ethnographic principles were incorporated as a methodological approach to gain insight into each research participant's culture and context in which they offered a kinship care placement. In addition, for some, kinship care would be a critical event with potentially life-changing consequences for the carer. With an understanding of the concept that the research participant is placed at the centre of the research process and through a focus on the interactional processes and the meaning people make of them, I could develop an understanding of kinship care through the narrative and stories of the research participants.

3.3.1 Case study

The definition of a case study according to Yin (2013) is that it is an empirical inquiry to investigate a contemporary occurrence in depth and within its real-world context. Yin further suggests that the use of case study is particularly relevant when

the boundaries between the occurrence and context may not be clearly evident (2013; p149). As this research is focused on exploring kinship care within two cultural settings where the context of delivery differed, the case study approach provided the most appropriate method to employ.

The use of case studies has long been associated with qualitative research and has been defined in a variety of ways to incorporate one particular case, or several, and can draw on multiple data collection methods (Ritchie and Lewis, 2012). It is based on the assumption that the case being studied is typical of cases of a certain type and therefore may provide insight into the events and situations prevalent in a group from where the case has been drawn (Denzin et al., 2005). It is considered a very useful design when exploring an area where either little is known or where a holistic understanding of the situation, marvel, episode, site, group or community needs to be obtained (Kumar, 2014).

The importance of a case study approach is also emphasised when gathering individual narratives in response to an individual's experience of public policies (Yin, 2014). For this study, this was particularly relevant since all the kinship carers had experienced participating in a statutory assessment and their individual narratives collectively could therefore offer unique insight into this occurrence. For example, Page (2009) argues that by developing accumulated stories of a particular social incident, they themselves can become 'objects of reality' that are not just interpretations of the socio-cultural experiences of the participants but a systemic meaning-making exercise between both participant and researcher, thus creating co-equal authorship and ultimately provide new insight into a particular occurrence.

One of the acknowledged benefits of case study research is, through its investigative and analytical nature, its ability to capture the complexity of the object of study. Moreover, it can, alongside a qualitative approach, draw together:

'Naturalistic, holistic, ethnographic, phenomenological and biographic research methods.' (Stake 1995; pp xi–xii)

In other words, a case study is defined, not by the methods of inquiry used, but the interest in the individual cases. For this particular study and its desire to consider kinship care across two distinct cultural settings, the ability to draw on principles

from a range of research methods as required was considered appropriate (Stake, 1995).

Ritchie et al. (2014) suggest that empirical investigation of a contemporary occurrence within its real-life context is one situation in which case study methodology is applicable. The choice of using a case study approach for my particular research was the relevance of its focus on the exploration and understanding of an occurrence rather than confirming and quantifying as suggested by Lishman (2014). Kumar suggests that one of the benefits of choosing a case study approach is its suitability to being very flexible and an open-ended technique of data collection and analysis' (2014, p87). According to Yazan, case study methodologists do not have full agreement on the design and implementation of case study research and, as such, researchers can come up with a 'combined perspective which best serves their research purpose' (2015, p134).

For this study, no prior theoretical propositions were formed and therefore all data was based on an indicative approach (Punch, 2014). This approach is recognised as a useful way in allowing data, through careful examination, to reveal hidden patterns and concepts (Yin, 2014).

The use of case study method was therefore deemed the most appropriate method in response to the overall aim of this study to examine the care of kin from two cultural perspectives.

3.4 Purposive sampling

According to Yin (1994) the selection of cases in research relies on purposive sampling to ensure that cases are chosen based on their characteristics and the variables of interest are clearly observable (p68). From the outset, the intention was to apply purposive sampling as described by Gobo (2008) by restricting the study to research participants who were either registered kinship carers or professionally employed social workers within one local authority within the UK and one agency based in SA. The UK local authority in question is a relatively small authority and because kinship care, as identified in the literature review, is considered a relatively new legal concept for local authorities, the potential number of research participants was limited. For the SA participants, it was considered that the research participants

would be identified through child welfare agencies identified by the two SA universities with which I had existing research links.

As this study examines kinship care within two distinct cultural settings and in the context of current UK and SA legislation policy and practice, one of the criteria set in selecting research participants, in each respective data set, had been through a formal process of a kinship care assessment by an approved agency, relevant to the cultural setting. For the UK data set the assessment was undertaken by a local authority and for South Africa, this was undertaken by a child welfare agency. Both of these agencies had statutory responsibility for kinship care assessment and provision. An explicit strength of the case study method is the opportunity to explore a full variety of evidence including documents, artefacts, interviews and observations, thus attempting to provide an holistic picture. For this study, this was deemed essential due to the distinct cultural settings in which kinship care is explored. In addition, the collection of data drawn from a variety of sources (in particular legislation, policies, log books etc.) also provided a way of triangulating the empirical evidence, thus assisting in providing a rigorous methodological path as supported by Yin (2014) in case study research.

3.5 Pre-fieldwork: ethical considerations

Because of the nature of this study, ethical considerations played a major role in the planning of the fieldwork. As a professional working within an academic and vocational environment, I am fully cognisant of the ethical issues that a study such as this raises. Ethical approval was initially sought from my own academic institution, which has a rigorous system to ensure that research is designed, reviewed and undertaken to ensure integrity, quality and of benefit to society (BU, 2014). In addition, the principles of the code of ethics for social workers in accordance with the British Association of Social Work (BASW, 2012), which include promoting human dignity and well-being, promoting the right to participation and challenging unjust policies and practices helped frame the conduct of the fieldwork.

The first ethical approval from Bournemouth University was sought through an RG2 submission, which is the research governance and ethics process required by the university. Ethical approval was granted in April 2012, a copy of which is included

in Appendix 8, enabling me to undertake the UK research element of this study. Additionally, the UK local authority where potential research participants had been identified also required compliance in accordance with the Government for Social Research (GSR) requirements. After assurances were given regarding the need to obtain consent from individual service users and social workers participating in the research, ethical approval was granted. The local authority panel also granted me immediate permission to access their own policy and guidance documents, prior to initiating interviews. The local authority governance was duly granted in May 2012, a copy of which is included in Appendix 9.

Prior to commencing the SA element of the research and following consultation with the two universities that I had already made initial contact with – KwaZulu-Natal University and the University of Zululand – I was advised by academics at these institutions to seek ethics approval within the UK, prior to arriving in SA. They felt that with only a five-week period to actively carry out my fieldwork, most of this time would be spent gaining ethical approval. On this advice I sought further ethics approval by submitting a further RG2 (Part B) submission to BU. I was also advised by the two SA universities to translate my research participant consent forms into two additional languages, Swahili and Afrikaans, which I duly did, although these languages were not spoken by any of the SA participants who were involved in this study.

Approval was obtained for the SA element of the research through the Bournemouth University Ethics Approval panel and granted in July 2012, a copy of which is included in Appendix 10.

The Economic and Social Research Council (ESRC) Code of Research Ethics (2012) presents a number of considerations for research organisations to consider, including: whether a local ethics review is required by the host country, how the principles of the Framework for Research Ethics (FRE) can be followed, inequalities with regard to access to research resources, political and cultural considerations, increased risk to researchers and possible differences in power between the researcher and the researched.

3.5.1 Informed consent

The concept of informed consent implies that potential participants will have knowledge and understanding of the research process, purpose, aims and content (Gray, 2014). This relates to their role within the research and how any information they share will be interpreted and disseminated. As such, the premise is that they will be able to make an informed choice to participate based on consideration of the benefits and risks to themselves and others. It has been argued, however, that by its very nature, qualitative research processes are incompatible with informed consent (Malone, 2003; Hughes, 2012) because the researcher cannot be specific about the events or issues which may emerge or how they will be interpreted. As a researcher I was clear about the research methodology, process and purpose and sought to ensure that the participants understood the relationship they were engaging in and the topic of the intended interview (Miller and Crabtree, 1999). However, I could not always ensure that this was the case for the research undertaken in Zululand due to translation issues. However, gaining a signature on a 'consent' form does not necessarily ensure that the research participant has been provided with sufficiently detailed information so they can make an informed decision on whether to participate in the study (King et al., 2010). Malone (2003) suggests that if the potential participant is not familiar with different types of qualitative research, they may be less likely to question the methods and truly understand what they are consenting to. This was an issue whilst researching in Zululand as the Zulu kinship carers were mainly Gogos (Zulu word for 'grandmother') and were typically illiterate. I was, therefore, almost totally reliant on the translators to inform the research participant about every aspect of the study. Whilst the Zulu participants signed the consent form, usually by putting an X in the signature box and the translator co-signing, I wanted to reassure myself that they were freely willing to participate in the research and felt comfortable in their participation. This was achieved through my observations of their behaviour during the interaction, their non-verbal communication and that they were participating willingly and not coerced by any other person.

Creswell et al. (2012) suggest a shift from informed consent altogether to a scenario which focuses on 'guarding against harm' as a way of acknowledging and addressing that informed consent can never fully be achieved within qualitative research due to the unknown two-way communication during the interview process. They encourage

consideration of the need to create trust, a safe environment, honesty and respect, to try and ensure that involvement is not a negative experience. These issues are considered within the 'protection of participants' section of this chapter.

Within this research, I sought written consent as far as possible and discussed verbally with the research participants the purpose of my research, prior to commencing interviews. For the Zulu-speaking research participants, this information was translated via the interpreters. The UK research participants were invited to view their typed interview transcription in order to permit them to amend, add to or withdraw their consent to use the information as part of this study. Only one UK participant responded to this invitation but did not wish to amend any of the typed transcripts or withdraw their consent. According to Marshall and Rossman (2006) this is good practice. However, for the interviews that took place in Zululand, this was not a viable option due to the unavailability of the typed transcriptions and limited subsequent access to the research participants. This is discussed in further detail later within this chapter.

I sought, when interviewing, to advise each participant that their participation within the research study was on a voluntary basis and that they did not have to respond to any question they did not want to and could terminate their involvement at any stage of the research process. The Bournemouth University Research Code of Ethics (2012) placed a requirement on me to ensure that all participants understood the nature of consent including significant cultural differences that may affect an individual's understanding of 'consent'. I was required to employ culturally appropriate methods to allow subjects to make decisions to participate or to withdraw from the research process. Within Zululand I attempted to emphasise this to the translators in order that they could ensure that the participants were contributing willingly. As noted above, as the researcher I continually observed the participants' body language to ensure that they were willingly contributing to the research process at all times and they were not being coerced into doing so. Despite the difficulties associated with this, I believe I have learnt a great deal from my experience of undertaking research in another country, particularly where translation is required.

The issues relating to power constructs were also reviewed at this stage. This was to consider whether UK participants genuinely felt able to amend, add or withdraw any of the content or to withdraw from the study completely.

3.5.2 Power constructs

Throughout this study I sought to anticipate, recognise and minimise any potential power imbalances that may occur and the possible influence these may have had on the research process and the participants' input. Malone (2003) argues that participants can feel vulnerable as a result of the research process and as such may not feel able to make such assertive decisions despite assurances being made. There is a need to consider whether participants feel that they can withdraw without risk (Miller and Crabtree, 1999). Opportunities were provided for participants to discuss any concerns with me or with another point of contact, such as my supervisors or a person identified within the local authority. Control over the content of the one-to-one interviews was an important issue as they were the primary 'voice' within the analysis.

Although it was unlikely that I would have any personal knowledge of any of the research participants, I needed to be mindful that they considered me to be an independent researcher, whilst acknowledging issues such as gender, race, ethnicity, presumed authority and class that may influence and impact on my study. It was important to make sure that the participants felt that their personal disclosures were being made in a safe environment and would not be contributing to any preconceived personal or political drivers, and that my research was based on a desire to seek a genuine understanding of their own unique experiences in relation to kinship care.

The requirement of informed consent, the level of confidentiality and anonymity offered to the participants, the opportunity for participants to view and amend their expressions and analysis and the reflexive approach to my written evaluation and analysis are all means, as far as possible, of attempting to consciously recognise, explore and minimise the power imbalances involved and the complexities of insider and outsider identities. Scott and Morrison (2005, p6) argue that whilst the way power works may never fully be grasped, attempts to 'surface the power constructs' should always be made across research endeavours.

Darra (2008) emphasises the importance of reflection during the research process to reflect on your role and credibility as a researcher. I will present these critical reflections throughout the thesis.

3.5.3 Cultural awareness

Prior to undertaking the research in SA, I had made strenuous attempts to familiarise myself with the Zulu culture, landscape and occurrence of kinship care through reading and personal contacts within SA itself. However, having retrospectively reviewed literature relating to African philosophical approaches and relational epistemologies in relation to research, I was aware that my Western philosophical approach – that of implicit white supremacy – could easily have offended the Zulu people. The following situations highlight my lack of cultural awareness: not seeking permission from the chiefs of the Zulu communities to enter their townships prior to arrival and limited research time to build in-depth trust and rapport with the community before undertaking one-to-one interviews of a potentially sensitive nature. However, I became sensitive to some of these cultural mores very quickly. I always tried to be respectful of the communities and people I encountered. This, I hoped, reflected the Ubuntu concept of respect, personal responsibility and common humanity (Murove, 2009). Within the UK, I considered the need to be sensitive to the issues of the kinship carers an easier brief due to sharing a similar culture, although I still had to be mindful of the fact that I had not shared the same experience as the carers in caring for kin in a formal way. In the same way, it was easier to demonstrate respect to the research participants in the UK as it is a critical part of maintaining both personal and professional relationships. I was also familiar with British social etiquette and have command of the English language. In SA, even thanking the research participants for contributing to the research process had to be undertaken through a translator as my attempt to say ‘Ngikhona’ (the Zulu word for thank you) was often met with a look of confusion. In Zululand I also needed to gain an improved understanding of the respective townships and cultural sensitivities from other professional colleagues in SA, prior to undertaking township visits. One of the more practical issues I very quickly became aware of was the custom by community workers to take food parcels to the families they visited in the community; I first became aware of this whilst shadowing some of the work carried out by the voluntary agencies. Although this was an unanticipated consideration from

a research perspective, it was a very natural human response and following permission from the project leader it became my standard practice to take food parcels with me on all home visits. On reflection, however, I never considered taking any small gift or food parcel to any of the UK participants, even when I was aware that some of the families were struggling financially. This was possibly due to it not being usual in the Western culture to take food parcels or ‘gifts’ to research participants in this way.

One issue I was immediately presented with concerned the use of photography. Within the UK case study, I had never intended to incorporate photographs within my research. However, to illustrate the context of kinship care provision within SA, particularly Zululand, it seemed an appropriate method to use. In order to ensure that I obtained the appropriate consent to take photographs I sought the permission of both the SA agency representatives and also individual consent, through the translators, from the participants working with me. Although I always attempted to gain verbal permission from the people I took images of, whether they were in a township, community group or were lone individuals, this was not easy, as some of the people I came across in the most rural parts of Zululand had never seen a camera before. On a few occasions I had to try and explain the purpose of a camera, through the interpreter, including how the photographs would be used and accessed. The individuals who permitted me to take their photograph were either provided with a copy or I arranged for them to receive a copy through the agency.

3.6 Data collection and analysis

Following ethical approval, the study was conducted across both research sites in 2012 – 2013. Expressions of interest to participate in this study were initially sought from both service users and local authority-employed social workers through the named person within the local authority requesting that all kinship carers, both current and past, be sent an initial letter explaining the research and inviting them to participate in this study. A slightly amended version of the letter was also sent to all social workers who were currently, or had previously, been involved in kinship care assessments within the local authority. The team of social workers who participated in this study were part of the child protection services for children at risk of harm. The local authority did not have a dedicated team for assessing and supporting

kinship carers, as recommended in the Statutory Guidance for Local Authorities on Family and Friends Care (DfE, 2010).

Participants were invited to respond to the invitation letter within four weeks of receipt. I had no involvement in this process and relied on the local authority to send out letters to individuals inviting them to participate. The names and contact details of interested parties were only forwarded to me once initial permission from either the kinship carer or professional social worker had been obtained. Due to the size of the local authority it was anticipated that the number of participants would be approximately eight to ten. Consideration was also given to expand the study to a further local authority if only a few, or possibly no research participants, came forward. However, a total of 15 research participants came forward to participate in the study, composed of nine social workers and six kinship carers. Due to the geographical location of the research setting, as described above, all the kinship carers and social workers, described themselves as ‘white British’. Initially, it was anticipated that the recruitment process could be mirrored for the research sample based in SA. However, upon making further contacts with the SA agency representatives, it became evident that to ensure a representative sample of kinship carers and social workers, additional participants had to be sourced through non-governmental organisations. According to Howe et al. (2006), this is frequently the case with fieldwork in developing countries where potential research participants may be anxious about the presence of a non-native person.

The agencies and community projects involved in the research study have been outlined in Chapter 1; however, more in-depth information can be located in Appendix 1.

Figure 3: Research interviews undertaken as part of this study

	Research interviews undertaken in 2012/13		Total participants
	Kinship carers	Social workers	
South of England	5	9	14
Zululand	12	6	18

Sub-totals	17		15	
			Total number of interviews:	32

The number of research interviews undertaken, as shown in Figure 3, reflect the participants who volunteered to participate in the study.

The research data was collected primarily through one-to-one, semi-structured interviews with a total of 17 kinship carers and 15 social workers in the UK and SA. Additional material was accessed through UK local authority case files, SA log books, policy documentation and material presented by kinship carers themselves during their respective interviews. The additional materials provided by the kinship carers within the UK included: copies of documentation published from a formal complaint hearing made by the kinship carer to the local authority; photographs of a kinship child joining the kinship family; and a series of anonymised email communications between a kinship carer and the child’s biological mother. Additional materials provided in SA included: log book recordings provided by three projects relating to specific incidents and a variety of policy documents from individual organisations that provide kinship assessments.

In addition to the research interviews, participant observations and field notes were used as part of this research study. The interview observations were recorded either during the interview itself, using brief notes, or shortly after the interview was completed. The participant observation data recorded took the form of both verbal and non-verbal communication. This included variations in speech, facial expressions, body language and interaction with the researcher. Participant observation is one of the primary techniques for collecting data in ethnographic studies (Gobo, 2008) and, through the recording of verbal and non-verbal interactions, the environment in which the interactions occur and the relationship between participants can provide the researcher with both an unpredictable and rich content of relevant and multifaceted data (Ritchie et al., 2014).

Field notes are viewed as one of the most common methods of recording observational data (Ritchie et al., 2014) and were used within this study to capture more visual aspects of the participant during the interview or in the surrounding

environment. This process allowed me to note a potential emerging theme or something that was said by the research participant that I wanted to use as a point of reference. The photographs I took during the fieldwork acted as a visual *aide-memoir* so that I could document field notes on the reverse of individual photographs, thereby recording thoughts and feelings of particular field visits. Berg and Lune (2012, p 71) refer to these recordings as ‘subjective reflections’ and suggest that they assist the researcher to critique and understand their own interpretations of what was being observed.

The methods selected were deemed most appropriate due to the different information they could yield. Participant observation is considered one of the primary techniques for collecting data in the use of case studies, allowing the researcher to gain a close and intimate familiarity with a given group of individuals (Gray, 2014). Participant observation was used in both research settings. In the UK, participant observation was mainly used during the research interviews and also for observing the team of social workers responsible for kinship care arrangements. For the research undertaken in Zululand, having the opportunity to spend five weeks in the field observing the Zulu communities enabled me to learn about Zulu culture and practices first hand. The field notes produced during this part of the study have been used throughout my thesis, providing useful illustrations of experiences and findings. The ability to access primary source documentation in relation to project log books, information provided by research participants, policy guidance and documentation in situ provided contextual information about a number of practices that, on many occasions, were unique to Zululand. For example, one practice I became aware of through reading a project nurse’s log book was the informal control groups of young male Zulu’s appeared to have over the Zulu communities. Reading this documentation allowed me to ask further questions about the entries made by the project nurse and is further discussed (including case examples) in Appendix 2. These research methods gave me a context for the discussion points in the research interviews and provided me with an opportunity to ask more informed questions. Even with this knowledge, there were still responses and scenarios during the interview process that I was unfamiliar with which led me to further questioning and new lines of inquiry. All of these methods provided me with an ethnophilosophy approach to understanding the Zulu culture in the context of kinship care.

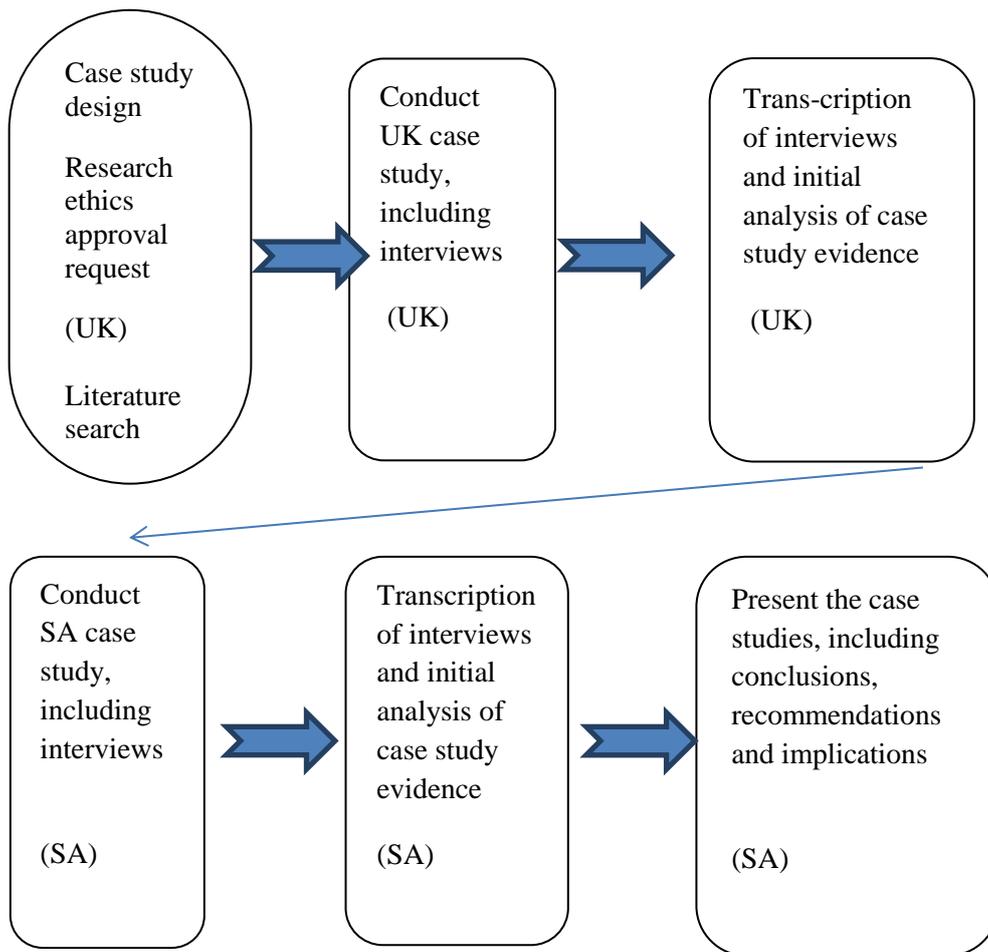
As noted, each interview involved discussion, conversation and shared reflections based on a semi-structured interview approach. This approach is closer to a conversation than structured interviews but is guided by certain themes (Kvale, 1996), such as the personal and unique involvement in kinship care assessments. Interviews undertaken within the UK comprised, in every case, of participants using English as their first language. In SA, twelve of the interviews carried out were spoken in English (although not all of the participants used English as their first language), but six of the participants in South Africa spoke only Zulu. As I was unable to speak Zulu, two interpreters were identified within one of the SA agencies. The translators were volunteers at the project and agreed to provide a translation service on a voluntary basis in order to assist the research project. These two translators were South African but were not professionally trained translators. The interviews were audio recorded and I also kept a reflective journal and observational notes which are incorporated throughout the thesis to illustrate my thoughts and feelings as part of the research process and as an attempt to create transparency (Richards, 2009). All research participants were provided with a Participant Information Sheet advising them of the purpose of this study, a copy of which is included in Appendix 6. Permission was then sought from all participants to audio record the interviews as part of the consent form process, the full details of which can be found in Appendix 7. All written and audio-recorded material and photographs have been kept in a securely locked cupboard within the university where I am based. Interviews were anticipated to last approximately 60–90 minutes and this was generally the case for all of the UK interviews and those undertaken with English speaking participants in SA.

The interviews with Zulu-speaking participants usually lasted less than 60 minutes, primarily due to the challenges of translation and, in particular, the difficulty in establishing direct, two-way conversation. During the interviewing process where Zulu was the first language I was acutely aware of my own cultural heritage and how I could potentially be perceived by the participant as white, middle class and affluent and, as such, having no awareness of the issues they were facing. I had no sense or control over how the translator was translating my questions, or how the participant perceived my questions. At times, the response from the translator appeared to contradict what I was interpreting from the non-verbal communication that had taken

place. An example of this occurred when I asked, through the translator, if the kinship carer had wanted to care for her grandchildren. The participant responded with a raised voice, at times shaking and holding her head in her hand and gesticulating with emotion to the young child sitting on her lap. The translator's response was more-or-less monosyllabic and asserted that the participant had said that she 'loved' looking after her grandchild. This caused immediate concern regarding the accuracy of the translation process and the need for further checking of the translated interviews I had already undertaken. Since returning to the UK, an independent translation from a native Zulu residing in the UK has been obtained. I am now aware that the kinship carer, in the example above, had actually said that she had *not* chosen to care for her grandchild. She spoke of her dislike for caring for the child due to the fact that she could not provide food and generally felt that she could not cope. She had summed up her response as feeling hopeless with the situation. I have further examples of some of the complexities of undertaking research within a different culture and where the interviews were dependent on a translator, and these are presented more fully in Appendix 2, with case illustrations. These translation difficulties were the exception, and did not distort the overall findings from the Zulu participants.

As my research consisted of two distinct case studies, drawn from empirical data from the UK and SA, I concentrated on a linear approach to the collection and analysis of the data. This approach allowed me to plan my study in a single series of steps that seemed sequential and logical. Figure 4 outlines the linear approach of the data collection and analysis.

Figure 4: The linear approach employed for data collection and analysis



Initially, I concentrated on my research within the UK, through the collection, recording and transcription of data. Once in SA, I repeated the process of data collection and initial analysis.

The interviews were recorded via audio equipment and also included brief notes that I took during the interview sessions. Pre- and post-interview, I noted down factual information in relation to the research participant, which included direct observations, locations of interviews and any specific documentation that I had been presented with during the interview process. This evidence concurs with Yin's (2013) view that gathering of multiple sources of data helps to ensure the reliability of a case study. I also recorded my responses, attitudes, emotions and thoughts in my reflective journal. This additional documentation has contributed to my data analysis, conclusions, recommendations and implications of the study presented.

3.7 Thematic analysis

In order to provide a framework for analysing the qualitative research data, a thematic analysis approach was used. This decision was based on the recognised advantages of thematic analysis in that it is considered theoretically flexible and suits questions in relation to people's experiences, views and perceptions (Stake, 2005; Yin, 2014). In addition, it also provides a clear framework for analysing data through a rigorous process of data familiarisation, data coding and then development and revision.

Although ethnographers have traditionally analysed data by hand (Gobo, 2008), I initially considered the use of qualitative research software, as I believed this would provide a means of managing the data, as well as being sufficiently flexible as an analytical tool. I considered it would provide an opportunity to replicate the ways that ethnographers have recorded material manually as well as enabling me to sort, match and link the themes more efficiently (Silverman, 2000). However, on attending an initial workshop on the data tool NVivo, I found the lack of a visual overview of the material and difficulties with manoeuvring and manipulating the material to be problematical. As Thomas (2011) suggests, NVivo can be a useful tool for mapping but, equally, he argues, so can a set of highlighter pens. That said, the use of software in the data analysis process has been thought, among researchers, to add rigour to qualitative research, mainly due to its ability to interrogate the data and provide a clear audit trail of doing so (Richards, 2009). The idea of a clear audit trail has been seen as something qualitative data analysis has lacked and has, on occasions, been regarded as akin to an 'impression analysis' because of the lack of detail and scrutiny on how the analysis process itself is carried out (Kirk et al., 1986, p 23).

Hammersley (2006) suggests that the focus should not be on how a theory has emerged, as he believes this process remains a mystery. Instead, he asserts that the focus should be on how the data can justify our belief that the processes it describes were operative in the case investigated. For this study, that seeks to explore kinship carers' thoughts, feelings and behaviours regarding kinship care, the ecological integrity has to be considered, by those interested in the research, with regard to how

it reflects real life through the narratives, field notes and photographic documentation, and the trustworthiness of the research findings.

In accordance with Braun and Clarke (2006), the data was analysed using a thematic analysis approach, which includes six clearly defined phases, presented in Figure 5. These phases, discussed in detail below, include producing physical thematic maps from the extracts of the transcriptions and, later, once initial themes are gathered, transferring these into a typed framework for further exploration and examination. An example how this was used within this study is presented in Appendix 6.

Figure 5: *The phases of thematic analysis: the approach used in analysing research data (Braun and Clarke, 2006)*

Phases of Thematic Analysis	
Phase	Description of the process
1. Familiarising yourself with your data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set. Collating data relevant to each code.
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic ‘map’ of the analysis.
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples. Final analysis of selected extracts, relating back from the analysis to the research question and literature, producing a scholarly report of the analysis.

3.7.1 Phase 1: Familiarisation with the data

All interviews were transcribed verbatim in order to create a written account of the content of the interview itself in preparation for data analysis. Each transcript was repeatedly read and re-read in order that I could familiarise myself with its content and note any key themes or interesting observations. This also enabled some of the data to be categorised by, for example, demographic information, personal experiences, descriptions of when kinship placements were being offered, plus personal motivation and philosophical viewpoints in relation to the concept of kinship care from the participant's perspective.

In addition, and immediately following each audio recorded interview, I wrote notes as an *aide memoire*. These handwritten notes included information such as the location of the interview, observations and reflections made during the interview and any additional data source identified by the participant. A sample of these notes can be viewed in Appendix 6. These, in addition to photographs (see Appendix 2), were also included in the overall analysis and helped to contextualise some of the findings.

3.7.2 Phase 2: Generating initial codes

The next phase was the analysis of the two data sets. An initial decision was made to analyse the UK and SA data separately. This provided the opportunity to consider data that was unique to individual case study settings before considering similarities and differences in the data sets.

Although there is no established method of analysing data collected through ethnographic research (O'Reilly, 2011), a number of ethnographers describe the process as an essential time to re-familiarise yourself with the data (Creswell, 2012; Kumar, 2014). Again, drawing on the principles of ethnography, I made the decision to review the data by hand (Braun and Clarke, 2006), seeing this as an opportunity to really immerse myself in the material. This enabled me to physically surround myself with all the data collected, including field notes, photographs and documentation. I was, therefore, not only immersing myself in the interview transcripts, but refreshing my knowledge and appreciation of the whole research experience. It was through this process that I was able to collate, code, analyse and interpret my data and identify emerging theories which is, according to Roper and Shapiro (2000), the ultimate aim of ethnographic analysis.

These initial codes were broad and covered general responses from participants such as assessment experiences, motivation and family dynamics. This process provided a holistic overview of the data as well as a physical thematic map and visual representation of the data. Additional headings were added as they emerged from the data. In some cases, subheadings were also created. All data sets were categorised into headings at this initial stage of analysis.

3.7.3 Phase 3: Searching for themes

Once all of the data had been manually collated and initially coded for both the UK and SA, four large word documents with the following headings were created:

- Data responses from UK kinship carers
- Data responses from UK social workers
- Data responses from SA kinship carers
- Data responses from SA social workers

Manually handling the data and employing my own coding system offered greater flexibility to consider the relationship of the data within each individual case study and across case studies. Although my intention was always to be authentic and true to the data, I was aware that by generating my own meaning and coding, I was superimposing what I believe the research participants were trying to say. According to Hammersley (1992), this is one of the difficulties with qualitative data analysis research and requires the commitment of the researcher to investigate and describe the social realm as it really is (Hammersley, 1992; p23).

In addition to the transcript data, a further column was added to the document framework that allowed the inclusion of some of the fieldwork notes made immediately following the interviews. This data related to some of the verbatim comments made and provided additional thoughts, observations and factual information, thereby providing a richer context as recommended by Geertz (1975).

During this stage of analysis, it became evident that some codes could be merged into themed responses across the data sets. For example, all research participants in the UK, whether they were a kinship carer or social worker participant, expressed a viewpoint on the motivation of kinship carers to offer a kinship placement. This

highlighted the significance of this particular response and ‘motivation’ became a potential theme to review in phase four of the process.

The next stage of the process involved reviewing the themes to make sense of the data already collated and to consider if the themes should be further combined, refined, separated or discarded (Braun and Clarke, 2006).

3.7.4 Phase 4: Reviewing themes

Reading and re-reading the transcript text presented in a logical and sequential way enabled me to review and refine the themes identified in Phase Three of the process. At this stage of the process, I still had a total of 117 themes and the data was too overwhelming to view on a computer screen. In order to make the process more manageable, I needed to revert to physically handling the data. So, I produced thematic maps on large sheets of coloured card and applying this technique assisted me in visualising the themes and the relationship between them. Throughout this process each theme was continually reviewed and I began to see patterns emerging within the two distinct case study data sets. I also became aware at this stage in the process of some similar data patterns emerging across the two case study data sets. These patterns related, in particular, to the kinship carers’ motivation and experience in offering kinship care placements. By the end of Phase Four of this analysis, six distinct themes for the UK data set and seven for the SA data sets emerged. I also had two additional themes that overlapped between the two sets that related to the role of the respective social workers and issues of trust between kinship carer and social worker.

3.7.5 Phase 5: Defining and naming themes

This stage involved the process of becoming familiar with the themes and the narratives – a significant stage in thematic analysis. It was essential that the themes were representative of the analytical points illustrated through my research study and centred on a central concept. However, I was aware that within thematic analysis this involves a number of choices which, according to Taylor and Ussher (2001), should be considered before analysis. One particular choice I had to make presented itself whilst I was undertaking fieldwork in Zululand. I had experienced two quite disconcerting events, which involved being isolated in the field and encountering small groups of Zulu men, who did not appear to want strangers present. At the time

I was unfamiliar with who these individuals were or their role within their village. One of the recommendations suggested by Taylor and Ussher (2001) in order to address any practice issues is for researchers to use an ongoing reflexive dialogue. As I experienced these situations I had used a reflective journal to make notes. On reaching Phase Five of the thematic analysis I was conscious that I might be giving too much weight to the influence of these men within their cultural setting, as a result of my personal experiences rather than as an emerging theme from my data. So, as suggested by Taylor and Ussher (2001), I revisited my reflexive journal and the transcripts of the Zulu research participants, to ensure this was a central theme presented by the research participants and not purely based on my own personal experiences. These experiences are described in more detail in Appendix 2.

3.7.6 Phase 6: Producing the report

The final stage involved the writing up of the analysis with an aim of capturing the essence of the research study. This stage offers the reader an understanding of the story of the data which, according to Braun and Clarke (2006), convinces the reader of the merit and validity of the analyses. For me, the analytical narrative had to do justice, not only to the methodological argument in relation to the research question, but also to the voice of the participants who spent time telling their story, thus enabling a better understanding of the complexities of kinship care to be heard. In a further endeavour to demonstrate the authenticity of the presented analysis, illustrate pervasiveness of the theme and enhance the trustworthiness of the research findings, examples of field notes and extracts from transcriptions are included in phase six of the final analysis.

3.8 Data protection

In accordance with the Data Protection Act 1998 (UK) and the Protection of Personal Information Bill 2009 (SA), the current legislation at the time the research data was being collected, compliance had to be made with regard to the personal and public body information I was gathering.

Within the UK, the local authority opted to seek legal advice and approval from their internal legal administration team to ensure that no breach of the Data Protection Act 1998 was likely to be made on the basis of my ethical approval submission. The only

stipulation was that all participants agreed to voluntarily participate and participant information sheets were signed by the research participant and held securely for the duration of the study.

For the SA part of this study the agencies did not request any additional scrutiny regarding the research and its compliance with the Protection of Personal Information Bill 2009. They did, however, request that no agency documents were removed from the buildings at the beginning of the fieldwork activities.

With regards to the research participants in both the UK and SA, I was conscious that their personal information must be held securely and not disclosed inappropriately. Information that could be easily identifiable to a particular individual had to be considered carefully, and the use of pseudonyms assisted me in attempting to keep their true identities hidden. However, the research participant information form clearly states that, whilst strenuous attempts would be made to ensure their anonymity, I could not guarantee this.

All manual data gathered as part of this research is stored securely within a locked storage area and only used when working actively on this study. Electronic data is held securely on the university server. Following completion of the use of research project data, this will be held in accordance with the Bournemouth University research data storage and retention policy, which states that personal data will be retained for five years after completion of the fieldwork and will then be securely destroyed (BU, 2014).

3.8.1 Confidentiality, anonymity and sharing of information

Whilst a research participant has the opportunity to verify information they have shared, this does not automatically mean that they will continue to give consent for the information to be used within the research study. Malone (2003) gives an example of a participant asking for a section of her report to be edited, not because it was inaccurate, but because ‘if you write it down, everybody else will know it and it will be there forever’ (Malone, 2003, p808). This stemmed from a belief held by the participant that her identity would be known, which she hadn’t considered prior to taking part. This is also a possibility within this study. As the published research will identify the university, there is a possibility, albeit remote, that readers may be able to identify research participants from the information they have disclosed. Whilst all

reasonable safeguards were made to protect identities, including use of the following strategies to minimise this risk, participants were made aware that, despite my best efforts, total anonymity could not be guaranteed.

Each participant was assigned a pseudonym that was used in all written documents including notes, transcripts and within this thesis. Where possible, audio-recorded interviews did not make reference to any real names or identifiable locations. Other information relating to the interview participants was coded, for example, the location of the research interview. Research participants were able to determine for themselves if they wished to discuss their involvement in the research study with others.

Maintaining the anonymity and confidentiality of research participants is considered central to ethical research and all my attempts to do so as highlighted above demonstrate my commitment to this issue. However, through my intention to incorporate photographs within my study alongside verbal descriptions it was not impossible that some individuals could be identified from the data. This was made explicit to all research participants at the beginning of the research process.

3.8.2 Protection of participants

The BU's research ethics policy and procedures document (2011) highlights the researcher's responsibility to make every effort to ensure the protection of participants against physical, mental, emotional or social injury. In my study, the participants were asked to reflect upon their own personal experiences, which may for some have an emotional impact depending on the individual and the information or experiences they chose to share or which may have surfaced unconsciously. The emotional impact, resulting from the requirement for the participants to reflect and explore their experience of kinship care, could not be underestimated and it was therefore important to identify a support network post interview. I was able to offer support networks that the participants could access should they wish, or a named person within the local authority that they could contact for one-to-one support, as recommended by Darra (2008).

I explained to each participant, at the beginning of the one-to-one interviews, that any concerns about their well-being or the well-being of others (e.g. the kinship family), would be shared with an appropriate professional body, most likely the

referring local authority/agency. This situation did occur with one kinship carer interviewed as part of the UK research. The kinship carer, whilst recalling her experience of a kinship placement, outlined some very personal information which she had not previously shared with the local authority. It was evident that the kinship carer was still struggling to make sense of her own situation and, I believed, would have benefited from more professional support on a longer-term basis. During the interview, I sought her consent to seek further professional support for her, post-interview. The research participant willingly agreed to this course of action. On completion of the interview, I made an appointment with the identified member of local authority staff and made a formal referral. The local authority staff member then wrote to the research participant offering a support package of assistance. Although, as a qualified social worker, I have experience of distressed service users during interviews, on this occasion I had to be clear about my research role and not engage in a therapeutic relationship with the participant. However, following the interview and in seeking an appointment with the identified local authority staff member, and with the participant's permission, I was able to fulfil my professional responsibilities as a social worker.

Within the interviews, I utilised a range of interpersonal skills to minimise emotional and mental harm (Darra, 2008). As a qualified and experienced social worker within the childcare field and a social work degree lecturer, I have the skills to listen to and discuss a person's experiences and perceptions with both emotional and social intelligence (Rajan-Rankin, 2014). I always endeavour to employ values and codes of practice which encompasses respect, dignity and empowerment. Whilst it is obviously not imperative to be a qualified social worker in order to undertake research interviews, the skills I have developed professionally complemented the interviewing process within this study. The aim of the interviews was for participants to feel empowered by their experience, thus reducing any potential for emotional harm.

The potential for emotional or mental harm to me was also acknowledged. Although I had the experience and skills to be able to recognise signs of personal distress and to identify support networks to address the potential impact appropriately, in SA the extreme poverty, distress of the kinship carers and, at times, a total loss of knowing what support, if any, could be offered, did have an emotional impact on me (Goody,

2007). On these occasions, being unable to actively intervene and provide practical solutions to some of the participants' expressed difficulties challenged my role as researcher as opposed to my more familiar role as social work practitioner. Lee-Treweek and Linkogle (2006) argue that in some research situations the researcher can be made to feel that they are a poor substitute for other services and further proposes that not all researchers have the skills of a social worker or qualified counsellor, suggesting that researchers trained in the professions are more emotionally resilient. They suggest that most 'other' i.e., non-social workers or counsellor researchers are rarely trained in such issues as managing distress, ending difficult interactions and identifying ways in which a person could be helped or encouraged to help themselves. Whilst I would generally support this view, my experience of researching within SA, where I was constantly faced with such extreme poverty, helplessness and illness, my professional qualifications as a social worker and counsellor did not prevent me from experiencing a total feeling of helplessness and distress during some interviews and situations. In addition, due to the fact I was on a different continent, my immediate professional support network was not easily accessible.

The potential for physical harm to me, as the researcher, was also considered prior to leaving for SA particularly when completing the Bournemouth University risk assessment. However, once I was working in the field, this had to be considered on a daily basis and particularly in response to a number of situations I encountered. Although the majority of interviews took place within the agency setting, some took place within the kinship carers' homes. Being in such a vast, isolated area of Zululand, and at times being the only white person in the area, I had to be aware of not just the physical danger, but also the perceptions the Zulu people had of me. Verbal feedback from professional colleagues indicated that the Zulu communities saw all travellers and visitors as financially wealthy and who were usually there to provide material support, most often in the form of food, clothing or shelter. This did have an impact on the way I conducted myself when undertaking research interviews in the field. I was always very aware of my personal safety and carefully planned visits and interviews during daylight hours. I also ensured that I had my own transport and the agency was able to allocate community worker(s) to travel with me. Although risk assessments and health and safety procedures were also in place within

the respective agency settings where interviews took place, they were limited to very basic procedures compared to those within the UK. One safety measure written in an agency protocol, for instance, suggested that no one (professional worker) should enter the premises and interview anyone seen to be carrying a weapon (SA-Venues, 2011). Lone working, which is a key health and safety consideration for professionals working within the UK, was not mentioned within any document that I viewed. Although my personal safety was of paramount importance to me, there were several situations in which I felt vulnerable, such as being the only white person visiting vast, exposed scrubland where poverty is so extreme and gangs are prevalent; it is not unusual to be targeted if you are perceived to have something worth taking (Bank, 2011). This sense of personal vulnerability is further presented in Appendix 2, where I provide examples of experiencing a gang of male Zulus whilst undertaking a home visit.

3.9 Verifying the data and analysis

Creswell (2012) suggests that at least two of the following should be present in any research study in order to verify the data: triangulation, prolonged engagement, peer debriefing, thick description, member checking, external audits and searching for confirming and disconfirming cases. This study incorporates member checking, external audits, thick description and analysis, each of which will be explored within this section. External auditing processes require a researcher or researchers, not involved in the research process, to examine and explore the accuracy and trustworthiness of a study, and this was obtained through supervision sessions. Supervision enabled a reflection on the study design of the research and application of ethnographic methods. The analysis stage of the research also came under the scrutiny of supervisors who reviewed the use of thematic analysis in analysing and presenting the data and this gave me the opportunity to present my reasoning for selecting themes. The use of ‘thick description’, a term used by Geertz (1975), describes a method of applying ethnography and seeks to explore not only the behaviour presented in ethnographic studies, but also the context, so the behaviour becomes meaningful to an outsider. The use of thick description within this study is used to set the contextual behaviours of kinship carers within the two cultural settings. The study also uses ethnographic reflexivity as a method of consciously

recognising and critically reflecting on the impact of my involvement in the study and my potential influence on the development of knowledge being generated. These reflections inform the choice of research focus, fieldwork relationships and interactions, and the presentation of the findings.

The concept of participant validation and member checking is commonplace in qualitative research (Crabtree and Miller, 1999) and is used as a method of checking the accuracy of data. Frankel (1999) suggests that member checking can also provide the opportunity for participants to give their opinions, reactions and clarifications to the research process. I incorporated this into my study by offering the research participants in the UK a ‘follow-up’ meeting, which gave them an opportunity to view the typed transcripts to ensure accuracy and seek any clarification that may be required. For the research participants in South Africa this was more difficult, especially regarding the Zulu-speaking participants and their low literacy levels. The only means to ensure the accuracy of the information for these participants was through verbal feedback and discussion through the translator. A further issue was created by the remote visits I had made in Zululand – I was aware I would not necessarily have the chance to return to these communities in order to provide the participants with an opportunity to review the interview data.

Thematic analysis, according to Roulston (2001), is a rarely acknowledged yet widely used qualitative analytical method that can be used for identifying, analysing and reporting themes within data. The stages involved in the data analysis are outlined in Figure 5 and are in accordance with those recommended by Braun and Clarke (2006).

According to Ritchie et al. (2013) a rigorous thematic approach can produce an insightful analysis that answers particular research questions. Nonetheless, what is important, according to Holloway and Todres (2003) is choosing a method that is appropriate to your research question, rather than falling victim to ‘methodolatry’, where you are committed to method rather than topic/content or research questions (Holloway and Todres, 2003).

3.10 Authenticity, validity and reliability of data

Authenticity is an important issue for qualitative research not only in reassuring the reader that both the conduct and evaluation of the research are both plausible and credible, but as a means of demonstrating trustworthiness in the reliability of data presented (Holloway et al 2012; Yin, 2014). Authenticity and trustworthiness are functions of ‘ecological validity’. Throughout this study I have sought to demonstrate the trustworthiness and authenticity in undertaking this research not only for the participants who directly contributed to it, but also for the wider community and cultures involved in kinship care globally.

The reliability of data in research that originates from a qualitative and interpretive position such as this study can, arguably, according to Hammersley (2006), be of little relevance, since he suggests the experience presented is the researcher’s subjective perspective and interpretation. Whilst this study does present such perspectives and subjective interpretation of data, the research has maintained a chain of evidence, as suggested by Yin (2014), to reveal the route of inquiry from the initial questioning stage to the final theoretical conclusions. In doing so, through the presentation of evidence and by providing a logical argument, it is acknowledged that the interpretations presented have been influenced by my own subjectivity. It is also recognised that as part of any qualitative, interpretive research, the reader’s participation and debates forms part of the research process in order to explore and question the author’s work and, ultimately, to question where the reader stands (DePalma, 2010, p190). Accordingly, I invite you to do so.

Validity is described within qualitative research as the need to test the link between a measure and the underlying theory (Yin, 2014) - as King and Horrocks (2010) succinctly put it, the link between the ‘real’ world and the researcher’s interpretation of it. Idiographic research, by its very nature context specific, but contains a great deal of rich data which makes it ‘ecologically valid’ as opposed to conventional scientific paradigms that can be tested statistically to establish validity. This thesis has used an idiographic research design in order to demonstrate how the research question was answered. Research data has been presented in the form of case studies, ethnographic interviews and documentary textual analysis and exposed to thematic analysis in order to establish authenticity. Whilst these measures address both the

content and criterion validity of this study, consideration has to be given to external validity. Within qualitative research, external validity is difficult to test and is a debated concept on the grounds of its interpretive nature and the researcher's paradigm assumption (Cresswell and Miller, 2000). It is, therefore, argued that it is difficult to make conclusions on whether qualitative theoretical findings can be generalised to a wider population or, specifically for this research study, across cultures. This is due to the nature of qualitative data, specifically its high ecological validity and low reliability and the subjective nature of the coding and analysis, all of which makes the research impossible to replicate (Yin, 2013) and therefore difficult to make universal generalisations from.

The ways in which the validity of qualitative research can be increased, according to Keen (1998), is by the use of triangulation incorporating a range of research methods, reflexive commentary exposing the researcher's biases and assumptions and a clear audit trail of data gathering. This study uses a collection of narratives from kinship carers across two cultural settings, and has included a reflexive commentary throughout with a clear audit trail. These data, from primary sources through to secondary sources of legislation and policy, were used to develop meanings from which systematic theoretical conclusions were drawn that 'maybe' transferable to other contexts. In doing so, the aim has been to produce an ethical qualitative research study that demonstrates trustworthiness and authenticity, and its high ecological validity demonstrates its usefulness across a range of kinship care communities and cultures.

3.11 Conclusion

This chapter has presented the qualitative, case study approach. The selection and recruitment of research participants has been discussed and has identified how interviews were used to explore individuals' experiences in undertaking a statutory kinship care assessment and in offering a kinship care placement.

Data collection and data analysis has been considered in an attempt to provide a coherent framework for the research and allows the following chapter, which presents the thematic findings from interviews carried out with kinship carers, to be placed in context.

CHAPTER 4: EXPLORING KINSHIP CARE FROM THE KINSHIP CARERS' PERSPECTIVE

This chapter presents the thematic findings from the interviews carried out with kinship carers, both in the UK and SA. A total of seventeen interviews were carried out, five in the UK and twelve in SA. The research participants, apart from one, were all women. In the UK, only women responded to the local authority request to participate in this study. Within SA, one male participant, volunteered to participate in this study. The key themes identified during the semi-structured interviews with the kinship carers were:

- the reason why a kinship care placement was required;
- the expectation and experiences of the assessment process from the kinship carers' perspective;
- the kinship carers' views and experiences of their involvement with social workers;
- the kinship carers' stated motivation to offer a kinship placement;
- kinship carers' personal views and reflections;
- termination of kinship placements.

These findings will be illustrated through inclusions of verbatim quotations abstracted from the interview transcripts, adding an authentic richness that is difficult to achieve in any other way (Gray, 2014). For the UK kinship carers these quotes are presented verbatim; for the SA kinship carers, these are presented from the Zulu transcribers translations.

The chapter will discuss the similarities and differences between the UK and SA kinship carers' experiences and finally draw out the key findings for discussion in Chapter 6.

The chapter begins with some detailed factual information in relation to the five UK kinship carers (Figure 6) interviewed as part of this study. Further information relating to their circumstances is provided later in narrative form.

Figure 6: Details of UK kinship carers interviewed

Research participants pseudonym	Initial assessment	Relationship to child	No of kinship children	Current Legal status	Contact with the child prior to placement
Terry	Viability assessment	Biological Aunt	2	No longer caring for children	Children lived 70 miles away and contact infrequent
Wendy	Viability assessment	Biological grandmother	1	Kinship Foster Carer	Daughter moved down from London to give birth to baby
Michelle	Viability assessment	Biological great aunt	3	No longer caring for children	No prior contact with children
Sharon	Viability assessment	Biological aunt	1	No longer caring for child	Carer had regular contact with baby prior to placement
Paula	Viability assessment	Biological grandmother	3	Kinship Foster Carer	Children were in care prior to placement – minimal contact

4.1 The individual circumstances in offering a kinship placement: United Kingdom

The five UK kinship carers each experienced unique circumstances in offering a kinship placement, as their comments below demonstrate. All five UK kinship carers initially participated in a viability placement assessment (under Children Act 1989), and later approved formally as kinship foster carers whilst caring for their kin. A summary of their stories follows, using their words as far as possible.

Terry’s story (Biological Aunt to two kin children)

‘My sister suffers from depression. She’s kind of been in and out of mental hospitals. She’s attempted suicide a couple of times. It’s like a cycle throughout her life. We had been involved with helping her over the years, travelling down to [the location where her sister lived, approximately 70 miles away] but eventually social services

called a family group conference and they told us one of us had to take her three children in. The social worker left us in the room to decide and said she would return when the family had decided the best placement for the children. We made a decision that my older sister would take the children in, but after going through the assessment process, spanning over two months, on the day the children had to leave the family home my older sister changed her mind due to a family crisis and the social worker, having driven the 70-mile journey, arrived on my doorstep with two of the children [as the older child had decided she would move in with a friend locally] and said we had to take them.'

Wendy's story (Biological grandmother to one kin child)

'My daughter came down from the North already pregnant; she already has two children in care, so social services asked us if we could support her on a temporary basis, while she had this baby. My daughter was picked up by a paedophile and he got her involved with drugs. Social services thought she would end her relationship with him and be able to keep this baby. Initially, she changed and came off drugs and seemed to settle and baby Joshua was born here in [location]. But one night, I think it was just after Christmas and before New Year, she went out for a drink and just never came home. Social services told us she had gone back up North to be with her boyfriend. We knew we couldn't look after Joshua, not at our age, but luckily enough, my sister came forward and it was agreed she could take the baby. My sister doesn't have children of her own, so it would have been perfect. Unfortunately, when they did the police checks her partner had a history and social services wouldn't let Joshua go and live there. So Joshua has stayed ever since; we couldn't just let him go. So now we are not only his grandparents, but his parents.'

*Note: Wendy's current husband is not the biological father of Wendy's daughter.

Michelle's story (Biological great aunt to three kin children)

'My niece, that's my sister's daughter, has a drug addiction and it had been going on a long time. Still is. She has three children and, eventually, long story short, the children were taken into care. So, social services wrote to us, even though we live here in [name of area], which is over a hundred miles away from where the children lived, asking if anyone in the family could take in her three children. We didn't really

know the children before they came to stay with us, but we felt being a Christian family it was the right thing to do, so we ended up with these three boisterous children, two girls and one boy, who we hardly knew.'

Sharon's story (Biological aunt to one child)

'My nephew, my sister's little boy, Jack, was born very prematurely and had health issues. My sister was waiting for a specialist appointment and when she finally got one, the specialist said they had found bruising on him [the baby] and contacted social services. After a very horrible, frantic evening, nobody knew what was going on; the baby was given a full examination and they found he had twenty fractures and social services told my sister that [the baby] wouldn't be allowed home with her. Social services asked if there was anyone else in the family that could look after him and my sister asked us. Although it wasn't ideal, as we have two very young children, we agreed to take him in, just while social services carried out their investigation. It was all out of the blue.'

Paula's story (Biological grandmother to three children)

'My daughter has five children and she has had lots of problems. She lost all five children to social services; they were literally just taken from her. They were all put into care, although we wanted to care for them. Social services told us we would never be allowed to have them. They did allow us to keep in contact with them. One of the children used to spend quite a lot of time with us and we grew very attached to her; I think she had been in care for about 18 months. We really didn't like her being in care and she wanted to live with us, so we decided to fight social services and we ended up in court. The barrister, who works with social services, said if you are going to be assessed for one child, you might as well be assessed for three. I think it was a threat, but we were thrilled. So, eventually, after spending 14 hours with the guardian ad litem, he agreed that we could try and look after the younger three grandchildren. So that's how they came to live here. We do feel bad about not being able to take the older two boys, as they will stay in care until they are eighteen years old, but I think we are going to start fighting for them, just as we did the girls.'

*Note: Paula and her husband are the biological parents of their daughter and share parenting of their grandchildren.

One of the benefits of kinship care is that an attachment often exists between the kinship carer and the child (Hunt et al., 2013), hence making it less traumatic for a child to be removed from their biological parents. From the circumstances highlighted with the five kinship carers three felt they knew the child well before the placement began.

'I know Jack was only small, but I had bonded with him and my sister and I were really close, so yes, I had a real affection for him.' (Sharon)

'Yes, I watched Joshua being born, that made a difference. With her other children I didn't see them for quite a while and that's why I let them go into care.' (Wendy)

'We had been involved with Abigail over the past couple of years, so we felt we had a bond.' (Paula)

Other kinship carers, although biologically connected to the child, felt they did not have an emotional attachment to them:

'No, not at all. I wouldn't even have recognised them if they passed me in the street... or their mother. I would say we didn't really know the children at all.' (Michelle)

'I thought we knew them quite well as my sister's had mental problems for most of her life and we've always been down there and so had a lot of contact and input into her life. So I would say the two young ones recognised us, but didn't really know us as a family. I would definitely say we weren't attached to the children at this stage.' (Terry)

The findings highlight the variation in both previous contact and bonding the kinship carers had with the child, prior to placement. These responses concur with literature regarding the idea that kin are often no more than strangers to a child, apart from a biological connection, due to the dilution of family ties and connections (Testa 2013; Jack, 2010).

The kinship placements, identified within this study, were not planned, but rather a response to a family need. Therefore, the investigation turned towards finding out if any of these kinship carers would have considered fostering the child if they were not biologically connected. Three participants gave a definite negative response with a resounding one-word answer: ‘No!’ The remaining three provided a little more clarification:

‘Oh no, we certainly wouldn’t have applied to foster or adopt him, definitely not. I already have other grandchildren with who are in care being fostered, who are looking for adoptive parents. It was just the fact that I watched him being born, I cut his cord and that gave us a bond’. (Wendy)

‘No, no, I’m not a maternal earth mother that needs lots of children around, but these were family. We had never thought about fostering before or since though.’ (Michelle)

‘Now that’s a difficult one. If I came across a small baby waiting to be fostered, but they weren’t related, I may have. Y’know, babies are such an innocent, empty template; you can’t just help loving kids, so I guess, possibly.’ (Sharon)

The responses indicate that the biological connection played a significant role in taking the child, even if the kinship carers did not feel an attachment to the child at the beginning of the placement. This finding supports literature in relation to the significance of a biological connection to the child (Hamilton, 1963) and is explored later both within this chapter and within Chapter 7.

4.1.1 The individual circumstances in offering a kinship placement: South Africa

For the kinship carers in Zululand who participated in this study, the individual family circumstances as to why a kinship placement was required had a familiar and repetitive pattern:

‘My sister passed and there is no one else to care for her children.’ (Marry)

‘My daughter died and the children had to live with me.’ (Mina)

'My daughters all passed and I am the only one left.' (Mntano)

'My own children have passed and there is no one else to look after them.'
(Florah)

'There is no one else, everyone is dead.' (Zamambo)

During my field research the impact of the HIV/AIDS virus was clearly evident amongst the communities in Zululand and the provision of kinship care is viewed in policy terms as the most practical available response for the majority of child orphans (Ince, 2001).

One kinship carer provided more detail about her own history, which led to her becoming a kinship carer for her siblings.

Nomusa's story

'My parents passed away.., I was the eldest at home and I'm looking after my siblings. They were four, six, seven and ten years; there are five of us at home. My mother passed away in 2005 and my father passed away in 2007. I was eighteen years. Yes, my mother was, er, AIDS [victim], er, doctors said it was a quick poisoner and my father he was... a stroke [victim] and after that he died. They didn't tell me why my parents died because I was young. I've got my own kid and I also care for my younger brother and sisters.'

Although this kinship carer spoke during the interview about her own mother having the AIDS virus, this was not, at the time of the interview, interpreted by the translator correctly. The translator stated that the kinship carer's mother had died from 'sickness'. The issues in relation to translation complexities are further explored and discussed in Chapter 6 and illustrated in Appendix 2.

4.2 The expectation and experiences of the assessment process from the kinship carers' perspective: United Kingdom

One of the issues debated within the literature is the importance of the relationship between prospective kinship carers and social workers (Testa, 2013). Significantly, the literature in the UK suggests that many prospective kinship carers do not understand the role or function of the social services department or the role the social worker plays in the assessment process, especially if they have had no previous experience with social workers (Pitcher, 2014).

Whilst exploring the kinship carers' previous knowledge or experience of either social services or social workers, they were asked what, if any, contact or experience they had had with social services. Two of the kinship carers stated that they had had no previous knowledge of social workers, but one, a connected carer, said she had, but only through her formal teaching role. The remaining three carers shared the following, previous involvement with a social worker:

'When my parents split up, I have a vivid memory of a social worker they sent to talk with us. The woman sat there with her legs crossed in her tweed jacket and her dangly beads; it's so vivid from when I was thirteen, over fifty years ago. I can still see this woman now with her glasses and she said: 'What are all your problems?' We all looked at one another, not saying anything. I knew from that moment that siblings work in a way together and families keep things private.' (Wendy)

'When I was young we had problems with my father and we had a social worker, but I don't remember her making any impact on our family. I remember our parents fighting over us as children about where we would live and I was determined that history was not going to repeat itself with these children being fought over. I decided I was going to be so inclusive and communicative with social services, but things did go wrong because it was one-way traffic where communication was concerned.' (Michelle)

'I thought all social workers were dragons and only took kids away from their parents. To be honest, I thought they were, y'know, insensitive people who don't really care. But I can see that's not true now and I appreciate how hard it is for them to be a social worker.' (Sharon)

Developing a positive and trusting relationship between a social worker and a kinship carer is considered to be fundamental to effective social work practice (Lishman et al., 2014). As social work is unique in terms of working with individuals with complex and often chaotic difficulties, developing positive relationships is considered essential. An idealistic approach considered by Lishman et al. (2014) is for social workers to meet the needs of service users by:

'Forming supportive relationships built on empathy, congruence and an unconditional positive regard for the service users with whom they are working.' (Lishman et al. 2014, p230)

The lack of trust expressed by kinship carers in this research, in relation to their allocated social worker, significantly impacted on what information was shared by the kinship carer during the assessment process.

One of the key areas of assessment considered by the social worker is the impact a placement would have on a kinship carer's existing family relationships. The research therefore turned to focus on the kinship carers' concerns prior to offering a kinship placement and ultimately, their confidence in sharing these with their allocated social worker.

The kinship carers expressed a number of concerns prior to proceeding with the kinship placement:

'Our age was a major concern; we were both retired, just bought a boat and planning some real time together... and then the next minute we have a new-born baby to look after.' (Wendy)

'A mixture of concern for my immediate family; particularly my own two daughters having to put up with three pretty selfish – well, let's say needy, that's a better word – cousins, invading their home and taking over one of their

bedrooms. I was also worried if I would actually ever love these children, or even be able to relate to them or embrace them into our lives.' (Michelle)

'I was concerned about my own family and the possibility of my own children not accepting the baby, or accepting him and then having to let him go again.'
(Sharon)

A further question arose regarding what they knew about the prospective kinship children and what information had been shared with them by their social worker. Although some of the kinship carers had been involved with the children and their parents prior to offering the placement, not all of them felt aware of all the issues regarding why the children could not remain within their biological homes. Within this study, the first time that three of the kinship carers had been made aware of the significant child protection concerns was when the social worker had shared the details with them. In order to ascertain if the kinship carers felt confident that these concerns were genuine, one question focused on their initial reaction to hearing such information expressed by the social worker regarding their kin. The responses were as follows:

'I am not sure social services knew what they were telling us. A lot of the time they just seemed to hint at things and we had to put two and two together.'
(Wendy)

'No, I couldn't believe it. My sister and I were so close and half of the things I was told, I thought they were making up. It was only when I read it in writing when we were at court one day, that I had to believe it. I don't think I am so naive anymore.' (Sharon)

'I understood some of the concerns, but I think they elaborated many of them and hid other bits of information. I am still not certain I know social services' real concerns.' (Terry)

These responses indicate that there was some suspicion or mistrust at the initial engagement between the kinship carer and social worker with regard to the information being shared. Literature suggests that these comments are not unusual,

with kin expressing either mistrust about what the social worker had shared, or a lack of confidence in how the social worker had obtained the information (Testa, 2013). In addition, some kinship carers felt that social workers kept secrets to prevent putting prospective kinship carers off offering a placement (Sykes et al., 2002). Another concern expressed within this study by the social work research participants was the lack of awareness of what information it was appropriate to share with prospective kinship carers and the correct forum in which to share it. This may have contributed to the kinship carers' lack of confidence in their respective social workers, during the information sharing process, due to the inconsistency of information being given to them or only being provided with snippets of information. Inconsistent information being shared by social workers is highlighted in literature as one of the main frustrations in the relationship between kinship carer and social worker (Hunt et al., 2008). One kinship carer expressed her lack of willingness to believe the information shared by the child's social worker in relation to her sister, until she physically read it in a court document.

According to Pitcher (2014), some kinship families are often in shock following the disclosure of information in relation to family members who they perceive to know and, therefore, may not want to believe what social workers are trying to tell them. Another consideration may be that families are sometimes *right* not to believe exactly what social workers tell them. One of the kinship carers who participated in this study was told that her baby nephew's injuries were caused by one of the baby's biological parents and, therefore, it was unsafe for the baby to remain in the biological home or to let either parent have unsupervised access with the baby. Approximately six months later, the kinship carer was informed that the baby had an undiagnosed medical condition and, in fact, had not been injured at all by either parent. Expecting kinship carers to believe what their social workers tell them about their own kin may be difficult, even if the information is accurate and in accordance with Pitcher's (2014) viewpoint.

A further question posed during the interviews related to whether the kinship carers felt anyone else played a significant role in their decision to offer a kinship placement. The majority of kinship carers felt that they had, on the whole, made the decision themselves:

'No, the decision was purely down to my husband and me. Although the social worker would ask us many questions, we always discussed things in detail between the two of us afterwards in private.' (Sharon)

'No, in fact the social workers were always so negative, I think we took the initial decision to spite her.' (Paula)

'No, I don't think social services could have pressurised us. It is our home, our family and our decision.' (Michelle)

However, an alternative viewpoint was offered:

'I think I felt a lot of pressure from my mother to take my nephew as she wanted us to all stay as a family.' (Sharon)

'Not family members as such, but I left the letter from social services on the kitchen table and, as a Christian and part of a Christian family, I just prayed about it, hoping an answer would come to me. Then my husband approached me, holding the letter, asking what we were going to do about this and I said 'What do you think?' He said we should take them in, so I think that was my prayers answered. So, what I am saying is, our faith played a role.'
(Michelle)

'I know what you are asking and I am not sure now. I thought it was my decision, but looking back they [social services] were always saying there is nowhere else for them to go, so it would have been difficult to say no.'
(Terry)

The data indicated a split in how the kinship carers perceived they arrived at the decision to offer a kinship placement, specifically regarding external factors that may have influenced them. Some of the kinship carers appeared confident that the decision had to be based on their own judgement; others were more responsive to external influences such as extended family, faith or possible manipulation by social services. For those carers who felt they had made their own decision, further exploration indicated that they did feel pressure from the social worker at some stage during the assessment process; they just had not been responsive to it.

Although, within this study, initial mistrust had been expressed by some of the kinship carers regarding the confidence they placed in the social worker during the information sharing process, this study wanted to understand if the kinship carers had felt they could be honest in sharing their own life histories with the social worker. One kinship carer felt that both she and her husband had been totally honest with the social worker, not having anything to hide and wanting to ensure the placement would result in a 'favourable outcome' for both the child and themselves. For the remaining four kinship carers, the responses indicated that, on the whole, they had not felt that they could be honest with the social worker or, if they had, in retrospect they perceived the sharing of information had been interpreted negatively by the social worker and impacted on the decision making process:

'We wanted to be as honest as possible and our social worker explored all sorts of things with us. There were things that happened to me when I was a child, weird stuff, which I shared with the social worker as I thought it was important. We were then told on a later visit, that we couldn't care for Joshua on a long-term basis and social services were going to look for somewhere else where he could be adopted. I regretted what I had shared, but I was trying to make the point that it had strengthened me, not screwed me up. It made us think twice about what we then shared. For some reason social services just saw everything as negative, without experience or wisdom. For example, I also had a son, who was the image of Joshua. My son died in a drowning accident when he was nine, at a local river. I was too frightened to tell the social worker this, in case she thought I was trying to replace my son. I think she would have used this as another reason not to allow me to keep Joshua.' (Wendy)

'My own brother died in a car crash at 21 years of age and that impacted on us but I didn't want the social worker thinking I was still grieving and trying to replace my brother with the children.' (Terry)

'Yes and no. I think the first social worker who came decided on her first visit that we should not keep the three children. She was very judgemental and I think she only came to warn us she was looking for [unrelated] foster carers.'

She then kept making unannounced visits, like she was searching for reasons to remove the children. Then suddenly she left her job and we were allocated another worker who was so different. It felt like we had gone from one extreme to another and I shared everything with him. He gave us a lot of confidence and it suddenly felt like we were in safe hands. I remember one day he said 'Do you think you are coping with all three of them?' And I said 'You are not going to take any of them away, I will fight to keep them all,' and he replied 'That is exactly what I wanted to hear. It was like a major breakthrough in our relationship with him.' (Paula)

In order to ascertain if the kinship carers felt the social workers had missed anything during the assessment process, the participants were asked a question relating to this issue. The responses were as follows:

'No, I think we chose what to tell them anyway.' (Wendy)

'I think social services spoke about most things, apart from what they were offering us. We didn't realise we could get paid some allowance or that there any support we could receive. I think it was a one-way process.' (Paula)

'No, we felt the interview was already too intrusive.' (Michelle)

These responses indicate that the assessment experience had not necessarily been a helpful process, used to explore the implications of a kinship placement, but rather an 'intrusive' and 'one-way' process that involved intimate questions being asked.

Other responses related to the difficulties regarding the input from social services included:

'The way in which social services felt they could just arrive when they wanted... it was as though we were continually being checked out, that they were just waiting for us to trip up.' (Michelle)

'She [social worker] was just out to make sure we didn't get the children. I can't think of one good word to say about her. She made our life a misery.' (Paula)

For one carer, it was the regular contact with the child's biological mother that was problematic:

'It was always difficult for us to see her [biological mother] having regular contact with the children. She was such a negative influence and often she just didn't turn up when she was timetabled to and when she did she was a regular negative influence. The social worker just told us there was nothing we could do.' (Michelle)

Through the kinship carers' narratives, lack of trust in their allocated social worker was clearly identified, and this subsequently impacted on how honest the kinship carer felt they could be during the assessment process. The kinship carers also perceived the assessment process as being one-way, with the local authority offering very little back in terms of either financial reward or support. As highlighted earlier all the kinship carers interviewed as part of this study were approved kinship foster carers and as such, are the most financially advantaged group of kin carers due to local authority funding regulations (Hunt and Waterhouse 2012).

4.2.1 The expectation and experiences of the assessment process from the kinship carers perspective: South Africa

For the Zulu kinship carers, their expectations and experiences of the assessment process were more aligned. It was notable that the kinship carers only contacted the child welfare department in order to gain financial support in caring for their kin. There appeared to be no expectation from the kinship carers of any further support or assistance by the child welfare department once the assessment (which was considered by a couple of the kinship carers as unnecessary interference) had been completed. The assessment process itself was reflected on by many of the research participants as an administration process in order to submit their claim to the SA court.

'Yes, a social worker came to my home and I talked to her, I knew it would be a very long time until I received any money, but I wasn't sure how long.'
(Mntano)

'I was told by the lady [social worker] that she would talk to someone about me receiving money, I don't remember what questions she asked.' (Nomusa)

'I don't know who came to see me, but I remember I had to go a long way to the office and give my ID book in and the children's birth certificates. The lady who came to see me told me the children could stay, but she didn't know if I would receive any money.' (Zamambo)

When asked if they thought the social worker could have assisted them in any other way, the consensus was that they did not expect anything else:

'No, she was a very busy lady.' (Laurence)

'I don't think the lady could have offered me anything, there is never any money.' (Marry)

'The children are my kin and I have to look after them, no-one else can help me.' (Florah)

The SA kinship carers viewed the social worker's involvement as a means of obtaining financial reward, through the government grant. There was little expectation of any further involvement following the initial visit by the social worker.

4.3 The kinship carers' views and experiences of their involvement with their respective social workers: United Kingdom

In exploring how the kinship carers felt about social services being involved in both the kinship assessment and the kinship placement there was a divide in opinion relating to the assessment and ongoing support. The responses indicated that the majority of kinship carers felt social services had a role to play in the protection of the child whilst they were living with their biological parents to assess the family circumstances. Nevertheless, they changed their opinion with regards to social services being involved with the child once a decision had been made to move the child to the kinship placement:

'That's a really interesting question about the assessment. I think they [social workers] needed to get involved in the children's situation with their mother

as they weren't really being cared for, but I don't think we should have been assessed. I am the children's grandmother; they are my family.' (Paula)

'No, I don't think they should carry out an intrusive assessment on my family and me, when they are the ones that asked me to care for the children.'
(Michelle)

'I didn't like social services coming to my door; it felt like I had done something wrong and I hadn't. I cared really well for Jack and they didn't need to keep checking up on me and my family. I didn't appreciate it and nor did my family.' (Sharon)

In order to understand how the kinship carers perceived the assessment process, I asked them to reflect on their experience:

'I think I would describe it more as an interrogation into our lives, very intrusive.' (Michelle)

'I think it was an assessment, but the decision had already been made by the social worker that we shouldn't have the children.' (Paula)

'I think it was overwhelming for someone who didn't understand how social services operated.' (Sharon)

'I was surprised that the assessment was done via a telephone call. I thought they would want to come and visit before bringing the children here to stay.'
(Terry)

None of the kinship carers articulated that they had perceived the assessment process to be a beneficial experience. Instead, expressions of intrusion, invasiveness and feeling overpowered were used. These feelings expressed by the kinship carers may indicate that these carers perceive kin care as natural and not requiring state intervention. In addition, for some kinship foster carers, although not for the participants within this study, the children have been residing with the kin family for some time, prior to social work involvement and therefore may perceive the assessment process as an unnecessary, bureaucratic process.

Assessment in kinship care is acknowledged to be one of the core activities undertaken by social workers and requiring skill, understanding, sensitivity and commitment (Hunt et al., 2013). It is also described in the literature as a ‘process’ rather than a ‘one-off event’, as perceived by the kinship carer, who felt the initial assessment, was carried out through a telephone conversation:

‘An assessment that explores strengths can reveal an individual’s or family’s ability to resolve their difficulties using their own skills and expertise without becoming disempowered through (social) service involvement.’ (Lishman et al., 2014; p174)

The purpose of the kinship care assessment is to explore the wider family’s ability to safely provide care provision for the child. According to Broad (2014), the assessment should be undertaken in ways that the family can understand and work from a strengths perspective, encouraging the family to fully participate in the process (Broad, 2014 cited by Pitcher, 2014). The experience of kinship carers within this study illustrates that, from their perspective, the assessment was often felt to be a one-way process. From undertaking this study, interviews with social workers revealed that although a viability placement assessment was undertaken with each prospective carer, this process varied in terms of how the individual social worker sought and recorded information obtained. The quality of viability assessments is considered the responsibility of the social worker completing the documentation and the thoroughness in which they both seek out and analyse information that is obtained (Peters, 2005; Narey, 2006). With the UK local authority who participated in this study concerns had been raised by the social worker participants themselves with regards the lack of training and development they had received in relation to kinship care assessments. As this local authority was the only one involved in this study, this may therefore highlight a specific bias in the research sample undertaken for this study. For example, other local authorities within the UK may be more compliant with statutory guidance and recommendations in respect of kinship care provision.

A consistent theme that emerges from the kinship carers’ experiences of the assessment process was one of disempowerment. The kinship carers spoke of the invasiveness and intrusion of the process itself. Durkheim suggests that any decisions

we as humans make, whether professional or personal, are always carried out due to social pressures or customary expectations:

‘When I perform my duties as a brother, a husband or a citizen and carry out the commitments I have entered into I fulfil my obligations which are defined in law and custom and what are external to myself and my actions.’

(Durkheim,1974; p25)

Durkheim’s (1974) theory would suggest that whilst the kinship carers believed they were making a personal decision based on their own situations, subconsciously, other factors were influencing their decision in offering and maintaining a placement.

4.3.1 The kinship carers’ views and experiences of their involvement with their respective social worker: South Africa

With regard to the assessment process in SA, although the kinship care assessment form and protocols are deemed to be similar in respect of the information that is required and the domains it covers, the practical application is perceived quite differently in the two countries studied. In the UK the research participants experienced a more in-depth assessment, with a number of them feeling it quite intrusive. The UK kinship carers expressed a concern about sharing ‘personal’ information with the social worker and if they had, they had concerns about how this information had been viewed and the negative impact this had on the assessment process. For the UK kinship carers there was a mistrust of the social worker and the power they had in the decision-making process. Zulu kinship carers, on the other hand, viewed the assessment process as a means to access a grant to care for their kin. They viewed the visit by the social worker as more of a bureaucratic task and did not express any concern about the potential influence the social worker could have on the decision-making process. Additionally, no Zulu kinship carer expressed any feeling of the assessment being intrusive, overbearing or invasive.

For the SA kinship carers, there was no expectation of any ongoing support from the social worker, once the court had agreed the financial support. Although the UK kinship carers expressed views that they would prefer social services not to be involved in the kinship placement, they did express views that if they were to be involved, they wanted to know what support could be offered both financially and practically both during and after the initial assessment.

The majority of Zulu kinship carers interviewed as part of this study did not recall the social worker who had visited them, or anything significant about the assessment process. For some of them it had been over five years since they had last seen the social worker and they were still waiting to hear the outcome of their request for financial assistance. The Zulu kinship carers only related the involvement of a social worker and court intervention to whether they would receive monetary support and not whether the kinship placement would be endorsed. Although in my discussions with child welfare department staff, I was advised the statutory assessment process usually took around two years to complete, many of the Zulu kinship carers informed me that it was usually between five and seven years before they started to receive any financial remuneration once the court had endorsed the placement.

'I don't know who came to see me, but [child] was a baby and is now at school.' (Mina)

'I think it was about seven years ago. I am hoping to hear soon as I need the money. I am praying the Lord will be kind to my family.' (Nomusa)

Although kinship carers in SA have an opportunity to obtain a grant to care for their kin, the reality for many of those living in rural parts of Zululand is that they either had no money to travel to the main cities to register, or they did not have the necessary documentation to process their application to receive the grant. For these kinship carers the social work support was very sporadic:

'I don't really know if there is any help, I don't have the children's birth certificates, so I was told there was no help.' (Marry)

'I come to the project to get food. Maduma [Zulu name for project leader] is very kind and helps us a lot with food. I am very grateful about that.'
(Zamambo)

'My neighbours give us food if they have some spare, otherwise we don't eat. The children understand.' (Laurence)

As advised by the child welfare organisations, even the Zulus who had been able to access the kinship care grant had to wait approximately two years to receive the money, however, the Gogos gave a very different timeframe:

'I get the child money (grant) but I had to wait seven years until I got any money.' (Zanele)

'I am waiting for a grant but I have been waiting five years.' (Cindy)

Unless the kinship carer applies for the grant to care for their kin, there is no formal involvement with any government or voluntary agency, unlike those kinship carers living in the UK. There is no agency tasked within SA that actively seeks to monitor the welfare of the children living in kinship care arrangements.

4.4 Kinship carers' views of government involvement: United Kingdom

UK kinship carers did not raise any concern regarding kinship care policy or provision at governmental level. Issues identified by kinship carers reflected policy and service provision offered by their own local authority or specifically with their allocated social worker.

4.4.1 Kinship carers' views of government involvement: South Africa

Whilst carrying out the fieldwork for this study, there had been significant press coverage regarding the SA's President. President Zuma, a Zulu, had come to power following the 2009 general election. His appointment had been welcomed by members of the Zulu population, who finally felt they had a fellow Zulu to understand the challenges they were facing and someone who would support them in their struggles regarding employment, housing and benefits (Mahoney, 2012).

However, the press had released a number of articles relating to a police investigation concerning a £14.5m taxpayer-funded refurbishment at President Zuma's rural homestead. The refurbishment included swimming pools, snooker halls and stables and, subsequently, the police pursued corruption charges against President Zuma. President Zuma was, at the time of my fieldwork, denying any wrongdoing, but the press covered this allegation on a daily basis. President Zuma had previously faced other police charges including rape in December 2005 and, later, other corruption charges that involved taking a bribe in connection with an arms deal. Whilst this was taking place, ex-President Nelson Mandela was also

receiving significant press coverage due to a series of hospital admissions caused by his ailing health. The backdrop of the political coverage did not impact on the daily discussions within the projects or agencies I came into contact with. For the Zulus living in the rural communities, media coverage appeared to be limited to television, with only one channel available. According to one of the translators, the Zulu population had no choice regarding what that wanted to watch or hear. However, outside the communities, in the area where I was residing, the charges against President Zuma created a lot of unease and a concern that police corruption had led to decision to oust President Zuma.

I was, however, keen to understand how the kinship carers felt about the government role and the level of support offered to them whilst they cared for their kin:

'I won't say anything bad about our government. They do what they can, but it is up to the family to support one another.' (Laurence)

'President Zuma does his best to care for his Zulu people. We are proud Zulus. We do not expect help from anyone else.' (Sbomgile)

'I am very respectful of our President, he understands his people and he does everything he can do help us.' (Nomu)

'President Zuma is a Zulu and knows we are supporting him. He has a difficult task and we know he speaks for us.' (Mntano)

The unanimous loyalty expressed by the kinship carers regarding the SA government appeared to relate to their perceived 'relationship' with President Zuma and the Ubuntu philosophy. The Ubuntu philosophy, which relates to 'human kindness' and the epitome of connection, community and mutual caring, is reflected in how they perceive their President acts in their best interests.

The Zulu kinship carers expressed a view that the Government did not have a significant role in assisting them in caring for their kin. The kinship carers perceived kinship care as a family responsibility.

4.5 The kinship carers' stated motivation to offer a kinship placement: United Kingdom

Within Western societies, the lack of community support systems or child rearing practices that include children being raised full-time by extended family members creates a view that only when things 'go wrong' will children require foster placements (Alber, 2003; p87). As such, the motives of kinship carers are often questioned, not only by family members, but also by social work professionals (Anderson, 2001; p16). As Alber (2003) suggests, often the question is: 'Are these individuals acting out of altruism or for financial gain?' (2003; p88). As part of the assessment process within the UK, the motivation of prospective kinship carers is identified as one of the key focuses and is perceived to provide information as to the potential success or failure of the placement (Owusu-Bempah, 2010).

My first question related to what had motivated them into offering a kinship placement:

'Cos we didn't want him to go out of the family and cos there was no other family member to support him.' (Sharon)

'I guess it was because it was my sister and my nieces and my nephew. I didn't want these children to go into care; you hear such dreadful things happening and it was our duty as a family to support my sister and her children. We couldn't have turned our backs on family.' (Terry)

'I derive a lot of, if you like, strength and positive encouragement from my religion. I think maybe some of that does underpin my values, y'know, having integrity, faith, trying to do the right things, respect for people. Giving children a chance was very important to me.'

(Michelle)

'We saw the desperation of the situation and I think that knowing we could help was our initial motivation. It just felt right. We felt an instant bond with him and now it [motivation] is because we love him, we love him so very much.' (Wendy)

For the kinship carers interviewed as part of this research, family responsibilities, prevention of a child entering the formal care system and sense of duty was considered their key motivations. These responses support other studies in relation to the reason why carers offer a placement (Selwyn et al., 2009; Pitcher, 2014). For some of this study's prospective kinship carers, the children they were offering to provide a home to were unknown to them, yet they were referring to them as kin and responding to them in a loving and sympathetic way. According to Finch et al. (1993; pp1129–133) the reputations and moral identities in the negotiation of family responsibilities plays a key role in what kin perceive as their family obligation and duty, and the need for themselves to be seen in a 'good light' within the wider kinship family. So whilst these kinship carers were articulating their motivations in offering a placement, it may be that they were just fulfilling their subconscious moral duties to do so in response to social and cultural expectations (Durkheim, 1974).

The last quote, from Wendy, indicates that although her initial motivation was to remove the child from the continual cycle of unrelated foster placements, she did not perceive that 'true' bonding took place until she had been with them for a while and now saw him as 'one of the family' and a child they 'loved as one of their own'.

According to the literature, the behaviours of kinship carers can be identified as similar to behaviours found within the animal kingdom. Accordingly, humans provide more support to kin than they do non-kin and the closer the kin connection, the more support is offered (Herring, 2005; Fletcher and Zwick, 2006). The notion is best illustrated in the following two comments:

Kinship carer for biological granddaughter:

'Abigail is my own flesh and blood, she is my granddaughter and I would do anything for her.' (Paula)

Kinship carer for great nieces and nephews:

'I think we did it for [biological mother]. We didn't know the actual children at the time, it was really because of the desperate situation the family were in.' (Michelle)

Although identifying her niece's children as family, the initial reason for Michelle offering a placement was due to the bond she felt to her own niece, the children's biological mother. So whilst both of these kinship carers were offering support, the biologically closer kin was offering unconditional support. Grandparents play a unique and prominent role in kinship care placements within the UK, providing the highest number of kinship placements compared to any other family carers (Gautier et al., 2012). This unique bond between grandparent and grandchildren reflects the concept of the child belonging to the family as opposed to the community, as identified in SA.

Although the term 'love' is frequently cited by kinship carers in relation to their perceived kin relationship and the motivation to care for kin, professional agencies and social work staff refer to the dynamics of long- and short-term interpersonal relationship between humans in terms of 'attachment' and 'bonding' (Howe et al., 2000). Attachment theory originates from the work of John Bowlby in the 1950s and seeks to identify the depth and endurance of a bond that connects one person to another (Bowlby, 1969; Ainsworth, 1970). Attachment-informed practice underpins a social worker's assessment as to whether a child is sufficiently bonded or attached to a particular person/persons, in an attempt to identify if a child is suitably placed, for example, in the kinship placement. However, research suggests that social workers can sometimes wrongly misconstrue evidence of either a positive or negative attachment through either misinterpretation of the behaviour they observe or due to too few observations of the relationship between child and carer, resulting in an inaccurate assessment (Selwyn et al., 2006).

Another perspective regarding the motivation for kin to offer a placement relates to the inclusive fitness theory as a model of preserving the family through the individual's degree of success at procreation and an individual's desire to reproduce as many genetic footprints of themselves as possible (Hamilton, 1963). Inclusive fitness was first referred to by Darwin in 1859 during his exploration into the origins of our species and identified that worker bees sacrificed themselves in order to protect their hives, referring to this finding as animal altruism (Dugatkin, 2007, p125). Hamilton (1963) further developed Darwin's notion of inclusive fitness and altruistic behaviours associating it with both evolution and behaviour. Hamilton was

keen to explore acts of altruism and came to the conclusion that they were more likely to occur with kin, rather than non-kin, and were a means of assisting one's own genes to be passed on through the wider family connections (Hamilton, 1964).

Altruism is defined by Dugatkin as occurring when:

'The instigating individual suffers a fitness loss while the receiving individual experiences a fitness gain. The sacrifice of one individual to help another is an example.' (Dugatkin, 2007, p16)

Dawkins (1989) investigations of the inclusive fitness theory suggest that the desire for the continuation of one's own family is through gene survival. He suggests that there are specifically two kinds of fitness: first, 'classical fitness', where it is a natural response to help direct family descendants, for example, biological children and grandchildren; and secondly, 'collateral family fitness', where you are predisposed to assist extended family members such nieces, nephews, cousins etc. (Dawkins, 1989, p13). Dawkins further suggests that the gene that predisposes an individual to help the continuation of their family is hereditary (1989). This evolutionary theory is known as 'kin selection' and the hereditary gene is labelled the 'selfish' gene, with their only function being to propagate themselves in the gene pool (Dawkins, 1989, p61). This would suggest that different cultures would be more naturally predisposed to support family members; for example, the Zulus who have kinship care as part of their heritage would have passed on the gene through genetic transmission over several generations, making a stronger presence in today's society.

Owusu-Bempah (2010) later refers to the idea of inclusive fitness as a way of viewing kinship care as a natural, evolutionary, acknowledged way of assisting in the survival of related kin and, ultimately, one's own genetic footprint.

The idea of inclusive fitness is considered an important piece of evolutionary theory and offers a theoretical explanation as to why some individuals are more willing to care for kin than others. However, knowing we have ancestral genes, through theoretical knowledge, which may determine our behaviour, does nothing to support the assessment process in understanding an individual's motivation to offer a kinship placement. On the contrary, if a prospective kinship carer referred to the existence of

an evolutionary predisposed gene as their motivation to offer a kinship placement, the social worker may, understandably, be seeking further rationalisation.

Motivation is seen as one of the core assessment questions when assessing prospective kinship carers and, therefore, this study valued the kinship carers' experiences of how they thought the social workers assessed their motivation to offer a kinship care placement. The responses were as follows:

'I think they were more interested in the practical resources, for example money, accommodation and our history. I am not sure we even discussed why we were taking on three kids at our age.' (Michelle)

'I think they did ask why, but I think it was obvious; this baby is our grandchild.' (Wendy)

'I am sure they did ask us. I am not sure we actually knew why we were taking the children in though. Perhaps if they had spoken to my husband individually, he could have shared more of his thoughts and feelings about looking after them.' (Terry)

'Yes, they did ask us, but we only told them what we wanted them to hear.' (Paula)

Although the social workers may have been exploring motivation through other questions and scenarios, this seemingly did not appear evident to the kinship carers at the time.

Having an evidence-based framework to assist in the exploration of motivational factors is seen as essential in the assessment of kinship carers (Seeba, 2012). Within the literature, studies of motivation either explore a person's qualities (intrinsic motivation) or attributes or how external conditions shape their behaviour (extrinsic motivation) (Reeve, 2008; Cherry, 2012). Latham and Pinder (2005) suggest a more culturally oriented approach that acknowledges the role of national culture, characteristics of the job itself and the fit between the person and the practices in which they work are equally important motivational factors. Within this study, the

social work research participants disclosed that they did not explore motivation within an evidence-based framework but, rather, through individual questions they felt relevant and appropriate at the time.

4.5.1 The kinship carers' stated motivation to offer a kinship placement: South Africa

I wanted to gain the Zulu kinship carers' views of kinship care and understand their motives in caring for their kin:

'I don't mind looking after the children, they are my blood, but I have nothing to give them. I am old. There is no one else.' (Mntano)

'We live in one room. I like looking after them, it's just the situation that I'm under which makes it difficult. We have no food, but they have a place to live.' (Florah)

'I am sick, I get nausea, I feel dizzy and at times I can't see, but I am all the children have.' (Buyisile)

The extreme poverty, in which many of the kinship carers lived, often meant the family had no food or financial ability to care for the child. During the interviews many of the kinship carers reflected on past times when their lives were different:

'Many things have changed. We always had food and work, now we can't find work and don't have enough money for food. Today, my life is very different. We have our freedom but our grandchildren, nieces and nephews will not know the past, but what is the point if we cannot have the life we want.' (Sbomgile)

'We are very ill now because we don't eat and we don't have money to give to our grandchildren. There is no work. It is different now; when we were young we had food and work. We only can take the children in, to care for them, but we can't give them anything... it is always hard now.' (Laurence)

One kinship carer saw the role of kinship care as an African Zulu tradition, just as she had experienced being raised by her own grandmother:

'This is part of a tradition. I am looking after my sister's children as she passed. My grandmother looked after me and my sister. I saw my mother sometimes, but she worked away in Johannesburg, so only when she could visit us. I did not know my sister was going to die. She never asked me to care for her children, but I am the only one left to look after them.' (Sindisiwe)

Many of the Gogos I spoke to were themselves raised by their own grandmothers, whilst their mothers sought work in cities such as Johannesburg or in domestic service. The Gogos recalled times when they themselves had been employed as residential domestic staff in large houses owned by wealthy white employers. They told how they had worked long hours, often away from their own families for a number of weeks. They recalled these times with what I perceived as a sense of stability, talking about how they were always fed and clothed and had money to send back to their own families. For one Gogo, she spoke of how things had got worse since the white people had left SA and there were no jobs left for the young people.

An anthropological study of Zulu women living in Durban during the 1950s (Krige 1978) provides a snapshot of how women worked to keep their families fed and clothed:

'In Durban the best opportunities for employment for unskilled African women lie in domestic service for which most employers prefer that their employees live on the premises and visit their homes only on weekly off-days and during annual leave.' (Krige, 1978, p59)

Consequently, many of the women had to leave the care of their own children to their parents and only support them through the money they earned and subsequently sent home.

'Few consider the implications and problems arising from a situation in which a mother is absent from her home and children for most of her life.' (Krige, 1978, p60)

Some of the kinship carers I interviewed often spoke of their faith:

'I am happy, even though we don't have anything and no one to help us. Maybe one day the Lord is going to help. At times there is no money for food,

we come to the centre [community project] for help but sometimes there is no one to help us for a couple of weeks and then there is nothing to feed the kids.’ (Zanele)

‘We are Zulu and that is what we do... care for our families and pray to the Lord.’ (Florah)

Although child-rearing traditions, such as Gogos caring for their grandchildren, have been practised for many generations within the Zulu culture, the decolonisation of SA and the HIV/AIDS epidemic has created a very different context in the way in which families care for their kin. The support networks once available through kin and community sharing is, according to a number of kinship carers interviewed, no longer possible.

4.6 The kinship carers’ personal views of kinship care provision: United Kingdom

I was interested to understand what the kinship carers perceived as their personal philosophy in relation to kinship care. Three of the kinship carers shared a philosophy that reflected the idea that children should remain within their family, whether nuclear or extended family, and the concept of unconditional love for kin. Other kinship carers identified fate, faith and an idealistic philosophy that needed to be shared:

‘My philosophy is some people have their life paved out and some people like us the next paving stone will drop just before your foot goes down and you don’t know which way it’s going fall.’ (Wendy)

‘I guess my faith is my personal philosophy.’ (Michelle)

‘[Mixture of laughter and tears] I haven’t said one good thing yet about what happened to us! I guess every case is going to vary, but I think caring for family is a good thing to do in an ideal world isn’t it? To go and live with your family and I think that is what hurts me the most, my nieces and nephew will grow up thinking that my family turned their backs on me. It hurts me that I had to give

my nieces and nephew up because my husband doesn't share my philosophy of family being important.' (Terry)

Although Michelle acknowledges her faith as playing a key role in her decision to offer a kinship placement, she did not perceive the children's lives had been predetermined. Michelle felt that through the children being placed with her they would have opportunities afforded to them that they otherwise would not have had such as a good education and holidays. Michelle stated that the children would benefit long term from their placement with her family and this would impact on them in adulthood.

In order to understand if there was any advice they wished they had received prior to offering a kinship placement, or anything they feel they have learned personally from their own experience, I asked them what advice they would offer prospective kinship carers. The following suggestions were offered:

'Really talk it over with your husband. You have got to be one hundred per cent sure in your relationship.' (Terry)

'I could say don't go near it with a barge pole, but that really wouldn't be fair as who am I to say what their circumstances are. So I think be careful of all the red tape, rules and regulations.' (Michelle)

'Probably, try and understand the process right from the beginning. Make sure your social worker explains it to you clearly and make sure you understand the complexities of what you are doing.' (Sharon)

'Have lots of patience, be strong for the child and be prepared to have to sometimes choose between family members when you have to make decisions which they may not like.' (Wendy)

'Check out one hundred per cent what you are letting yourself in for; it's one thing to think about it, it's another thing to actually do. I am literally physically tired all the time looking after my grandchild.' (Paula)

To encapsulate the kinship carers' personal experience of offering a kinship placement, I asked them to describe their overall experience:

'It is still too painful for me to describe.' (Terry)

'Very, very tough, a huge learning curve of things that I would never have expected or really knew about before. Kinship care is not something you can teach people, it is just too complex and individual.' (Sharon)

'I guess just a rollercoaster of emotion.' (Wendy)

'The philosophy is good; the reality is very different. I am glad we did it, but never again.' (Michelle)

'I think having this child has made us much stronger as a couple.' (Paula)

4.6.1 The kinship carers' personal views of kinship care provision: South Africa

Whilst exploring the motivation, personal philosophy, values and perspectives of kinship carers when offering a kinship placement, the following responses indicated a mixture of culture, responsibility as a kin relative and the stark reality of there being no one else to care for the child. For the Zulu kinship carers, motivation was based on survival strategies:

'I am bringing the children up as I have hoped that one day they will look after me.' (Mntano)

'I would say to them remember that we do not have money, so you should learn so that when I die you are not going to suffer, you would be able to stand up for yourself. I was not educated hence I am suffering, but now I care for them, they go to school, so I hope they get good jobs and have food to eat.' (Laurence)

'I wish them all to find work, so they have enough food and somewhere to sleep.' (Marry)

'I want them to be happy and to have food.' (Florah)

Although, predominantly, the kinship carers hoped for a better future for their kin, two of the carers stated that the children's fate was already predetermined through their belief in God:

'I wish them well, but only God will know what the future holds for them.'

(Nomusa)

'God will decide their future; he is the one who will provide for them all.'

(Zamambo)

The above two quotes reflect a Christian philosophy that suggests serving the will of God (Sacks, 2015). The acceptance of God's will gave these particular kinship carers beliefs that their grandchildren's future was outside their control and that their destiny predetermined by a loving God. Although the Zulu religion includes a belief in a God (Unkulunkulu in Zulu), it is thought that this faith is based on early Christian missionaries travelling through Africa and explaining Christianity within a Zulu context around the 1850s (Hexham, 1979). This Christian notion involves an individual being aware of their position within society and thus maintaining the social order (Carrette et al., 2004). Another consideration, regarding the positioning of the Zulu people, is the effect capitalism has had on the lifestyle of the Zulu population. In a way not dissimilar to the Christian missionaries 'invading Zululand' (Carrette et al., 2004, p56), the British Army invaded Zululand in the late 1800s. Battles such as Isandlwana, the defence at Rorke's Drift and the death of Louis Napoleon helped to spread the Zulu name and their reputation to all parts of the world (Mahoney, 2012). Historians consider that the invasion of Zululand facilitated the advance of capitalist production in SA and a capitalist society for the future (Morris, 1994). Capitalism is based on a division between the rich and poor and dependent on a social system in which a country's trade and industry are controlled by private owners of capital for profit (Marx, 2013). It is also dependent on a subservient workforce willing to provide labour for a wage (Hexham, 1979). In SA, divisions of the population are still defined by wealth, power and race as observed during the fieldwork part of this study. The exploitation of the Zulu people is considered due to the colonists' invasion of SA, through the stripping of their natural

resources and the taking away of individuals' basic human dignity (Carrette et al., 2004; Mahoney, 2012). As Desmond Tutu reflects:

'When the missionaries came to Africa they had the Bible and we had the land. They said 'Let us pray'. We closed our eyes. When we opened them we had the Bible and they had the land.' (Tutu, 2015; p71)

4.7 Motivation, cultural norms and expectations: similarities and differences

Decisions regarding kinship carers' motivation to offer kinship placements varied between the two case studies. In the UK case study, decisions on whether to offer a kinship placement were taken in relation to the benefit to the individual child and the carers' philosophy of family being important. In the SA case study, the kinship carers' motivation was often the fact that there was no one else to look after the child, their Christian faith and their responsibility to their community as part of the Ubuntu philosophy. In addition, some Gogos also felt that by caring for their kin, this would be reciprocated when they needed care and support in their old age. This was interesting as two of the Gogos who made this statement were in their late eighties (according to their ID cards) and were caring for children between the ages of two years and eight years old.

This dichotomy can be explored through the Gemeinschaft-Gesellschaft philosophy. Tonnies (2003), who introduced the concept, described two different social organisations: one being Gemeinschaft, meaning community in English; and the other being Gesellschaft, meaning a society where the needs of the individual are more important than the community. The Gemeinschaft society is based on communities that are made up of a network of personal relationships, common values and ideals and a strong sense of group belonging (Tonnies, 2003, p18).

Descriptions of a Gemeinschaft society are apt with regard to what I observed as part of my fieldwork study. The rural communities of Zululand were small, where people were dependent on one another, shared common values and appeared to work with one accord. The Gesellschaft society that Tonnies (2003) describes is a society in which individual relationships are formed on the basis of rationality, with a high degree of role differentiation and where rights and obligations are contractual. The

Gesellschaft society would be more familiar within the UK; an urban society organised around the individual and where particular individuals gain prominence when society is fairly affluent. Whereas the UK is steeped in a societal structure privileging the individual's rights, controlled by legislation formed on public opinion, Zululand, in contrast, has historically been steeped in a community tradition that encompasses the family, their surroundings and controlled by the folklores and mores of the village where one lives. However, it is recognised within this study that the emergence of male dominant gangs, along with the HIV/AIDS epidemic and extreme poverty issues, may influence the future societal structure within Zululand. The lesser economic means individuals may have and the stronger the need for self-survival may, according to Hutchison (2010), indicate a future generational shift from a Gemeinschaft to a Gesellschaft society.

In the UK, motivation is viewed as relating to the way in which individuals are valued but Paul et al. (2012) suggest that people are being politically manipulated into thinking this way, through government capitalist policy, yet are unaware of the fact. Within Zululand, motivation was expressed by the kinship carers as relating to maintaining the community's structure as opposed to the population being kept subjugated by the demands of a globalised capitalism by being persuaded that they are doing God's will as suggested by Dawkins (2007). So the responses by the research participants on their motivation to offer kinship placements may be representative of their society or community in which they live, but underpinned by the respective governments political motivation into caring for kin (Robson, 2008).

4.8 Termination of the kinship placement

One of the unexpected issues highlighted as part of the UK case study was the termination of kinship placements. Although the research had not intended to focus on this particular area, three of the kinship carers at the time of the research interview were no longer caring for their kin. The actual decision to end the respective placements differed: Terry and her husband requested the placement to cease following her husband's ultimatum; for Michelle, social services terminated the placement against her wishes; and Sharon's nephew was returned to his biological mother following the retraction of the child protection allegations. Interestingly, in Sharon's case, in which child protection concerns were identified as unfounded and

the baby was returned to his biological mother, Sharon realised that she had been right to disbelieve the social worker's decisions about the baby's mother. As Sharon said:

'I didn't believe everything the social worker was telling me about my sister and how Jack probably got injured. I had to believe it was her partner or the social worker was making it up. But it really divided our family and what we thought of Jack's mum.'

On this occasion, the kinship carer was justified in her disbelief regarding the social worker's assessment of the baby's injuries.

For the SA case study, termination of kinship placements is not recognised as an issue on the basis that the child would have nowhere else to go and, therefore, kinship placements are never formally terminated. As one social worker put it:

'There is never a problem once the child is placed with their relative; they are lucky to have somewhere to go. There is no alternative. I have never come across a child leaving the family of a relative. Everyone knows how lucky they are.'

In addition, due to the main kinship carers in SA being lone women, due to a significant number of males falling victim to the HIV/AIDS epidemic, the male did not have a physical presence in the kinship placements visited as part of this study, apart from one.

The perceived impact on a child when a kinship placement breaks down is well documented within Western literature and highlights the negative impact this may have on a child or young person (Farmer and Moyers., 2008; Pitcher, Chapter 3, 2014). With regard to the kinship carers themselves, there is little research in relation to the impact of a placement termination or the support available (Broad et al., 2005). In addition, there is no requirement for a local authority to provide any support for a kinship carer if a placement is terminated and the child is removed from the kinship placement. Support for kinship carers from the local authority if a placement breaks down is not covered by. Family and Friends Care: Statutory Guidance for Local Authorities (2011), even though research indicates that many of the children and young people who require a kinship placement often have a higher percentage of

behaviour problems and challenging behaviour, making the placement vulnerable and increasing the possibility of a placement breakdown (Pitcher, Chapter 3, 2014).

For two of the UK research participants, prior to their placements ending both families had experienced an allegation of abuse against the non-biological male kin living in the household by one of the children they were caring for.

In the case of Terry, who was caring for her sister's two children, the ending of the kinship placement occurred after she was given an ultimatum by her husband. Following an allegation made by one of the children, social services had carried out an investigation but had determined that no further action was required. Initially, Terry had thought, as a couple, they had got through the experience, viewing it as a 'hiccup' in the placement. For her husband, however, it had proved a more destructive experience:

'After one of the children made an allegation about my husband, which wasn't true, my husband became very distant and didn't involve himself with the children. He then went on a week's holiday with his brother and when he came back, he gave me the ultimatum of giving up the children or him leaving. It was dreadful.'

For Terry, her husband's ultimatum came as quite a shock. Although she had acknowledged a change in his attitude towards the children since the allegation, she felt this would be temporary and a week away would alleviate the stress and he would come back 'his old self'. She also reflected on how she hadn't been able to discuss the allegation with him at any length, due to the pressures of caring for two young children. However, she soon realised that her husband was not going to change his decision:

'I was crying all the time and it wasn't good for anyone. I contacted my social worker who asked me if I would leave my husband and look after the children on my own, because if I didn't the children would be separated and sent all over the country to be looked after. It was a very black picture and I think, looking back, she asked this to make my husband re-think, but it didn't work. My husband was adamant it was him or the children. I really thought through both options and neither one was what I wanted.'

The request from the social worker for Terry to consider leaving her husband, had, according to Terry, played heavily on her mind. Although Terry did try and think logically, in the end, feeling completely overwhelmed, she chose her husband, on the basis that she did not think she could emotionally or financially support the children alone. Terry believes that the pressure from the social worker for her to make such a decision impacted on the children's well-being.

'I have now given up the children and they are in [unrelated] foster care and have been for the last six months. I am still not over the situation [Terry cries]. I feel more and more guilty each day and I can understand how [biological mother] feels because although they weren't my children, it still feels like they were and that they have been taken from me because I had to give them up. It hurts; it hurts a lot. I am not sure I will every recover from this. I love my husband, but I don't think we have a relationship left now. My relationship with my husband is in tatters.'

Although Terry remains in contact with the three children and social services involve her in decision-making processes, including requesting her attendance at the children's reviews, she explains that this causes ongoing distress and issues of guilt around her 'failure' to care for her niece and nephew.

Although kinship care acknowledges the relationship of the biological extended family, the motivation to provide care may not always be present for non-biological family members. In this case, Terry acknowledged that her determination to care for her sister's children may have influenced her husband's decision to 'go along with it'. According to Kiraly (2015) and Peters (2005) the support kinship carer receives is often dependent on where they live and the individual social worker involved in their case. Kinship carers are often asked to make choices in respect of either offering a kinship placement or maintaining one (Peters, 2005; Testa, 2013; Kiraly, 2015).

Another kinship carer, Michelle, who was caring for her three great nieces and nephew, had the kinship placement terminated by social services. Michelle lived over 100 miles from the children's birthplace but the home authority continued to monitor the situation rather than transfer the responsibilities to the new authority where Michelle and her family lived. There had been issues raised by social services

regarding her discipline of the children following ‘escalating behaviours’ by one of the children. One of the children made an allegation against the husband, which was deemed unfounded by social services. Michelle then shared her own concerns with the visiting social worker regarding other behaviours and discussed the ways in which she was disciplining the children. Michelle had never felt that the placement was in jeopardy, believing that she had an ‘open’ and ‘honest’ relationship with the social worker. The termination of the placement, according to Michelle, was abrupt and unexpected:

‘It was beginning of December and I was just coming home from school with the children. We had half an hour to get back to school for a production that [child’s name] was in. The social workers were sat outside the door as we arrived home and there was a social worker that I’d never met before. She told me she was the supervisor and while I was trying to get the children their tea they said we needed to talk. I told them that it was not really a good time right now because we had to go out. So we had a conversation by the front door and they said they were going to move the children. And I said well if you do, it’s your choice, it certainly isn’t mine. I don’t think that’s the right thing, and it certainly isn’t my choice that the children get moved. And they left. Two weeks later the children were told they were moving and by the end of Christmas they were gone!’

Michelle describes the children leaving as hugely stressful on her and her family and although she didn’t recognise it at the time, it left her feeling angry and frustrated. She described the loss of the children as being similar to bereavement. Michelle also reflects that not only were the children taken from her and her immediate family but also from their community; a community which, she believes, the children had settled into well:

‘Everywhere we went they were saying: “Where’s the children? What is happening?” The school wrote to social services and the church saying they were doing so well and were so happy and asking why have you [social services] made this decision?’

Whilst discussing issues regarding support for Michelle and her family following the removal of the children, Michelle replied:

'It was as if suddenly we didn't exist in social services' eyes. I think, because we put in a formal complaint to social services it had to go through the formal channels and nobody was allowed to speak to us.'

The children were returned to their local area and placed in unrelated foster care. Social services prevented the family from seeing the children for a period of six months, although they were permitted to correspond. Following the six-month period, supervised access was permitted on the basis that everyone in the family had criminal records bureau (CRB) checks. Michelle describes this request as follows:

'It was like we had suddenly become criminals. One minute they ask us to take in these children, the next minute, we aren't allowed near them, unless the police said so.'

Michelle and her husband put in a complaint to the social services department and a formal complaints process followed.

Reflecting on her experience, Michelle describes the most difficult aspect of undertaking a kinship care placement as 'having to work with social services'. She believes that social workers lied to her, altered arranged visits and were, on the whole, incompetent. She said her main reason for pursuing a complaint with social services was to make sure they said 'sorry' and offered 'recognition that they had made a mistake by removing the children'.

Michelle's appeal regarding the service provided by social services contained thirteen individual complaints. This was heard by an independent complaints hearing, which concluded that four complaints were upheld, two partially upheld and six overturned; in respect of one complaint, no decision could be reached. The complaints that were fully upheld related to:

- social services; failure to follow due process and procedures, regarding the removal of the children from the care of the kinship carers;
- a lack of clarification regarding how, when and by whom the decision to remove the children was reached;

- the failure to provide a written response, regarding the actions of social services, to the extended family, until one month after the decision was made to remove the children;
- the failure to provide a response to the kinship carers, following a request by them to consider supervised, rather than unsupervised, contact with the biological mother.

Michelle felt that the breakdown of the placement was due to social services' lack of understanding of her role as a kinship carer:

'Y'know I was their auntie, not their best buddy. I was here to treat them like my own, discipline them as I would my own kids and help them develop like my own children. I wasn't here just to baby-sit them for social services.'

Finally, looking back on the experience, Michelle feels it has been beneficial in that:

'I think now as a family we count our blessings more and my children feel very privileged. My children now appreciate that there is a world out there that they have fortunately not been part of.'

The circumstances leading to the termination of the final kinship placement were more positive. The child protection allegations regarding Sharon's nephew's extensive physical injuries had been proven to be due to a rare medical condition. Once the medical practitioners had acknowledged the baby's fractures were medically related, they gave instant permission for the baby to return to his biological mother.

However, during the child protection assessment regarding the baby's fractures, the biological mother had disclosed that the biological father had been 'rough' with him on occasions. This disclosure, Sharon believes, was a way of her sister explaining the baby's injuries.

Sharon's story:

'Well it was quite strange 'cos Jack went home, we'd packed the car up, he was collected by my sister and my mum stayed with me. I think she thought I was going to burst out crying or something, and she was like "Do you want me to stay? Shall I go?" I said "Well actually you can go if you want, I'm quite happy for the peace and quiet now." I think I had worked through my emotions by that point and I had been counting the days for him to go.'

Sharon did not hear from social services for three weeks then, unexpectedly, she received a call from a social worker, asking if she would take her nephew back, following concerns relating to the baby's biological father. Perplexed, Sharon asked why social services were now concerned about the father and was told it was due to information Sharon's sister had disclosed early in the assessment process and the failure of the baby to put on weight since returning home. Following an intensive assessment, taking six weeks, the baby finally returned home permanently. Sharon describes the final ending of the placement as follows:

'It was very strange. One minute we had every social worker on our doorstep and the next we didn't hear from anyone again. The good thing is we still see Jack and I have a special bond with him.'

Regarding the issue of what Sharon found most difficult in undertaking the kinship placement was her husband's attitude towards her biological nephew:

'When it looked like Jack may be here long term, social services asked us to consider adopting him. I wasn't in any doubt, I couldn't let him go to another family, and it would have destroyed me and my mum and dad. But my husband said "Y'know I really don't want this little boy till he's eighteen... I don't think I could give him the same love as I could give our own children." He also said "I don't even financially want to do the same for him, y'know save money for him to go to uni." I was very distraught, y'know 'cos I was like 'hey it will be fine', brush it under the carpet it will be alright, but the problem is my husband is an accountant and he's very... everything's got to add up and he sorts out all the financial things. That was difficult for me to hear that. Luckily it didn't happen.'

Within this study, complexities regarding the non-biological adult are evident within two cases. For Sharon, the baby returned home prior to having to make a decision regarding long-term care. However, she acknowledges that she remains hurt by her husband's attitude and does not want to even consider the possible consequences, had the matter not been resolved 'satisfactorily'. For Terry, who had to choose between her husband and caring for her kin, her pain remains visibly evident.

The three examples, highlighted within this study, where the kinship placement had been terminated, demonstrate the trauma experienced by the kinship carers themselves and the lack of support offered by social services.

An emergent theme within this study and unique to the UK case study, is the position of the male, non-biological carer within the kinship adult partnership. Terry and Sharon's respective partners were not genetically related to the child and felt differently towards the long-term placement of the children. Although formal kinship care assessments, within the UK, do explore, to a lesser or greater degree as discussed earlier, the individual's motivation to provide a kinship placement, the unrelated kinship carer may experience difficulty in being totally open about their motivation, due to their commitment or loyalty to their partner. But, as highlighted above, the non-related kinship carer's commitment to the kinship care placement can have a significant impact on the success and longevity of the kinship placement and, ultimately, the relationship between themselves and their spouse. In view of the lack of study into this particular area of kinship care, it is an area that would benefit from further research.

4.9 Conclusion

This chapter has explored kinship care from a kinship carer's perspective. It has highlighted both similarities and differences in kinship care provision within each case study. This chapter has developed the analysis, identifying differing themes from each case study.

Within the UK case study, we have seen that kinship care placements are often required in response to child protection concerns, adult mental health issues, alcohol and drug misuse and domestic violence. The social workers' involvement was often deemed to be intrusive, overpowering and invasive. Kinship carers expressed

mistrust of their social worker's motives and, as such, felt they could not be honest with their social worker during the assessment process. A unique theme emerging from the UK case study was the trauma experienced by the kinship carer on the termination of a kinship placement, whether this was requested by the kinship carer or the result of a decision made by the local authority. The lack of support for the kinship carer following the breakdown of a kinship placement was a further recurring theme.

Within the SA case study, the data suggests that there are two main reasons why kinship care placements are required: i) the death from HIV/AIDS of a parent; or ii) the parent leaving the community to find work in an urban environment. Kinship carers viewed it as their responsibility to care for their kin as no alternative provision is available and it is part of their community responsibility. The kinship carers viewed the social workers' role purely in terms of an administrative task and the success of the assessment, purely on the basis of receiving a grant, albeit several years later. A unique theme emerging from the SA case study was the observation of groups of young males and the impact they were having on the kinship carers and the rural communities where this case study was conducted.

Chapter 5 will now explore the occurrence of kinship care from other perspectives including social workers, social work managers and public opinion.

CHAPTER 5: EXPLORING KINSHIP CARE FROM OTHER PERSPECTIVES

The aim of this chapter is to consider kinship care from a variety of professional and public body perspectives. In order to consider these philosophical perspectives a variety of data collection methods have been incorporated. These include interviews with social workers responsible for undertaking statutory kinship care assessments in both countries, interviews with social work managers who hold responsibility for kinship policy implementation and monitoring, articles from the newspapers and social media and personal field notes.

To set the context and present the reader with an understanding of how kinship care assessments are applied in practice in both the UK and SA, the interviews with social workers include practice illustrations and their professional viewpoints of kinship care provision.

The following themes, for both the UK and SA are presented sequentially:

- the social worker's professional, personal and practice perspectives of kinship care;
- the social work manager's views and perspectives of kinship care, including government influence;
- the general public's perceptions of kinship care;

The final part of this chapter will draw out the key findings from the respective case studies and outline the role of social workers and other professionals as a function of kinship care.

5.1 The social workers' personal philosophy regarding kinship care: United Kingdom

In exploring the UK social workers' personal philosophy in relation to kinship care I interviewed nine social workers, two of whom held management responsibility, including one who had responsibility for the writing of local authority policy for the provision of kinship care. I wanted to understand their personal values and ideology regarding kinship care. I was interested to explore if their personal views on kinship care matched their professional standpoints, as qualified social workers. Earlier

conversations within the interviews explored their professional views of kinship care in accordance with their respective agency policy. This was to identify if there was any differentiation between their professional and personal views of kinship care, as identified by Oliver (2014) who considered the conflict between professional and personal ideology and the importance of achieving a critical consciousness in order to recognise one's holistic self in practice.

My first question in relation to their personal perspective of kinship care was posed as follows:

'Do you have a personal philosophy with regards to kinship care?'

Two of the participants relayed concerns about placing children into the extended family where previous concerns had been identified:

'I still come back to the idea that the apple doesn't fall far from the tree. I know we have to be objective when we do the assessments and it may be the wrong way of looking at it, but I just want to be honest about how I feel.'

(Laura – social worker)

'If I am assessing a grandparent then I have always got my suspicious hat on, as they have raised the parent whose child we are now removing. I always have got in the back of my mind that they are part of the problem not the solution.' (Mandy – social worker)

The lack of confidence in kinship care was also expressed:

'I think for some children [unrelated] foster care, is great. I think a fresh start, new environment, different way of life maybe from what they are used to is good and a positive experience.' (Louise – social worker)

'I do sometimes feel kinship care needs to be treated with caution – a big caution, due to the complexities of these families we deal with.' (Sam – social worker)

'Sometimes it's just better to give the child a completely fresh start rather than pursuing a blood relative.' (Hannah – social worker)

One particular research participant viewed it purely as a deferral tactic, utilised by families to delay the (unrelated) foster care process:

'I think families can use kinship care as a delay tactic, knowing the courts will send us [social workers] away to do some more assessments on a family member who we have known for years. This just muddies the waters; it's a smoke screen and delays a permanent placement for the child. (David – social worker)

Another research participant viewed kinship care as a preferred option but was mindful that each referral needed to be assessed on an individual basis:

'I think, personally, I would always look for an extended family member for every child but I would also say that I don't always think it's the best place for every child.' (Sarah – social worker)

Some participants viewed kinship care as the preferred option for a child having to live away from their biological parents:

'I like the fact that it enables the child to be part of their birth family.'
(Mel – social work manager)

'I think kinship care should be promoted definitely, it promotes the family and sense of the child belonging.' (Sam – social work)

'I am an optimist, so I am hoping that the aspect of being involved in one's own family can be less traumatic and damaging.' (Louise – social worker)

One personal philosophy was expressed in the following way:

'Well my family is my husband's side of the family; it's not my side of the family. I don't know I'd be wanting to offer to take on some child; no, if I am honest I think I'm a bit selfish.' (Mel – social work manager)

In response to the question regarding the research participant's personal philosophy of kinship care, there were a number of viewpoints expressed. These ranged from treating kinship care with caution, expressions of mistrust about the philosophy itself and concern about the possibility of intergenerational abuse and neglect. A further

concern was regarding the kinship carers' motivation to offer an extended family member a placement. The research participants whose philosophy promoted the concept of kinship care acknowledged the perceived positives for the child such as giving them a sense of identity, remaining within their extended family and reducing the trauma for the child from moving into a fostering arrangement.

The personal philosophy stated by a social work manager, where she considered how she would respond if it were her own family, supports Pitcher's (Chapter 9, 2014) view of why kinship care has touched a nerve with so many people. As he suggests, it makes people ask 'How would I respond if it were my kin?' He further suggests:

'Kinship care will always be important, as long as there are people who live in families and in a world in which lives take unexpected courses.' (Pitcher, 2014; p251)

This may be the case in a Western society, with a Eurocentric philosophy of kinship arrangements, but in other societies kinship may not be viewed as a 'response' to unexpected events – rather, it is an essential, preferred and planned means of raising children (Owusu-Bempah, 2010).

5.1.1 The social workers' personal philosophy regarding kinship care: South Africa

In exploring the SA social workers' personal philosophy in relation to kinship care I interviewed five social workers who had responsibility for carrying out kinship care assessments. One of these held management responsibility for the provision of kinship care within her child welfare organisation. I wanted to get a good understanding of the SA social workers' personal values and ideology.

The following responses reflect the SA social workers' personal values and philosophy:

'I think kinship care is amazing in the way that people just take in the children, not knowing how they will provide for them but wanting to care for them.' (Jothie – social worker)

'I understand why people want to take the children in. I think people recognise that we are special people [Zulus] in how we are with one another.' (Sindisiwe – social worker)

'We [Zulus] are very hands-on people. We care for one another and live together, so we can all survive and live together.' (Sibongile – social worker)

The SA social workers' personal philosophy in relation to kinship care supported the work they were undertaking and the fundamental belief that children should remain within their wider community.

5.2 The social workers' professional perspectives of kinship care: United Kingdom

The intention to explore kinship care from a multifaceted viewpoint included interviews with social workers to try and understand their professional and personal values and ideology regarding kinship care provision. These social workers had already expressed concerns regarding the high number of kinship placements that had broken down. Very few UK authorities collect precise statistics relating to the termination of kinship placements, including reasons for breakdown (Lutman et al., 2009). The main concern expressed verbally by the local authority team manager was in relation to her staff having to 'pick up the pieces' in relation to the emotional support of the child and, more specifically, the additional amount of work that had gone into finding alternative accommodation for the kinship children.

I initially asked general questions during the interviews pertaining to the participant's professional view of kinship care and whether they perceived it as being different to unrelated foster care.

The participants articulated some of their own perceived 'positives' to a child being placed within the kinship family, such as a more natural, known environment, the child knowing their carers as opposed to living with someone they have never met before. In addition, the responses also included the more 'socially acceptable' aspect for the child living with a relative, amongst their peers.

When the research participants were considering the broader picture of kinship care, they identified the challenges of kinship care placements particularly for vulnerable families trying to manage their own biological children, issues around contact with the kinship child's biological parents and how kinship care is a complex role, involving little or no training to themselves as social workers. There appeared to be uncertainty about the value of a kinship placement, due to their perception of them being considered 'high risk'. This related to the number of kinship placements within this particular local authority that had 'broken down'.

The concerns were articulated as follows:

'I am not sure about kinship placements really. There is no way of knowing if they are going to work or not.' (Laura – social worker)

'I think it is worse for a child if a kinship placement breaks down, rather than a normal foster placement. Basically, they are rejected by their family not once, but twice, so I think it may be safer to place them with [unrelated] foster carers from the start, if you have any concerns at all about a family.' (Adam – social worker)

The reference to 'normal' foster care arrangement implies that kinship placements can sometimes be viewed as an 'unusual' environment for a child to be in. Other research participants were more explicit in their views about why a kinship placement may be vulnerable:

'I think kinship care placements are more vulnerable because the child's in that family. I mean, that's the reason for placing them, but that also the reason it makes it more vulnerable.' (David – social worker)

'It's quite ironic that you can remove children from parents, who then have children, and then we place those children back with the grandparents. What kind of message does that send out?' (Mandy – social worker)

'I think we are on a rollercoaster with kinship care being driven by legislation and this particular government's will to push young people that way; into families that are so complex in their make-up anyway, that they

probably are not going to necessarily be able to offer a better standard of care.' (Mel – social work manager)

These statements reinforce the old adage that 'the apple doesn't fall far from the tree' – the implication being that parents whose children require foster care were themselves raised by abusive and neglectful parents. Whilst none of the UK kinship carers within this study disclosed that they had been in the 'care' system as children, two kinship carers did reveal previous involvement with social services as children due to parental family difficulties. However, this argument reinforces the notion that inadequate and damaging parenting is an inherent feature that will pervade the whole extended family. The notion of family pathology has been identified as one of the main disadvantages for welfare agencies considering kinship placements (Brown et al., 2002; Farmer and Moyers, 2008; Owusu-Bempah, 2010).

Peters (2005) interprets the 'apple doesn't fall far from the tree' adage as a way in which social workers verbalise their ambivalence towards kinship care to project their own feelings of inadequacy, in the sense of feeling unsure in their skills and abilities to assess levels of dysfunction and conflict within kinship families. The lack of confidence in social workers undertaking their role in kinship care assessments is often highlighted in relation to the lack of specialised training offered to them (Dill et al 2010; Owusu-Bempah, 2010). Within this study social workers recognised their lack of training and specialised skills to face the complexity and power of dealing with the family dynamics that are encountered in working with kinship care, thus supporting the recommendation for specialised training for social workers working with kinship placements (Broad, 2002; Peters, 2005). This issue is further discussed in Chapter 7.

The UK social workers articulated their concerns regarding the potential for the kinship placement to break down and the implications this may have on the child. There appeared no awareness by the social workers that contemporary research evidences that kinship placements, in comparison, generally last longer than children residing with unrelated foster carers (Farmer, 2009). The social workers appeared to be using their own local authority as a benchmark for predicting outcomes, rather than research informed practice.

One of the issues raised regarding kinship care is whether children are better off with a ‘fresh start’ placement (unrelated foster/adoption families), leaving behind the ‘damaged’ biological family altogether (Testa, 2013). This view was held by some of the UK social workers interviewed as part of this study, however, not all kinship carers are involved in kinship care due to child protection issues. Within this study, reasons such as a misdiagnosed medical problem, the death of a parent and the severe illness of a parent were all presented as reasons for placing children within kinship care. These factors do not reflect a dysfunctional family but are, sadly, naturally occurring adversities in a child’s life. If social workers directly relate kinship care to abusive and dysfunctional families, then the possibility is that their attitude towards a family may involve suspicion or doubt. For the local authority involved in this study all the social workers had either previously worked in a child protection team or were still involved, on a part-time basis, as a child protection practitioner. This may explain why the social workers prioritise child protection over family welfare, and often with little or no evidence to support the decision (Jackson, 1999). However, the debate on whether a child would be better away from their extended biological family fails to acknowledge the research on how children living in kinship arrangements have better health and behaviour outcomes than those with unrelated carers (Hunt et al., 2008; Farmer and Moyers., 2008; Selwyn et al., 2013).

5.2.1 The social workers’ professional perspectives of kinship care: South Africa

Although kinship care is acknowledged to be a fairly new legal concept within SA (Ince, 2009), social workers were asked for their professional views of kinship care. Without exception, all the social workers interviewed stated that kinship care is a natural placement for a child:

‘Kinship care is the only option for a child; it is a natural place for the child to be.’ (Nobunce – social worker)

‘It is natural for a child to live with family and in their community.’
(Sibongile – social worker)

‘A child should always live with their family and in their community.’
(Norah – social work manager)

In SA, the circumstances in which a child may be placed with kinship carers often varies, as one SA social worker stated:

'I don't think our kinship carers should have to go through a court system. They haven't done anything wrong and it is natural for children to live with family.' (Norah – social work manager)

Literature supports that reasons for kinship care placements differ between the West and other parts of the world (Guillen-Grima, 2010). Western societies principally require kinship placements due to parental drug and alcohol misuse and domestic violence, whilst those in SA often relate to issues such as HIV/AIDS (Owusu-Bempah, 2010). However, the process of assessment in terms of application remains very similar. The assessment tool used by the UK local authority is called the *Viability Assessment for Temporary Approval of a Placement with Family, Friend or Connected Person*. It is very similar in content to the assessment documentation viewed in Zululand. In addition, the legislation to approve kinship carers within Zululand, incorporated within the South African Children Act 2005, is based on UK legislation, in particular the UK Children Act 1989 (September 2009).

5.3 Kinship care versus unrelated care: United Kingdom

A further discussion point that arose during the UK case study interviews was whether social workers believed that kinship care was perceived differently than unrelated foster care. This subject did not arise during the interviews with the SA research participants as children placed with non-kin still remain within their community which is considered, within the Zulu culture, as a 'natural' environment for them to live as their community is part of their family (Owusu-Bempah, 2010). Within the UK, children placed with unrelated foster carers do not always remain within the vicinity where they would normally live (Ince, 2001). A further difference is that all children within the UK in unrelated foster care are required to register with social services or seek court intervention that formalises the living arrangement (Hunt et al., 2008; Farmer and Moyers., 2008; Selwyn et al., 2013).

Social work participants in the UK case study viewed kinship care differently from unrelated foster care. Three of the social workers agreed that a kinship placement can prevent a child from entering the care system by maintaining family relationships:

'I think kinship care is much harder, more challenging emotionally and can divide loyalties with other family members.' (Hannah – social worker)

'Well I think kinship care is always the preferable option because it is still within the family and I think in the long term it can meet the child's social and personal psychological needs 'of the child.' (Sam – social worker)

'Obviously kinship care is quite new. I mean, it is early days but it does prevent children entering the care system and keeps them in the family.' (Louise – social worker)

The idea that kinship care is a relatively new occurrence to the social work practitioners could be due to the reinforcement of key legislation and the requirement that, wherever possible, children should be placed with relatives and friends when they cannot live with their parents (CA, 1989; CYP; CYP Act, 2008; Children and Families Act 2014). This inclusion meant that local authorities had to refocus their priorities onto the identification, assessment and support of friends and family carers.

Other 'differences' highlighted by the participants included the potential for exploitation within kin relationships and complex family assessments:

'Kinship care is much harder because there's more emotions involved. Also many divided loyalties.' (David – social worker)

'We all have this really idealistic view about how children will be best kept within their family, although the parents of these children come from the family that have sometimes created the difficulties.' (Mel – social work manager)

'Kinship placements take so much longer to assess. They are so much more complex; you really have to get to the bottom of what is going on in the family.' (Mandy – social worker)

The issue around the complexities of assessing kinship families was a common theme within all interviews with the social work participants. Acknowledgment that kinship assessments were more complex due to the potential for tension, conflict or resentment between family members and the perceived idea that it is more difficult to unravel the truth of what was actually going on within the family. Added to these concerns there were anxieties expressed in relation to the child potentially remaining within the seemingly ‘damaged’ extended family.

The assessment of parenting capacity within kinship care is acknowledged to be more complex and intensive than with unrelated foster carers (Owusu-Bempah, 2010; Pitcher, 2014). Alongside the recognition of dealing with the tensions and conflicts within kinship families, the role of the social worker is also identified as a potential area of conflict (Testa, 2013). As with all statutory social work assessments concerning children and their respective families, the main priority for social workers is to ensure the child’s safety, protection and wellbeing (CA, 1989; Winokur, 2009). For kinship care assessments the social worker has to examine the kinship carer’s understanding of the child’s current and future needs, explore and manage family dynamics including the kinship carer’s own needs and, in addition, specific to kinship care, often has to explain their agency’s role in the family’s life (Pitcher, 2014). These additional roles make the task of kinship assessment complex due to the social worker having to ensure that intervention in family life is kept to a minimum while adhering to standards.

As Testa suggests:

‘Psychological stresses and sociological strains are created whenever different agency roles and principles are combined to resolve the social dilemma of whether a caregiver will continue to act responsibly on behalf of the interest of the care recipient or defect from this expectation at the recipient’s expense.’ (Testa, 2013; p349)

For the social workers interviewed within this study, identifying and assessing perspective kinship carers occurred when the child they were working with was being removed from a biological parent, or parents. From the interview discussion it would appear that the starting point of a kinship assessment varied from worker to worker. Some social workers articulated that the assessment process provided

kinship families with the opportunity to demonstrate improved parenting. Once the social worker felt confident in the kinship carer's ability to protect and support the child, without any child protection concerns, they would then be more confident in supporting the kinship placement. This may indicate that these social workers were starting from a deficit model of assessment, focusing on the family's potential negative impact on the child's life, moving to a more positive standpoint, should the family prove themselves trustworthy. This may reflect why some of the kinship carers interviewed as part of this study did not feel they could trust their social worker during the assessment process and perhaps their feelings were justified in that viewpoint. Other participants identified that the starting point of a kinship assessment was to understand what the kinship placement could offer the child if they felt that the child already had a positive relationship with the prospective kinship carers.

The starting point for any kinship assessment, according to Nisivoccia (1996), is that social workers operate on the basis that they are an intrusion into a natural support system and work from a strengths perspective of what the wider family can offer a child.

'Families are experts in their own experience and know more about their own strengths and vulnerabilities. Our job is to engage with them in ways that encourage collaboration and build solid foundations.' (Salomen et al., 2011 cited by Pitcher, 2014; p206).

Within this study the evidence suggests that social workers in the UK did not always work from a strengths perspective when undertaking statutory assessment in kinship care assessments.

5.4 The social workers' perceived motivation of kinship carers: United Kingdom

As identified in Chapter 2, the motivation of kinship carers to offer a placement is scant but recognised as a fundamental starting point to any assessment concerning placement of a child (DoH, 2014). I was interested to understand how the research participants in this study attempted to assess the motivation of prospective kinship carers. Several social workers offered opinions in relation to motivation of kinship carers:

'Yes, yes we talk about that a lot. For example, one family told me they had come into the marriage late and although the man had previous children, the woman didn't and so we talked about their motivation for wanting to look after these children.' (Laura – social worker)

'I think it's generally a resistance to the notion that children should be taken into care and they [biological family] will actually say 'I don't want any child of mine going into care.' (Mandy – social worker)

'One kinship carer was motivated by guilt. She had been through an abusive relationship with her father and she hadn't stood up to what her father did. It was her duty, she felt, to protect other children in the family. Her motivation wasn't good enough, although I understood her reasons for thinking she should.' (Hannah – social worker)

'Usually there is an assumption amongst the families we work with that coming into care is somehow a lesser option; it's possibly stigmatised and seen as a failure.' (Adam – social worker)

'I would say guilt plays a large part.' (David – social worker)

'Definitely guilt.' (Sam – social worker)

All the social workers in this study said that the main motivation for kinship carers to offer a placement to a child was to either to prevent the child from entering the formal care system or due to some element of guilt on the part of the kinship carer.

In pursuit of how they actively assessed motivation, the following responses were presented:

'I will get into a discussion and ask them in different ways about their motivation.' (David – social worker)

'I usually just ask them why they want to take the child in.' (Sarah – social worker)

Whilst the importance of assessing kin's motivation in offering a kinship placement was acknowledged by the majority of social workers, the responses indicated that some workers placed little value on the reasons provided by kin. Other social workers cited a lack of worth in the assessment of motivation.

Two participants offered the following thoughts:

'The kinship carer's motivation needs to be that they are open and honest with us [children's services] and let us into their lives in a very intimate and almost intrusive way. They [kinship family] often have an inability to acknowledge family history and there's no motivation to go to that place really.' (Louise – social worker)

'I don't think even when you look at someone's motivation you know if that [kinship] placement is going to succeed. Who is to say what the right motivation is.' (Mel – social work manager)

A number of studies have been conducted in relation to what motivates people to foster, but focused on unrelated foster carers (Baum et al., 2001; Brown et al., 2006; Sebba, 2012). Motivation was considered in terms of intrinsic motivation, that is, what the individual person brings to fostering, and extrinsic motivation, which relates to the way in which external factors influenced the reason for their decision to foster. The research acknowledged that intrinsic motivation was usually seen as prevailing as it related to the individual's values, beliefs and emotions. Extrinsic motivation was seen as less enduring (Sebba, 2012).

Literature specifically in relation to kinship carers' motivation suggests that there are two fundamental reasons why kinship carers offer a placement; either out of duty/or obligation or that it is seen as a natural thing to do (Cleaver, 2000; Cole, 2006; Owusu-Bempah, 2010).

Although the social workers within this study perceived that kinship carers' motives to offer a placement was often to prevent the child from entering the care system, research also suggests that whilst this may be a primary reason, kinship carers are also highly committed to the child's well-being, often putting the child's needs before their own (Farmer and Moyers, 2008; Messing, 2006; Pitcher, Chapter 7,

2014; Owusu-Bempah, 2010). Whilst some kinship carers did express that one of their main motivations was to prevent their kin from being ‘taken into care’ as highlighted in Chapter 4, this may imply that the state is not viewed as a competent parent. Masson (2008) argues that these views are prompted by the public’s knowledge of the care system on children, the limits of local authority resources and numerous abuse allegations, all highlighted through social media (p70).

The responses provided by the research participants may suggest that once the social worker had heard the initial extrinsic motivational response provided by the prospective kinship carer, they did not seek to explore the potential intrinsic motivation that may also be present, that is, the kinship carer’s values, beliefs and emotions.

The responses by the participants may suggest that there was a lack of understanding in how to assess motivation or even whether or not it was worthy of assessment if ‘families aren’t honest’ or if you don’t know what the ‘right motivation’ is.

5.4.1 The social workers’ perceived motivation of kinship carers: South Africa

When asked why the social workers believed kinship carers offered placements, the following reasons were offered:

‘Traditionally in the Zulu culture there’s a lot of children brought up by grandparents. So it was a common cultural thing, that the grandmothers bring up their grandchildren. But now, with HIV/AIDs, it’s become forced. It is no longer out of choice, but need.’ (Sibongile – social worker)

‘I would say the only reason why kinship carers come to us [foster care and child welfare organisation] is to ensure they get the child support grant. For a kinship placement it is 290 rand per month [approximately £16.08].’ (Norah – social work manager)

Payments for an unrelated foster placement grant, at the time the fieldwork was undertaken, was 770 rand per month (approximately £43.44); 480 rand per month (approximately £27.36) more than for a kinship placement. So although the SA government, under the Children Act 2005, introduced kinship carer grants, these payments were significantly less than those received by unrelated foster carers.

During the research interviews, two social workers advised that the process of assessing kinship carers usually took around two years to complete. This was in contrast to the information offered by the kinship carers who claimed that their assessments had taken about seven-and-a-half years. These contrasting statements by the social workers and kinship carers evidenced a clear disjunction between social policy and its application in practice.

In order to understand social workers' views on kinship carer motivation in SA, I focused on their personal perceptions:

'Motivation is a difficult one. We believe it to be the Zulu culture to care for family and their community, but it is changing here. We are seeing a lot of crime and corruption because of poverty and people starving. We see caregivers take in children when they have literally nothing – no food, no accommodation, no means of caring for the child. For me, that is the only motivation needed.' (Nobunce – social worker)

'We don't need to look at the motivation. They have come along and asked to look after the child and there is no one else for that child, so what does it matter?' (Jothie – social worker)

The need to consider or assess the motivation of kinship carers appears to be unnecessary for these social workers when, as they state 'there is no one else for that child' and as such, any placement is viewed as a positive proposition. This viewpoint was also shared through the interviews with SA kinship carers themselves, as evidenced in Chapter Four. The Zulu social workers also stated that the request to care for the child was due to the Zulu culture and an intrinsic motivation to care. However, two of the social workers interviewed were less convinced that caring for the child was the main motive but was linked more to obtaining financial remuneration as a survival instinct:

'When you ask them [kinship carers] why they want to care for the child, they will tell you it is their granddaughter, niece or friend's child and there is nobody else.' (Sibongile – social worker)

'If you ask them about their motivation or needs of the child or themselves and how they will manage, they immediately respond by talking about the need to feed, clothe and house the child, they never look at the psychological or social needs of the child or themselves.' (Norah – social work manager)

The assessment of a kinship carer's motivation was not part of the formal assessment process and, seemingly, not an important aspect for the social workers to consider in their practice. However, a number of social workers did express genuine concern regarding the government's decision to pay kinship carers. They believed this had caused an overwhelming number of kinship carers coming forward to claim grants. Not only had this change in policy caused them additional work in terms of the number of assessments required, but they also expressed concern regarding carers claiming money as they felt this went against the African culture to care for kin within their respective communities. Thus, although the motivation of kinship carers was not formally assessed, the social workers did perceive kinship carers as having an unhealthy motivation to claim grants and disregard their cultural heritage.

In the UK social workers did not always trust the kinship carers' motivation for taking in kin, perceiving them to be 'misguided' or 'untruthful' in an attempt to hide their true motivation, or naive in their understanding of the commitment the placement would entail. These feelings of distrust were reciprocated by the UK kinship carers. In SA, while kinship carers did not express concern regarding social workers' involvement in the assessment process, the social workers expressed concern regarding kinship carers' motivation for seeking financial remuneration for the placement, believing that it was in some way demeaning. In the UK there was no evidence to suggest that the social workers did not agree with kinship carers seeking financial assistance or that they believed seeking financial remuneration was demeaning. These differing perspectives regarding financial support would benefit from further research.

5.5 Advice offered to prospective kinship carers by social workers: United Kingdom

Whilst exploring the UK research participants' personal perspectives on kinship care, I asked what advice they would give, if permitted, to a prospective kinship carer.

Asking this particular question highlighted some concerns that social workers have with regard to kinship care placements generally:

'I think it would be, be realistic, actually think about how you are going to cope getting involved in raising your siblings' children – are you going to be able to stand up to them, when you don't agree on something, like contact with the children' (Mandy – social worker)

'I think my personal advice would be you need to think with your head and not your heart. You need to think long term.' (Sarah – social worker)

'Be transparent, open and honest with us [social workers] and, more importantly, yourself.' (Sam – social worker)

'Ohhh [laughing] that's a difficult one... think very seriously about the expectation and the impact of having that child living with you, with all the pressure of the family on you.' (Louise – social worker)

'Motivation is key because the kind of altruistic "oh we'll save this child from [unrelated] foster care and they can be part of our family" doesn't work. Be realistic about the child and what you will be committing to.' (Laura – social worker)

These responses highlighted the practical focus the social workers placed on offering a kinship placement; as one of the research participants said, 'think with your head, not your heart'. This advice clearly supports the argument put forward by Whiting and Edwards (1988) in that no longer is caring for kin a 'natural' occurrence within Western Europe, but a process which needs careful consideration due to the financial, emotional and physical implications for the kinship family. Owusu-Bempah (2010), suggests that the 'extended family' is now seen as alien in Western Europe and kinship families are only recognised in 'ethnic minorities' or 'native people'.

The role of both the local authority and the individual social worker in the assessment of prospective kinship carers is, according to (2003), reflective of the value they place on kinship care. From the responses of the research participants

within this study it was evident that there was variation on how they viewed the philosophy of kinship care and the influence this had on how they undertook assessments, including the identification of possible kin, disclosure of family information and the assessment of motivational factors.

The exploration of the social workers' professional and personal perspectives of kinship care identified variations in terms of the commitment and value they placed on this philosophy. For the UK case study, the majority of social workers viewed it fairly negatively and associated their outlook with how this practice had impacted on their caseload.

In SA, the social workers deemed that the child was best placed within a kinship family and, as such, discussion around advice they would give to prospective kinship carers centred on practical support such as how to apply for financial assistance.

5.6 Consideration of legislation, policy and research in relation to kinship care assessments: United Kingdom

Although the key UK legislation and policy in respect of kinship care has been presented in Chapter 2, it is worth noting additional specific guidance issued to local authorities since the implementation of the Children Act 1989.

In 2006, two government working groups, as part of their wider remit into the protection of children, reviewed the implementation of kinship care policy. These working groups were led by Lord Laming (2006) and Sir Narey (2006). They and a number of other academics, practitioners and voluntary agencies concluded that not enough work was being done to achieve the aims of the legislation in relation to friends and family care (DfES, 2007). Specifically, they identified that the promotion of placing children with their extended family or friends was being overlooked by local authorities (Hunt 2009) and that provision of equitable services to friends and family carers was deemed to be sporadic (Roth et al., 2010). According to the research, some local authorities had failed to introduce policies laying out a transparent and coherent service to kinship carers and maximising the availability to care for kin (Roth et al., 2012). A further concern related to the lack of procedures or guidance on either the assessment of carers or the financial and practical support available.

The White Paper, *Care Matters: Time for Change* (DfES, 2007), promised a ‘new framework’ for family and friends care, which would clarify the expectations for local authorities to provide effective service delivery. The framework also sought to respond to the articulated concerns regarding the absence of policy and inconsistency of practice within local authorities. Further government-funded studies by Farmer and Moyers (2008) and Hunt et al. (2008) also proposed that the UK government should produce a clearer policy framework (Hunt and Waterhouse, 2012) to assist local authorities in the delivery of a kinship care service.

The Family and Friends Care: Statutory Guidance for Local Authorities (2011), applicable only to English local authorities, set out a framework for the provision of support to family and friends carers. The guidance required each local authority to publish a friends and family care policy no later than the 30 September 2011 and to appoint a senior manager with overall responsibility for the policy’s implementation and maintenance.

The guidance specified the values, principles and objectives of the local authority, including:

- to address the needs of children living with family and friends carers, with the policy being clearly expressed, regularly updated, made freely and widely available and publicised by relevant means, such as websites and leaflets (Para 4.2);
- to promote permanence for children by enabling those who cannot live with their parents to remain with members of their extended family or friends, a better alternative to growing up in the care of the local authority (Para 4.5);
- that policies should be based on evidence of what works in supporting family and friends carers to meet children’s needs, and knowledge of the services which carers and children want to be available to them (Para 4.8).

Further guidance was provided relating to the appointment of a senior manager, who would have overall responsibility for the family and friends carer policy:

- the responsible manager must ensure the local authority staff understand the policy and that they operate within its framework, ensuring that it is applied in a consistent and fair manner across the authority (Para 4.11);
- staff responsible for implementing the policy should have appropriate training and an understanding of the issues which family and friends carers face, and of their obligations, powers and responsibilities, including the contents of the local policy. The responsible manager will need to be assured that relevant staff are competent in this area of practice (Para 4.12).

5.6.1 Consideration of legislation, policy and research in relation to kinship care assessments: South Africa

Unlike the UK, where average social worker caseloads amounted to around ten cases per full time post, caseloads in SA were allocated in response to need, rather than on a social worker's perceived ability to cope with the number of referrals. This resulted in a significantly higher caseload allocation:

'At the moment my caseload is 1,200 cases roughly, but I get new ones every day.' (Sindisiwe – social worker)

'I don't count how many cases I have, I just keep taking them.' (Nobunce – social worker)

The social workers interviewed appeared to accept the number of referrals they received, identifying their obligation to support anyone that 'came to the office' requesting an assessment. Recognition was given to the fact that the volume of self-referrals was due to the kinship carers trying to obtain a grant. In an attempt to try and accommodate the number of kinship carers requesting an assessment, one agency introduced a 'drop-in' session to filter the number of applicants. One social worker explained the process:

'We attend to them [kinship carers] initially in a workshop setting, so during this workshop we'd give them our procedures and the requirements if they want to get an allowance to care for a child. We tell them about the volume that we are dealing with and the waiting period, which is about two years.'

The clients have to go away and complete the documentation and show us their ID cards. If they don't have ID cards this causes many problems.'

(Sibongile – social worker)

After the initial workshop, the social worker acknowledged that only a small number of 'clients' returned. The social worker felt that the reduction in clients pursuing an assessment was due to the fact many of these kinship carers either did not have the necessary documentation or they were not able to write and could not complete the documentation required to process their referral.

Within Zululand it is recognised that the majority of kinship carers are Gogos (Pitcher, 2014). It was interesting to note that the Gogos, according to the social workers, were noticeably absent from attending the agency to register as kinship carers. The following reason was given by a research participant as a way of explanation:

'We recognise that we rarely get Gogos coming into our office saying they care for their grandchildren or family. We know they can't read or write, so they would not be able to fill in the paperwork, but also, they don't really want to claim money for looking after their family. It is not in their culture to ask for help feeding their families, yet is it usually the Gogos who need the money and who are doing most of the caring.' (Sibongile – social worker)

Having been based within the Zulu community for three weeks prior to undertaking this particular research interview, I questioned whether the lack of opportunity to travel to an agency office might also impact on the ability of potential carers to request a kinship assessment. The issue of culture and the Gogos not wanting to claim money did not reflect my observations whilst in the community project with the Gogos themselves, who stated their inability to feed, clothe and shelter their kin was a worrying feature of their everyday lives. With high unemployment rates, many able-bodied adults are financially dependent but are unable to receive financial support from the state (Schmidt, 2011). According to Seekings et al (2013), the unemployed in SA have generally been regarded as 'undeserving of public support and therefore have no choice other than to attach themselves to kin as their dependants' (p15).

5.7 Policy and practice adherence: United Kingdom

As the UK social workers had identified the complexities in the identification, assessment and support of kinship carers, I wanted to explore the knowledge base from which they practised. In an attempt to do this, questions turned to understanding their adherence to local authority policy, legislation and evidence-based practice.

The requirement for a local authority to have a policy on kinship care is identified as a resource in order for social work practitioners to access procedural guidance on all aspects of kinship care. This will encompass their legal obligations and the arrangements for their own local authority in promoting and providing support to the needs of children placed with family and friends.

In an attempt to remain open-minded about an individual social worker's consideration and adherence to policy and practice procedures, there was no prior review of these documents. I asked:

'Are you aware of a policy within your local authority, in relation to kinship care provision and practice and, if so, how does this influence your practice?'

The research participants all responded with varying degrees of uncertainty as to the availability of a local authority policy:

'Um, I am aware, um, I know where to look for them. I couldn't quote them [policies] y'know word for word, but I at least know where to go and ask for them. I don't exactly know what the policy is called.' (Mandy – social worker)

'No, I don't know of any policy, but, well, the expectation is there that we should look at the policy. It's just that we are so busy with our workloads, looking at policy isn't a priority.' (Louise – social worker)

'Err, no I'm not familiar with a policy at this point. Is there one?' (Adam – social worker)

'We don't actually have a policy, I don't think. With this sort of work, you learn by doing.' (Laura – social worker)

'I think it would be difficult to follow a policy, I think individual assessments are key really – a policy wouldn't necessarily change your practice.' (Sam – social worker)

'I wince every time I think of policy and procedures. I've come to the point now I just work on a day-to-day basis.' (Hannah – social worker)

The social workers' responses indicated that staff actively engaged in kinship assessments were not familiar with a policy, or even aware if one existed. This finding highlights why these social workers were not responding to kinship care in a consistent and equitable manner and lacked confidence within their practice. A further consideration is that if the local authority had implemented a family and friends care policy and the social workers were aware of such a document, would this underpin their practice? Heath (2013) examined how government policy, principles and research, with regard kinship care, translated into professional practice by researching three local authorities. Heath came to the conclusion that the relationship between policy and practice is difficult to determine as there may be:

'one approach made at the documentation and policy level stage by senior managers, but another process being adopted in practice.' (Heath, 2013; p78)

The social workers in this study were making their own decisions as to the importance they gave to identifying potential kinship carers, how to assess them and what information they would share about the biological family's situation. These decisions were not local authority policy decisions but, arguably, based on the social worker's own judgement and evaluation.

This question was later posed to the policy manager who had overall responsibility for the creation and maintenance of all policies within the local authority. Her response was as follows:

'I don't know if there is a policy actually and I should know that, but I'm not sure if we have or haven't got one. I don't think a policy saying when we should or shouldn't use kin would be helpful anyway, because it should be done on an individual basis.' (Mel – social work)

Heath (2013) further identifies that the operation of policies within local authorities can be subject to both political and financial matters and not necessarily based on legal or evidence-based practice (p78), the emphasis being placed on the context of the working environment rather than the creation of the document itself.

The obligation to issue a family and friends policy is a requirement under the Local Authority Social Services Act (1970; Section 7). Local authorities have to comply, unless there is justification not to do so. Research carried out by the Family Rights Group (FRG, 2012) concluded that only 55 per cent of local authorities had published their policy five months after the 30 September 2011 deadline.

Further investigation carried out by the FRG, over a year later, concluded that 30 per cent of local authorities still had not produced a policy (Hunt and Waterhouse, 2012). For the local authority manager responsible for writing this policy, the fact that she had not done so, or could not recall if there even was a policy, may reflect that the local authority did not see kinship care as a priority service or provision.

A consistent theme in the research literature is that family and friends care is a distinct form of care which requires its own policy and practice guidance, systems, structures and services tailored to the particular needs of families as well as a transparent and fair system of remuneration (Hunt and Waterhouse, 2012; Munro, 2013). Within this study, the lack of local authority policy and practice guidance impacted on the social workers' confidence and, arguably, ability in undertaking kinship care assessments.

After completion of the interviews with the social work participants, a discussion with the team manager confirmed that no friends and family care policy existed within the local authority and that immediate priority would be given to writing one, to fulfil statutory requirements.

The focus of my next questions was in relation to whether social workers thought the assessment standard for kinship care placement differs from unrelated foster care placements and, if so, how. Their responses identified a number of themes.

The physical environment:

'Because kinship carers have a bond with that child already, that makes up for some things like poor décor, messy houses.' (Louise – social worker)

'Although we use the same assessment, I think we all realise we have different standards for kinship carers than we do for [unrelated] foster carers.' (Sam – social worker)

The focus of the assessment:

'The assessment has a different focus because it is based on the quality of a relationship and the potentially loaded areas of family dynamics.' (Sarah – social worker)

The threshold for approval:

'I would probably say yes; in reality they may not be as stringent as they are for [unrelated] foster care placements. We work on the basis that it just has to be good enough.' (Adam – social worker)

The perceived experience for the kinship carer:

'I think assessments are much harder for kinship carers. They often find them very intrusive.' (David – social worker)

The next research question focused on how the individual social workers were disclosing and managing information regarding the birth family to the prospective kinship carer:

'Do you know what and when you can disclose information to kin about the child they are considering offering a placement to?'

Responses from the participants indicated that this was decided on an individual basis by the social worker. There was no clarity about what they could legally share, but responses indicated that they overcame the difficulty by using their own approaches. These approaches varied from persuasion of the biological parent to

share the information themselves, or to disclose what they, as the social worker, felt was appropriate:

'I think I decide on an individual basis and how much the kinship carer needs to know. I think there is a limitation on us as to what we can say. What I have done in the past is I encouraged the parents to talk to the potential kinship carers about the issues as they saw them and what was going on in their life so that it was coming from them and not me.' (Sam – social worker)

This in itself proved problematic as the social worker became aware that the biological parent had not disclosed what they had perceived as the 'full picture' of difficulties. Another participant, acknowledging the tension this causes, decides on the basis of what they believe is the perceived relationship between the parent and perspective kinship carer.

'This question always creates tension when completing the report about what you should put in and what you should leave out. You can't share information that maybe the parent wouldn't want the carer to know.' (Hannah – social worker)

Another participant based their decision on the individual case work and what they thought the perspective kinship carer needed to know.

'I think perhaps this is where it would be helpful to have a policy, but I just decide myself depending on the situation of the family and what I think they need to know.' (David – social worker)

The findings from this specific question indicated that individual social workers were using their own decision-making process on what and how information should be shared between the biological parent and prospective kinship carer.

The third question focused on the literature that identified prospective kinship carers often felt pressurised in taking in kin (Pitcher, 2014). The question posed was:

'In your experience, do you ever feel kinship carers are pressured into taking kin?'

The majority of research participants responded to this question by providing examples from their own practice, where they perceived that they had put pressure on kin to take in a child:

'Absolutely, I am thinking of an aunt I am working with now. I mean she does a grand job and she's actually enjoying it now, but she really didn't want to take him in. We just had nowhere else that he could go.' (Sam – social worker)

'Yeah, I think sometimes they are, often not knowingly. It's a bit like a dad I am working with now – he knows that if he doesn't have the children, they will go into long-term foster care and he would have very little contact with them.' (Hannah – social worker)

'Yes, I recently put pressure on an aunt to take her niece. The uncle was up for it but the aunt was adamant that she didn't want her niece. She is quite a cold woman. I was very concerned for the little girl, but she has a good relationship with the uncle, who actually isn't any relation to her at all biologically.' (Adam – social worker)

'Oh yes, yeah. I remember times when I've rung people up and said "We have nowhere else for this child to go, I'm really sorry" and there have been times I have gone into houses where they haven't necessarily even got a spare bed, so it might be someone else is sleeping on the sofa and it's putting the family out. But often we are in emergency situations and either 'cos of lack of [unrelated] foster carers or because the child displays certain behaviours which means that the foster carers we do have wouldn't be suitable, we have to look at kin.' (Laura – social worker)

Whilst the social workers understood the necessity of ensuring a child's welfare and safety, often the need to place the child with a kin carer was either due to the unavailability of unrelated foster carers, or concerns that the foster carers would not be able to manage the child's difficult or challenging behaviours. The urgency to place a child within circumstances such as these, would result in the kin not being

assessed or having had the opportunity to consider if they themselves could manage the child.

One research participant, although aware of other social workers' practice to put pressure on kin to offer a placement, did not believe that they had done so themselves:

'Personally, I wouldn't put pressure on anyone, but I think that I would always explore any opportunity to work with someone who had mixed feelings or was just slightly reluctant or resistant. I am aware that other social workers do though, as we have so few placements and you just never know if it just might work with kin.' (David – social worker)

Another crucial role the social worker plays in the assessment process of prospective kinship carers, is working with the biological parent in the identification of finding extended family members or friends who may be willing to care for the child. The search for an alternative placement for a child is acknowledged to be influenced by the commitment and effort the allocated social worker and agency puts into the task (Peters, 2005). Influential factors, identified in the literature, that may impact on how much effort is given to this task is considered to be reflected in the value they place on kinship care, specific agency policies, the courts and lack of unrelated foster care availability (Pitcher, 2014). Within this study, acknowledgement has already been given relating to the lack of local authority policy and guidance provided to social workers on how to identify and recruit kin, so the focus of the research turned to understanding how the social workers placed children with kin and their reasons for doing so.

The practice of identifying possible kin ranged from some social workers attempting to identify all possible kin, either through physical contact or formal letters to all known family members, even if they had not had contact with the child previously, to other social workers attempting to contact potential kin only through telephone communication. The reasons provided by the social workers were as follows:

'The (biological) parents can give us several names which is why I have said we will do initial checks and then look at the relationship they have got with

the child and then make a decision. Sometimes we do the checks over the phone; we haven't got the time to visit everyone.' (Laura – social worker)

'Usually the people come forward and if they don't you wonder why, when they know the child is possibly going into care. I then will go and meet them. If no one comes forward, then I don't push too hard.' (Mandy – social worker)

'I try to do everything I can think of to find an alternative placement with family, but sometimes people come forward and you think there's just no way. If you go to court you have to be able to evidence that you have tried to locate kin, so you don't want family members coming forward at the last minute and saying we weren't asked. You don't want there to be any flies in the ointment at the last moment in court.' (Adam – social worker)

The social workers' responses indicated that they would attempt to locate a kinship placement either by asking the biological parent or waiting for a potential kinship carer to come forward; not one of the social workers responded that they would ask the child. A study into children moving away from their biological family concluded that children wanted a major say in the decision-making process and to have a choice in their placement (OFSTED, 2009b). Research suggests that privately fostered children, children in kinship care and young people in custody are less likely to be asked their views about future placements (Broad et al., 2001; Hart, 2006). The right for a child to express their opinion, be listened to and if appropriate, acted upon, is also enshrined in the United Nation Convention on the Rights of the Child (1989), which is a legally binding agreement and, as such, social workers must adhere to this in order to fulfil commitments to international law.

Findings within this study relating to policy adherence and consideration of practice illustrated that practitioners were not consistent in their casework approach. Individual social workers often took it upon themselves to make decisions regarding the identification and assessment of kin. In addition to the social workers not adhering to policy, their managers were also ignoring legislation by the lack of local authority policy guidance.

5.7.1 Policy and practice adherence: South Africa

The research carried out in Zululand, highlighted a number of unexpected findings in relation to social work practice. These related to both practical challenges in locating prospective kinship carers to undertake an assessment and the process itself. During an interview with one of the social work participants, she talked me through the assessment process. The initial referral happens when an applicant visits the child welfare agency office and their personal details are acquired. These details include their name, birth certificate, address (which only includes the community they live in) and information about the children they are caring for. After confirming the applicant's details, the applicant is then informed that a home visit will be undertaken to confirm authenticity of the application. The home visit is always unannounced, ensuring the applicant has not prepared for inspection of the home or changed any childcare arrangements. Nonetheless, locating the home can prove problematic:

'I often can't find the house because they don't have a physical address. The client would say "I am staying at Dambosa" so I have to go to that area and ask the people living there if they know the client. They always tell me they don't know the family, even when they do – it's just they are scared to give us the information in case we are the police or something. Even if I tell them I am a social worker, I still often don't feel safe in these places I visit.'

(Sibongile – social worker)

According to this social worker, many home visits are aborted due to the time it has taken to get to the destination and problems locating the family. In addition, the social workers often have to rely on public transport, which is unreliable and sporadic. On many occasions, the social worker commented, one home visit may take a full day yet no contact is made with the kinship carer. Only three attempts will be made to contact a family before closing a referral. If the social worker is successful in locating the family, the visit is normally expected to last approximately 30 to 40 minutes and the main priorities for assessment are the practical aspects of the proposed care provision:

'I need to look if the doors can lock and stuff like that. I need to make sure the Gogo is not drinking and stuff, because if they come to the office they might

look pretty good, like they wash themselves, but if you go to where they're staying you find they might be drinking.' (Sibongile – social worker)

During the interview process, the participant explained that the social worker is responsible for completing the assessment form and submitting it to the court. The assessment questions covered the suitability of accommodation, the health of the kinship carer, past criminal records, employment history and the financial profile of the applicant. During the interview, she made several statements such as 'being understanding' and 'accepting' of how people live and some of their social problems. In order to try and obtain a sense of what, if any, situation would prevent an individual being considered as a suitable kinship carer, I gave her a scenario to consider:

'If you went to visit a kinship carer and they were living in one room with four nieces and nephews, they had no money, no food, no job, they told you they had committed several crimes, were drug dependent and had health issues, would this prevent them from being considered for approval by the court?'

The response was as follows:

'No, this would not be a problem, as they would get a grant and have money for food and stuff. The important thing is they want to raise the children as their own and care for them.' (Sibongile – social worker)

If the home visit meets the approval of the social worker, contact is then made with the school, to confirm the child is attending and a school report is requested. The school report will accompany the social worker's report for any subsequent court hearing.

Direct contact with a child, is, according to the social worker, only carried out if the child is either at home or at school when the visits are made. No attempt is made to see the child during the process. The reason for this, according to the participant, is that:

'It would take a lot of time to see all the children and if someone wants to look after them that is good as there is nowhere else for them to go.'
(Sibongile – social worker)

In an attempt to identify if applicants are ever refused to care for their kin, I asked the social worker if she had ever rejected an applicant:

'Not that we have turned down. Sometimes the aunty will come and apply and then we'll do all the process of the home visit and the school visit and everything, then maybe when you are about to put in the report somebody else will come in and say "I've taken the child, the child is no longer staying with the aunt, I am taking over the child". We then have to start the referral again.' (Norah – social worker)

Another social worker, from a different agency, spoke of her experience of refusing to process a kinship applicant:

'Yes, I have turned down one kinship carer. She was the child's great aunt and she came to my office and I could see she had been drinking. Her neighbours told me she was always drinking and did not care for the child, she just wanted money. When I did see her at home, she was drinking again, so I told her she could not care for the child and found someone else. I have never known a court to refuse a kinship care placement.' (Sibongile – social worker)

Further information provided by this social worker and later confirmed by one of the social work managers, identified that all the kinship carer applications put forward to the courts for approval, in their area, and had been approved. Not one case had ever been refused approval by the court. This was estimated to be approximately 500 cases over the previous four years.

Once a kinship carer has been approved and the child is legally placed with them, the welfare agencies have a duty to offer ongoing monitoring and support to the family. There is a legal obligation that social workers visit the kinship carer a minimum of twice a year and a monitoring report is submitted to the court every two years (SACA, 2005).

'We are obliged to visit [the kinship carer] twice a year, but we have so many, we do try and go once a year, just to see everything is ok. If it isn't ok, we try and help the caregiver to improve the situation. We have to submit a report every two years, to let the court know everything is ok and to motivate the caregiver to keep going.' (Sibongile – social worker)

The South African Children Act (2005) sets out legal obligations for social workers to carry out monitoring checks, but no mention is made on any obligation to actually see or speak to the child (SA CA, 2005).

Zulu social workers interviewed as part of this study expressed their views on the assessment process:

'The process is the same in the sense that there is an application form to be filled in, there's screening, but because most of the kinship care placements are already [in place], I mean the children are already there, it is just a rubber stamping process.' (Jothie – social worker)

'In the Zulu tradition no child would go outside of their family to live. It is down to the family to find someone to take the child in, this would be within the family or the community, it is their responsibility.' (Nobunce – social worker)

In contrast to the UK assessment of kinship carers, leniency in relation to the kinship carers' physical and financial circumstances also appears to extend to the age of the carer. It was not unusual, within the field, to observe Gogos in their eighties and nineties caring for a large number of kin, including very young babies.

In relation to the effectiveness of kinship placements in Zululand, it is difficult to determine whether these placements currently respond to the needs of the child in terms of food, shelter and living within their extended family and culture or whether there is simply just no other provision. Whilst the government does not seek to support kinship carers, other than providing a small grant once the carer has been approved, the research data appears to indicate that this is not an issue for the kinship carers themselves.

The term 'kinship care' was not used in SA until 1996, when the Pietermaritzburg Foster Care and Child Welfare Organisation made representation to national government to consider differentiating family care and (unrelated) foster care. The reason for the request was due to the recognition that most of the organisation's assessments of foster placements were for children being placed with extended families, friends or people living within the child's community. The government initially refused this request but later, with the implementation of the South African

Children Act 2005, the government made reference to the two distinct fostering placements.

'I think the issue was the government acknowledging that they would have to pay the kinship carers.' (Norah – social work manager)

The social workers interviewed were unanimous in their response to questions regarding their role and the purpose of assessment:

'I deal with orphans whereby sometimes both parents are deceased or maybe the parents have just disappeared and are nowhere to be found, so then I need to place them with relatives or find someone who knows the child and will care for them.' (Nobunce – social worker)

'I have to find the child somewhere to live, so they can stay within their community.' (Sindisiwe – social worker)

The issue around the number of children orphaned in South Africa is dependent on the exact definition of an 'orphan' with some welfare agencies determining an orphan needs to have lost both biological parents, rather than just one parent:

'Some people will say the child is an orphan when actually they have lost only one parent, the other has just disappeared, so we write on the form now whether it is a single or double orphan, which means have they lost just one or both parents.' (Jothie – social worker)

If a child has lost one parent, it is a requirement that the welfare agency advertises for the absent parent, usually the male parent, to see if they will come forward and care for their child.

'If a child has just lost one parent, then we have to advertise for the other parent to make contact. This usually doesn't happen, but now that they can have a grant they may come, so they can have some money, whether they actually look after their child or not.' (Jothie – social worker)

The assessment of kinship carers in South Africa has been in place since 2010 following implementation of the Children Act 2005 and, as such, is a fairly new concept in social work practice. The social workers I interviewed expressed a

number of concerns regarding this new area of practice. One particular concern regarded the legitimacy of some people attempting to register as kinship carers.

The following quotes reflect some of their concerns regarding the authenticity of the claimants:

'The assessment process is difficult for us. We have to first meet with the caregiver and check they are really looking after the child as there is a lot of fraud. One aunty came and told us she was looking after her sister's child, but when we went to visit her at home, the grandmother was looking after the child – the aunty just wanted the money as she couldn't find work and knew her mother wouldn't come along and claim the money.' (Sibongile – social worker)

'We have a lot of false claims. We often have biological fathers coming along, claiming to have found an abandoned child they want to care for and we find out it is their own child. The majority just don't know how to parent, or just don't want to, but they know they can claim money. You see, it is just them trying to beat the system because they're so poverty-stricken they want to make some money and who can blame them for that.' (Norah – social work manager)

Other concerns expressed related to the culture and morality of paying extended family members to care for their kin:

'I don't think kinship caregivers should get money to care for the family. The family should work together to support the child.' (Nobunce – social worker)

'We don't get involved with kinship care unless the kinship caregiver comes forward and, as I said, they only usually come forward to get the child support grant. That is why we have to check for fraud, as we don't trust family members who want to claim money just to care for their own family.' (Sindisiwe – social worker)

Another social worker was sceptical regarding the potential for abuse by other family members:

'We recognise now because of HIV/AIDS it is not unusual for some grandmothers to be looking after ten children plus grandchildren. Our concern here though is that they are being taken advantage of by their children who are adults and who just don't want to be bothered caring for their own children.' (Norah – social work manager)

5.8 Research, continuing professional development and professional support: United Kingdom

'Kinship care is a complex and unique area of work which requires practitioners to have particular knowledge, skills, understanding, sensitivity and commitment.' (Hunt et al., 2012, p157)

The issues around research knowledge, continuing professional development (CPD) and professional support for social workers practising in kinship assessments is well documented (Farmer and Moyers, 2008; Hunt, et al., 2012). The literature emphasises the importance of local authorities developing expertise within this specialist area of practice, primarily with a team of dedicated social workers who have the opportunity of improving their knowledge, expertise and experience within this field.

Partnerships to promote evidence-based practice are a process in which the practitioner combines well-researched interventions with practice experience. This approach ensures that the treatments and services, when used as intended, will have the most effective outcome as demonstrated by research (Farmer and Moyers, 2008). The importance of theoretically informed practice is highlighted in the praxis model of theory reflective practice resulting in actions (Freire, 1996). The praxis model supports the notion that all individuals, including practitioners, must strive to transform the world through creative reflection and thoughtful action, as all actions affect other people's lives (Freire, 1996). In recognition of evidenced-based practice, I wanted to understand how social workers develop their knowledge base to inform their practice in relation to kinship care.

To explore the research participant's knowledge of research, CPD participation and professional support in practice, I first asked the following question:

'Are you aware of any research about 'best' practice in relation to kinship care?'

Overwhelmingly, the responses were similar:

'No, no I wouldn't necessarily say I have really. Can we move on to the next question [laughs]?' (Adam – social worker)

'I... ah, I'm going to hang myself here, aren't I [laughs]? I would probably, if I'm being completely honest, say I am not up to date on any research. "No" has to be the answer. Sorry.' (Louise – social worker)

'Um no, but I think I have learnt through doing the actual in-depth assessments really. Maybe the first couple of assessments I sort of cut out a lot of family history, but since then I have improved my practice and go a lot further into family history.' (Laura – social worker)

'I am not even going to try and answer that question [laughs].' (David – social worker)

'No. Yes, I mean, not research in general, but yes I've read stuff, but I couldn't tell you anything about particular research.'

(Adam – social worker)

'Not anything I can recall, but if I need to know anything, I ask colleagues or I could go and look something up in the library or with our legal department.'

(Sarah – social worker)

'Erm, I can't think of any actual research. I could use Community Care and Forum if I needed information... a lot of information came up when I was at uni but I can't remember anything specific.'

(Sam – social worker)

None of the research participants were able to recall, or provide any examples of, current research in relation to evidence-based practice concerning kinship care. One participant stated that their 'learning' had taken place by undertaking kinship care

assessments, hence ‘learning on the job’, acknowledging that in the beginning their assessments had been less thorough.

Some of the social workers identified resources they could use if they wished to obtain specific information, for example, libraries, websites, colleagues and legal teams. However, when issues relating to casework complexities were shared within the interviews, the resource they invariably used was a colleague or their team manager:

‘I think I would go to a colleague in the team. We are a small team, but very supportive of each other.’

(Mandy – social worker)

‘I always go to [colleague] if I have a query; she is the font of all knowledge.’

(Laura – social worker)

‘I talk things through with our team manager. She has been here a long time but she is leaving soon, so I am not sure if I would go to our new team manager as I haven’t met her yet.’

(Sam – social worker)

One of the themes identified through this study was the social work participants’ reliance on experiential learning, either from their own practice or through colleagues’ experiences.

Formal supervision was viewed by the participants ‘as an opportunity to discuss cases that required resources’ (usually financial) or where a ‘formal’ decision was needed, at managerial level within the local authority.

The reliance on one another for ‘informal’ supervision and guidance was recognised as accepted practice within the team. Individual workers would select a colleague they felt comfortable in sharing their casework with:

‘Yes definitely, we all work closely together and share the same philosophy.’

(Sarah – social worker)

‘Yeah, we are a very close team and share our view of kinship care.’ (Hannah – social worker)

'We are a small team and if one member didn't share the same philosophy that would be difficult and I, for one, would challenge that member of the team. We are lucky that this is not the case.' (Sam – social worker)

One variation, expressed by two research participants, regarded a new member of staff, who was perceived as an 'unknown' quantity and therefore not yet part of the informal support network. In addition, the local authority had recently introduced 'pod' working, where the assessment team had been divided into two groups. Concern was expressed relating to the ability to talk as a whole team, as one pod had been moved to another location within the building. This was a particularly significant issue for the social work staff as they had articulated their dependency on each other's knowledge and experience. They understood that if they needed advice or were grappling with a casework decision, they could have healthy debates and ideas on how to progress the issue. In view of the lack of policy and guidance issued by the local authority, this had become their informal reference point. According to Goldman (2009), dysfunctional organisations and in particular destructive leadership, often fail to acknowledge the way in which teams bond and develop patterns of behaviour that reflect individual and organisational values, knowledge and sense of team cohesion.

Formal CPD training, specifically linked to kinship care, was another area explored through the interviews. As highlighted earlier, within the local authority friends and family care policy, a manager responsible for the maintenance of the policy should be 'assured that relevant staff are competent in this area of practice' (Family and Friends Care: Statutory Guidance for Local Authorities, 2011, Para 4.12). The responses from the research participants indicated that no formal training was made available within the local authority:

'Yeah, we do have team development days, but they tend to be just once a year and general. We haven't had anything on kinship care that I can recall.'
(Adam – social worker)

'Erm, I haven't had anything specifically on kinship care, but we do have supervision and we learn from that.'
(Louise – social worker)

'Not personally, but we now work in pods and someone might say "I've got so and so and they're in crisis and it's likely something will happen" and we will all then gain some understanding of that issue. So we learn not only from our own practice but from our colleagues, especially if a case goes wrong or the wrong decision is made by the court; this will cause a discussion amongst colleagues and we learn how to manage the consequences of what the judge may have said or done.'

(David – social worker)

'I could be wrong, but I don't recall anything specific around kinship carers or the assessment processes.' (Hannah – social worker)

'No we don't do anything in [the local authority], but we can go on specialist training ... but I don't know of anybody who has yet though. I think it is BAAF [British Association for Adoption and Fostering] that delivers the training locally.' (Mandy – social worker)

These findings concur with a large-scale qualitative study carried out in the United States of America by Geen (2003), which concluded that frontline kinship care practices, specifically assessments, have evolved almost entirely from non-kinship carer working practices. Similar findings within the UK have supported these findings (Schwartz, 2002). The lack of specific training and guidance offered to kinship caseworkers may be based on the belief that it is merely a matter of transferable social work skills or, in the case of this study, rather an 'add-on' to an already existing role within an established team.

Although training for the social workers did not relate specifically to kinship care, the research participants found a number of areas they felt would benefit their practice, which included undertaking complex family viability assessments, report writing and presenting evidence in court. The lack of formal training was highlighted by one social worker as having a direct correlation to the outcome of the court proceedings:

'At the moment I just do what I think is best and it just depends which solicitor you get to go to court with as to the outcome.' (Adam – social worker)

Whilst some of the research participants articulated the need for specific training, there appeared a lack of opportunity for them to ask for what they needed. As part of any learning organisation it is considered an important factor for members to expand their capacity and view learning as an ongoing and creative process (Senge, 2006). The lack of training provided by the local authority and the recognition of staff regarding the specific training they believed they would benefit from, is contrary to the friends and family care policy guidance and understanding of the issues which family and friends carers face, including their obligations, powers and responsibilities (DfE, 2011, para 4.12).

Although the DfE guidance (2011) highlights the importance for staff to have appropriate training, the statutory guidance does not go so far as to specifically recommend specialist kinship care teams but it does infer that ‘dedicated workers or teams’ may be an appropriate way of ensuring that the local authority meets the training and knowledge requirements expected of staff (DfE, 2011).

For kinship carers, the benefits experienced when social workers are knowledgeable, skilful and empathetic to the issues they face is documented through several research studies (Geen, 2003; Hunt et al., 2012). One of the key messages from the study by Hunt et al. (2012) was that carers wanted social workers to know what they are doing and to be empathetic. Examples provided within the study identified that:

‘Many carers had encountered frontline social workers who were inexperienced or unfamiliar with kinship care and/or policies and procedures in their own authorities, inconsiderate and insensitive, negative in their attitudes towards the carers and who did not listen to the carer.’ (Hunt and Waterhouse, 2012; p159)

Significantly, research findings within this study concurred with Hunt and Waterhouse (2012) by identifying that a change of social worker could also influence a change within the relationship between carer and social worker and, ultimately, influence the outcome of the assessment process. The lack of sensitivity shown by social workers to kinship carers’ situations was identified within this study. Empathy is a learned social work skill or way of being, which can be used in the attempt to relate to, communicate with and understand others and the situations in which they live, and the experiences and emotions they have (Teater, 2011). According to

Fairbairn (2002), empathy allows professional staff and clients to work side by side, but requires professionals to have experiential knowledge or the ability to imagine other people's life situations. One of the challenges for social workers in demonstrating empathy is that it requires them to confront their own values and address moral issues. Research has demonstrated that local authorities with specialised kinship care teams benefit the kinship carer directly because:

'they are dealing with social workers who are familiar and empathetic with their unique position and the implications for them in taking on care.' (Hunt et al., 2013; p61)

In this study, some of the social workers expressed moral dilemmas in placing children with kin and the value they placed on kinship care provision.

5.8.1 Research, continuing professional development and professional support: South Africa

Similar to the UK social workers, the SA social workers I spoke to could not recall any specific research or literature in relation to kinship care arrangements but, more specifically, they could not appreciate why this would be necessary:

'Children living with their families or in the community is natural. The only reason I have to visit them is to see if they can have a grant. These children are no different from any other child living here [Zululand].' (Jothie – social worker)

'I don't remember when I was studying that we talked about children living with their families [extended families or community] apart from when we studied on the Ubuntu module. It is a natural thing for us.' (Nobunce – social worker)

The SA social workers, although qualified to degree level, were not required to do any post-qualifying training. Any training offered was at the discretion of the employing agency. For the social workers themselves, they did not see this as an issue:

'I am very busy and I don't have time to stop working to do anymore training.' (Sindisiwe – social worker)

'I was very lucky to go to university. I learnt a lot at university, I don't need to learn anything else. I learn every day at work.' (Sibongile – social worker)

'Every day I learn something new doing my work, I don't think it is necessary.' (Jothie – social worker)

The social workers had all undertaken previous jobs in other areas of social work, including specialist areas such as working in an HIV/AIDS clinic, a child welfare team and a day care project. None of the social workers had received any supplementary training to undertake kinship care assessments or work with prospective kinship carers. Similar to the UK social workers, they identified that 'learning on the job' was the most significant way they updated their practice knowledge and skills. Whilst this lack of training for social workers was recognised as an issue within the UK, it may be that the need for training for the SA social workers is not required due to kinship care being viewed by their society as a perfectly natural and normal child care provision or, quite simply, due to the lack of financial resources available within their respective agencies for staff training. Although the social workers were not in specialised kinship care assessment teams, this role took up most of their working week. Often the social worker I interviewed was the only member of staff working with kinship care assessments within their respective agency. Unlike the UK social workers, they did not have to work to timescales. Each individual social worker managed their own caseload and ultimately made their own case work decisions. Although supervision was available through their line manager, they did not view this as a requirement and articulated that the manager's role was more to do with staffing issues:

'I only ask my manager things about my job, but she is always busy.'
(Nobunce – social worker)

'We sometimes meet and talk, but we don't have much time. I have a lot to do.' (Jothie – social worker)

'I know what to do in my job, I don't have to ask. My manager always signs my reports before they go to court.' (Sibongile – social worker)

Whilst the lack of supervision was highlighted as an issue for the UK social workers, in Zululand the role of the social worker was viewed as being a far more administrative role, for example, assisting illiterate applicants to fill out referral forms in order to apply for a kinship care assessment or to undertake assessments in order to ensure the kinship placement met the court requirements in order to fund the child. Issues regarding the child's emotional well-being and development were not an area that the social worker was required to address. So long as the kinship carer agreed to accommodate the child and, in theory, had enough food to feed the child, even if this meant waiting for the grant, that was sufficient for the social worker to endorse the kinship carer's court application.

Post-qualifying training is not offered as part of professional social work practice in Zululand. Having qualified as a social worker, they regarded themselves as having achieved a 'high status' and recognised as a generic expert in the field of social work practice. In general discussions they articulated how proud their families had been of their success in qualifying as a social worker and their commitment to helping their communities.

'My parents were very proud of me. I am the first person in my village to go to university and study. I know that my village really respects me.' (Sibongile – social worker)

'When I went to university, I was very proud. I studied very hard. If anyone in my village has a problem, they always come to me. I try and help other children by telling them they must go to school and work very hard. As a Zulu we are always proud of our families.' (Nobunce – social worker)

In discussions regarding their practice they revealed that they did not actively seek any further academic support to develop their professional knowledge or research any websites or journals to update their practice knowledge. They did, however, recognise that their practice responded to their agency policy and their philosophy of trying to support those people who needed resources the most:

'My work is about helping people who don't have the money to feed themselves or have a home. I don't need to read books or look up

information, I know what I have to do... I have to make sure I help people by getting them grants.’ (Sindisiwe – social worker)

‘I was taught that life is about sharing and helping people. At university we were taught about listening to people and learning about what help they need. Yes, sometimes we have to check that people are telling us the truth, but most of the time you can see they haven’t got any money.’ (Jothie – social worker)

Whilst social workers in SA were perceived to be of ‘high status’ by both kinship carers and society generally, social workers in the UK were viewed by kinship carers as mistrustful, interfering and authoritarian. This contrasting finding may be indicative of the respective work they undertake. In the UK, according to *The Guardian* (3/10/12), common myths about UK social workers include that they:

- are considered ‘child snatchers’ due to their perceived ability to remove children from their families at a whim;
- routinely demonstrate a lack of professionalism which is linked, according to the article, to their image of being ‘hopeless do-gooders’;
- continue to advise families that seek assistance, services and resources, knowing there are none.

A further article published the following year in *The Telegraph* (November 2013) was a statement by the then Education Secretary, Michael Gove, who appeared to support the negative image of social workers. He stated:

‘Social workers are abdicating their responsibility by viewing individuals as ‘victims’ of injustice rather than making them stand on their own two feet.’
(Michael Gove, 2013)

Donzelot (1977) viewed government family policies as a way of the government interfering with and manipulating families but, more subtly, he suggested that the ‘policing of families’ occurs on a smaller level with professionals like doctors or social workers having the power to affect the shape and nature of families (1977; pp16–18).

So whilst in the UK public perceptions of social workers are often reflected negatively in the popular press, this may relate to the lack of understanding of the confidential nature of the work they undertake and the complexities of their role (Thomson, 2009).

5.9 Social workers' views of government involvement in kinship care practice: United Kingdom

Whilst the Family and Friends Statutory Guidance (FFSG) was informed by key messages from research (Hunt, 2008; Farmer and Moyers, 2008; Hunt, Waterhouse and Lutman, 2008) the social work research participants, expressed a lack of knowledge or certainty as to why the FFSG had been introduced.

The responses included:

'Has there been research done?' (Adam – social worker)

'I suppose, ultimately, it is because it is good for the child to be placed with family or friends. I do worry though that the government hasn't acknowledged the complications in all of this really – y'know there is the generational stuff, history of neglect within families – I am not sure what to think actually.' (Mandy – social worker)

'I am quite sceptical on this. I think sometimes it is purely about cost, and if they are with family it's cheaper for the government.' (Sam – social worker)

'I have absolutely no idea.' (Laura – social worker)

'No, I would guess that the government has done some research or somebody must have. Um, it is fairly new so there must be new evidence on how it is better for the child.' (Louise – social worker)

There was some scepticism about the fundamental philosophy behind the requirement for local authorities to consider kinship placements as a priority. Another perplexity expressed by two of the participants regarded the kinship care policies and whether these had been underpinned by research. This was an interesting point, particularly as they themselves could not identify any research to underpin their own practice in relation to kinship care.

As Herring (2005) states:

'Observers of child welfare systems assert repeatedly that the state makes a bad parent. This appears to be true when the state attempts to provide care for a group of children while dedicating inadequate public resources for this effort.' (Herring, 2005 cited by Owusu-Bempah, 2010, p140).

5.9.1 Social workers' views of government involvement in kinship care practice: South Africa

The role of government with regards to kinship care received a mixed response from the social workers interviewed in terms of government responsibility. One social work manager was clear in her view that the government is not doing enough to support kinship carers and this was due to their lack of understanding and appreciation of the role:

'There is a real problem with our government and their lack of understanding of what is going on. They're appointed to positions of seniority and they have never really worked with the system themselves, so they have no understanding of what is needed on a day-to-day basis. The government should be mobilising more on the prevention side to keep families together; even if we are talking about sick adults, with the support of health services, that child would still be probably better off with one family member than come into a care system and just survive.' (Norah – social work manager)

Professional staff I worked alongside within the research projects were clear that the lack of resources, support and professional training were all significant factors that the government did not consider or take responsibility for. Whilst the majority of professionals expressed loyalty to their government and, in particular, President Zuma, they believed that additional funding would resolve difficulties in caring for

kin. For the two voluntary projects I worked in, whilst funding was obtained predominantly through private individuals and charities, they did appreciate the small amount of funding from the government and believed that if President Zuma (identified personally) had the money, he would allocate it to projects such as theirs. The following quote, for me, encapsulated the spirit of most of the professionals' views:

'We know President Zuma does his best, we need more money to help our people. We don't really have anything. President Zuma is a kind man; he would give us all he could. He cares for his people.' (Field Notes, 25 January 2013)

Other social workers interviewed did not feel the government necessarily had a role in supporting kinship carers:

'The government does all it can with helping people. It is not for them to become involved in family business.' (Jothie – social worker)

'Government understands our culture to help one another and care for one another. They are doing their best to look after us.' (Sibongile – social worker)

The SA kinship carers interviewed as part of this study articulated a similar viewpoint in that they did not perceive it to be their government's responsibility to become involved in family affairs. The kinship carers also spoke of their trust in their president to do the best for his people. On 1 April 2016, President Zuma made a personal public apology for breaking SA's constitution in failing to repay an order for £13m of public money spent on refurbishing his private estate. This order was as a result of President Zuma being found guilty by the SA Constitutional Court of breaking his oath of office due to his conduct. President Zuma has ignored requests for his resignation (Blair, 2016). So whilst the kinship carers and social work professionals in SA spoke of their president being a 'kind man', doing 'his best', but acknowledging the need for more money, it may appear that the public money was available but not being utilised most appropriately.

5.10 Public perception of kinship care: United Kingdom

Having considered the views regarding the provision of kinship care from a professional standpoint, the direction of this enquiry focused on the public perception of kinship care and its function within UK society. A study carried out by Leber et al (2012) examined the public's perception of foster care and found that the majority of the 300 research participants viewed foster care positively, but considered it less important and less deserving of funds in comparison with education or health issues (Leber et al., 2012). The degree of importance that the public places on a social issue can determine both public sensitivity to the issue and also the political and financial support it deserves (Okitikpi, 2011).

The issue of family caring for kin has been debated in relation to the issue of caring for the elderly. In a UK national survey, the public was asked who should provide elderly care, the National Health Service (NHS) or family (YouGov UK, 2014). Although the responses were mixed, the majority of participants agreed that the NHS should take on the largest responsibility because it had both expertise and funding through taxation. The survey results also noted that the public had recognised the decline of the traditional family and, therefore, the lack of support available for family care. Regarding the respondent who suggested that the family should take responsibility for their elderly relative, their logic was that grown-up children had an obligation to their parents, having been raised by them, and would therefore offer a better quality, bespoke care package to their relative in return (YouGov UK, 2014). For children unable to remain with their biological parent(s), the question of their care is less debated in the public domain, leaving the state and kinship carers to negotiate the way forward. Whilst advice groups such as the Family Rights Group (FRG) and Grandparents Plus actively support, promote and advocate on behalf of kinship carers, the general public, arguably, is not involved in such conversations (YouGov UK, 2014).

Public information about social issues is often profiled in the popular press or social media. In relation to kinship care, news coverage has highlighted the need for kinship carers to receive more support. These news items are often a result of charities or agencies profiling research. Two of the more recent news items have included Grandparents Plus, a charity which supports grandparents caring for kin, advocating

for the government to do more to support relatives looking after children (BBC News, 7 December 2014). The news item highlighted that around 300,000 children in the UK are cared for by extended family members but do not have the same rights as officially appointed foster parents. The coverage highlighted that these carers often face unfair discrimination in terms of the same access to psychologists, social workers and health visitors (*Evening Times*, 2013). Several other articles relate to the financial remuneration that grandparents should receive in relation to the key role they play in caring for kin:

- ‘Aid for Grandparents who look after children’ (*The Times*, 22 June 2012);
- ‘Thousands stop work to care for grandchildren’ (*The Times*, 12 June 2012);
- ‘Kinship carers get cold shoulder from the state’ (*The Times*, 27 March 2012).

Additional articles refer to specific families who have offered kinship placements and their personal stories (*Daily Mail*, 18 July, 2013). Although it is acknowledged that the largest percentage of kinship carers in the UK are grandparents (Gray, 2005), the majority of press articles relate to the financial aspects of the kinship care relationship between state and carers, rather than the broader, equally debateable issues such as the rights and responsibilities of kinship carers, the changing availability of grandparents as carers and the relationship between state and kinship carer.

One of the most popular web forums for families in the UK is www.mumsnet.com. One of their web links is headed ‘non-bio’, used as an acronym for non-biological carers. This link is aimed at supporting carers who are bringing up children who are not biologically their own including step-parents, foster carers, adoptive parents and kinship carers. The ‘non-bio’ family chat link includes adults seeking support and advice. A debate was posted on the site in March 2015 by two kinship carers, which highlighted the lack of funding they are receiving for the care of two of their grandchildren and also the lack of support they receive from their local social services department. The kinship carers are practising GPs whose own daughter is drug dependant. Whilst the general responses were mixed about how they could progress their concerns, there were a proportion of participants who could not

separate their role as kinship carers from other grandparents, both willingly and freely caring for their grandchildren on a daily basis. In addition, a number of responses highlighted concern regarding the UK economy and some expressed that caring for grandchildren was most grandparents' dream occupation, or at least a 'duty', and carers should not expect to receive funding or support from the state.

Without an accurate understanding of the public's knowledge and perceptions of kinship care, it is difficult to overcome negative stereotypes, promote positive policies and support kinship relatives both financially and appropriately through children's services (Leber et al., 2012).

5.10.1 Public perception of kinship care: South Africa

In South Africa, as identified earlier, kinship care is a well-known and well-used resource, embedded in the country's culture (UNICEF, 2009). Even in contemporary SA it is estimated that approximately 90 per cent of all children who are unable to live with their biological parents are taken to live with extended family members (Assim, 2013). This African tradition of kinship care has historically been seen as a moral duty or obligation, which was binding on all family members. Kinship care was largely unremunerated and based on the principle of reciprocity. The role included the socialisation of children as a means of reducing family vulnerability. Within Zululand, the philosophy of Ubuntu reinforces the message of caring for kin. It is therefore a familiar practice known to the public, due its widely recognised tradition.

The term 'caring for kin' implies that children are being 'cared' for, yet within the UK and other Western countries, kinship care is regulated and sits within welfare policies that often include statutory assessments and legal interventions (Masson, 2008). Kinship care in Africa is largely unregulated and only just beginning to be acknowledged within welfare policies (Assim, 2013). The lack of transparency regarding the legislative framework in which kinship care sits within SA complicated access to funding for kinship carers. One of the consistent messages portrayed within this study is the lack of funding available to kinship carers in order for them to support the children within their care. A research study conducted by (Lunga, 2009) identified the main challenge for grandparents caring for kin in KwaZulu-Natal, Zululand was the financial hardship imposed due to lack of access to grants.

Without the South African's government's commitment to promote positive policies and support kinship carers through the provision of resources, it is difficult to imagine how the public can be assured that children are being 'cared' for in a manner which they perceive all children should (Leber et al., 2012).

With the increasing number of child orphans, the reduction in adoptions (news24.com, 2014) and the increase in women aged between 20–24 years old diagnosed with HIV/AIDS, the continued need for kinship care provision will only increase. Therefore, the unlikelihood that the assessment of kinship carers will become any more stringent, to take into consideration the emotional well-being and development of the child, is doubtful. The challenge for social workers assessing kinship carers is likely to be the volume of kinship carers coming forward to seek grants in order to support the child.

5.11 Conclusion

This chapter has explored the kinship care from a variety of professional and public body perspectives, both within the UK and SA. Similarities and differences have been highlighted including:

- similarities in legislation in both countries and recognition given that both countries and social workers are ignoring both international and state legislation, in different ways and for different reasons;
- an assessment process that requires respective courts to endorse the kinship care provision;
- financial remuneration for formally approved kinship carers;
- the lack of evidenced-based practice underpinning social work practice.

The main differences between kinship care, policy and practice within the UK and SA include the following:

- the application of social work practice in terms of the assessment and support of prospective kinship carers;

- differences in the views of the UK and SA social workers in terms of their philosophy towards kinship care provision;
- differences in the reasons why a kinship care placement is required;
- differences in the public perception of kinship care provision.

These findings provide the commentary for the next chapter, where the overall aim of this study will be reflected upon alongside an interpretation of the study's findings.

CHAPTER 6: DISCUSSION

The aim of this chapter is to critically discuss the analysis drawn from the findings from this study, highlighting similarities and divergences in relation to the care of kin. The research question is revisited, in order to demonstrate how the chosen methods were selected, how my interpretations and opinions were arrived at and how the implications of this study fit in with, and progress, existing knowledge in relation to kinship care provision.

This chapter begins by examining the interpretation of the underlying philosophy for the two cultural settings in which this research was undertaken. The emerging themes drawn from this study will underpin the commentary of this chapter, with particular focus on the literature identified in Chapter 2 and the analytical framework presented in Chapter 3. Particular attention is given to five questions: 1) What does the data actually mean and does it answer the research question? 2) Are there any common trends, drawn from the two case studies that impact on the delivery of kinship care provision? 3) How can the authenticity of the research be validated? 4) What are the differences between the two cases? 5) How do the findings from this study fit into existing research and knowledge into kinship care provision? The chapter then concludes with reflection on the viability of the original research question, the suitability of the research methods chosen and the strategies adopted in executing this research, including decisions that could have been managed differently.

As described in Chapter 1, the overall aim of this study was to explore the care of kin from two cultural perspectives and to identify if anything could be learnt to contribute to the existing collective knowledge of kinship care. The research question posed was: ‘How can understanding the experiences of kinship foster carers, from two cultural perspectives, inform social work practice, legislation and policy?’ The study sought to respond to this research question through interviews with kinship carers, a critical analysis of kinship care in the context of legislation, policy and practice and deliberation and analysis of kinship care from a multifaceted viewpoint.

In order to answer this research question:

1. Interviews were conducted with kinship carers who have undergone a statutory kinship care assessment, which resulted in providing a kinship placement;
2. Interviews were conducted with both social workers and managers across both research locations.
3. Current UK and SA legislation, policy and practice was critically analysed with regard the occurrence of kinship care.
4. Kinship care was analysed from a multifaceted viewpoint.

The chapter will now examine the interpretation of the underlying philosophies for the two cultural settings in which this research was undertaken.

6.1 The underlying philosophies towards kinship care

Within the UK, as highlighted in Chapter 2, substitute care for children has varied in its approach over the decades. These varying approaches linked with a range of different underlying philosophies about family life and what was perceived as best for the child in relation to societal need. The central theme underlying Eurocentric philosophy is that of attachment theory. One example is Bowlby's (1969) attachment theory, concentrating on the need for a child to have a 'secure' attachment with one main caregiver. Theories of this nature were considered to be individualist, rather negating the need for the child to be placed within their own culture and as such wider family setting (Taylor, 2004). Within this study, as presented in Chapter 6, the UK social workers maintained the viewpoint that children should be placed with a primary caregiver, but consideration was only given as to whether this should be with unrelated foster carers or within the child's wider family. The issue of the child remaining within their culture was only articulated by one social worker as a reason for maintaining the child within the kinship family. This could be a possible area of future development within this particular local authority.

Although Christianity is identified as the largest religion in England and Wales in 2011 (59.3 per cent of the population, Office for National Statistics, 2012), only one

kinship carer, Michelle, stated that her Christian faith underpinned her personal philosophy and contributed to her decision in offering a kinship placement, as presented in Chapter 5. Other kinship carers spoke of their commitment to keeping the family together and, thus, their philosophy of family. Whilst the Children Act 1989 acknowledges that family life will vary according to each child and stresses the importance of the child's ethnicity, culture and language as being a significant in consideration when formally placing a child for care, the UK social workers appeared not to identify this as a feature when considering placing a child either within or outside the child's biological family. The social workers, although aware of the government's commitment to placing a child within the wider family setting, could not give a definitive reason as to why the government was promoting this initiative. Some of the reasons suggested by the social workers, as identified in Chapter 6, ranged from 'purely to save money' and 'based on research outcomes' to 'absolutely no idea'. The social worker who suggested that kinship care may be a government initiative to save money subsequently felt this may be too cynical a view. However, it does support some of the literature in Chapter 2, that the decision on where to place a child is often in response to the dominant ideology of the government in power and a response to government needs (Warren-Adamson, 2009).

6.1.1 Philosophy: South Africa

Whilst undertaking fieldwork in Zululand, I experienced many actions and activities that would confirm that the Ubuntu philosophy, as presented in Chapter 2, is currently practised in everyday lives. The manner in which I observed community members supporting one another through the sharing of the minimal food they had, caring for their kin and a genuine sense of hospitality shown to me when entering their communities reflect this philosophy. Many of the research participants could barely survive, due to lack of food and health-related issues. Caring for their kin was an extra burden requiring extra resources, and the sheer exhaustion was obvious to see. The development of many voluntary projects and resources to which the Zulu people have access is usually attributed to individual Zulus who acknowledged and communicated their Ubuntu philosophy. One example, highlighted in Appendix 2, is the development of the 1000 Hills Community Helpers project which was started by a Zulu woman who had experienced the impact of HIV/AIDS through the death of her own two adult children. Although she demonstrated the Ubuntu philosophy

through the initial introduction of a soup kitchen (which later evolved into a more holistic community project), in later adult life she embraced Christianity, which she believes has similar values and ideologies to Ubuntu. In discussing Ubuntu and her Christian faith, she articulated her ultimate faith in God to assist and guide her in life. The Ubuntu philosophy, she suggested, articulates the actions that demonstrate her Christian faith as can be seen in Photograph 1.



Photograph 1: Staff Notice Board (1000 Hills Community Helpers Project)

From the research undertaken within this study there was clear evidence of the separation of the understanding and practice of Ubuntu with the elder Gogos and the younger kinship care participants. The Gogos, through the interviews, articulated the Ubuntu philosophy from being taught it as a child, to practising it with their own children. In contrast, whilst the younger population of participants who I interviewed recognised the word Ubuntu, they could not articulate what it meant or how it had relevance to their own lives. In addition, the Gogos also articulated their Christian faith. During the interviews, the concept of God was referred to spontaneously, usually as a divine being who had a plan, who would provide for them and who would, ultimately, offer them hope and salvation for their future. Ubuntu was not referred to directly during any interview, other than in a direct response to questions I posed regarding the philosophy, but consideration had to be given to whether reference to God was also a direct reference to the Ubuntu philosophy. The SA social workers interviewed confirmed that they had been taught the Ubuntu philosophy whilst undertaking their social work training. This research finding was significant as

it supported the information provided by the two universities I visited in SA, which acknowledged the importance of teaching Ubuntu within the social work curriculum. Both social work programmes taught Ubuntu as standalone units and utilise it as a way of evidencing students' social work values and beliefs.

Situations I observed and experienced, whilst undertaking fieldwork as identified in Appendix 2, drew me to conclude that Ubuntu may be becoming an obsolete philosophy for the younger Zulu population. Whilst kinship care is still carried out by young female Zulus as observed in this study, I did not observe any young male Zulu participate in the care of kin. The young female Zulus, who were interviewed as part of this study, articulated that they cared for kin due to their being no-one else available to the child and did not relate this occupation in relation to the Ubuntu philosophy. In a country where some Zulu communities can no longer provide basic care needs for themselves, let alone care for others, it could be considered an antiquated, irrelevant and unaffordable practice. Although clearly remembered by the Gogos and consistently referred to during the interviews, the emphasis was Ubuntu as a past philosophy, rather than a relevant and cultural Zulu practice of today. This view is opposed to the view that Ubuntu is embraced globally (Ince, 2009). The decline in moral values, particularly observed in the young male population, which showed a lack of respect, honesty and care for either the older or younger population, would also demonstrate a changing philosophy in that there appears to be a shift away from traditional philosophies such as Ubuntu and a culture of care towards a more capitalist way of thinking: prioritising the individual over the social.

Whilst acknowledging that kinship care is still an accepted child care practice, within all the Zulu communities, for both the older and younger females I visited, the motivation to care for kin was primarily due to there being no one else to care for the child. This practice was not referred to as having any relation to the practice of the Ubuntu, but as more of a humanitarian deed which, of course, in essence and perhaps by default, fulfils the Ubuntu philosophy.

Whilst the Ubuntu philosophy and its relevance in everyday life with the Zulu communities varies, its profile, as a philosophy in SA, appears to remain significant. Indeed, the Ubuntu philosophy is now drawing considerable global interest (Zandberg, 2010) through its inclusion in government policy documentation,

teaching curriculum in schools and universities, and global media coverage. Currently, there are companies worldwide promoting the concept of Ubuntu, for example, Ubuntu manufacturing software and operating systems and Ubuntu Fairtrade Cola. The philosophy promotes more of a 'human kindness branding' of privatised products and has been endorsed by a number of government leaders and politicians, including Nelson Mandela (Nobel Peace Prize, 1993), ex-President Clinton (*I Am, Because of You*, 2007), Desmond Tutu (*No Future without Forgiveness*, 1984) and President Obama (Nelson Mandela Memorial, 2013).

So whilst the Ubuntu philosophy is receiving worldwide recognition, within its country of origin, its everyday relevance may be in decline, in both its applicability and function. Although it is acknowledged that Ubuntu has strong links to Christianity (Zandberg, 2010) through the sharing of a similar value base, perhaps one significant difference is the absence of an acknowledged God. It is in any government's interest to promote a philosophy of human kindness and sharing and, in addition, a philosophy that promotes people taking responsibility for their own needs rather than being reliant on government support or action. Western policies, unlike Ubuntu, reflect individual accomplishment and contentment – they are not based on a philosophy of community sharing. Policies of this nature are usually reduced to economic measures that reward the individual responding to the capitalist market. Human kindness and sharing completely opposes the competitive exclusion principle, a theory formulated by Gause (1932), who maintained that two species are not able to coexist and share the same resources. The principle suggests that if one of the species obtains the slightest advantage, then they will dominate (Gause, 1932). Evolutionary perspectives on human behaviour suggest that evolution has been due to human ruthlessness and competitiveness, arguing that humans are not by nature altruistic (Laland, 2011). For people to develop altruistic behaviours, strong motivational incentives would have to be apparent. Belief in God may provide just such a motive and may explain, to some degree, what occurs in SA. Berger (2011) suggests that the social and spiritual survival of the SA people was interwoven with the church. Perhaps the Ubuntu philosophy, without a link to any particular faith-based religion, in today's multi-cultural societies is a way of reinforcing a value base which is reliant only on minimal government intervention and promotes harmony within society positively.

Whilst this study has explored the Ubuntu philosophy directly in relation to kinship care provision and highlighted issues such as poverty and global capitalism as potentially impacting on the practice of Ubuntu, it is a suggested area for further research.

6.1.2 Philosophy: United Kingdom

A further finding identified that whilst SA social workers are taught Ubuntu as part of their statutory training, UK social workers are not taught any religious philosophy as a basis of their work. Whilst UK social workers may have philosophical discussion and debate in relation to faith and ethnic diversity, their training is along the more pragmatic and secular guidelines, considering things like family income and resources as far more important than family beliefs. The knowledge and training student social workers receive not only influences their knowledge and understanding of societal issues, it permits them to explore their own personal values and beliefs in a safe and exploratory environment. Social workers within this study had a variety of views in relation to the value of kinship care practice, which had not been debated within their current practice. As such, their underlying personal values and beliefs contributed to how they worked with prospective kinship carers and the overall value they placed on kinship care practice. In reviewing kinship care policy within local authorities, consideration should be given to the exploration and challenge of prospective practitioners' personal and professional values and beliefs in relation to the work they undertake and the inclusion of such ideas in the training of new social workers.

6.2 The statutory assessment

The assessment process itself was not perceived by any of the UK kinship carers to be a positive, developmental learning experience, or relevant in appraising their ability to manage a kinship placement. The data suggest that the kinship carers had little confidence in social workers' ability to undertake the kinship care assessment. The majority felt the assessment had been both an intrusive and bureaucratic process. In light of this finding, UK policy and practices could be revisited in order to consider the most effective way to undertake kinship care assessments, including the most appropriate body to do so.

Attitudes towards risk differed between the UK and SA. In SA, risk was associated with survival and ensuring the child had enough food and shelter, while in the UK risk related to child safeguarding. For the SA kinship carers, the assessment process, according to the social workers, was a means of identifying and confirming the factual information provided by the kinship carer and supporting the kinship carer in receiving financial remuneration to ensure the child's basic survival needs were met. During the assessment process, the SA social workers' focus was on the kinship carer, not actually seeing it as a requirement to even meet the child. For the kinship carer, the assessment was a necessary process to ultimately obtain the carer's grant.

In the UK, social workers viewed their assessment role as focusing on how kinship carers could meet the child's complex social and emotional needs. There was no reference made by any of the UK social workers in relation to them perceiving part of their assessment role as being to ensure the kinship carer received financial remuneration or support. Whilst there is genuine consensus for the need to assess child care placements, in order to ultimately safeguard children (Children Act 1989), there needs to be both an assessment of risk and an assessment of benefit for the child, which would include ensuring that the kinship carer is supported. The assessment needs to be based on a relationship of trust between kinship carer and social worker, on openness and transparency regarding decisions made and, ultimately, on being respectful to the prospective kinship carer so they do not feel alienated by the process (Griffiths, 2011). On the basis of these findings, this research identifies that UK kinship carers, who undergo statutory kinship assessments, are forced to surrender some of their privacy and autonomy in return for legal endorsement and financial remuneration.

6.3 Attitudes towards social workers

Another finding highlighted within this study is the differing roles and attitudes towards social workers within the respective case studies. Within SA, the social worker's role was clearly defined and viewed by kinship carers as an administrative function. The assessment procedure within SA consisted of collection of basic family data, checking of facts and presenting the family case to the courts to consider approval. There were no other expectations of the social worker presented by the kinship carers during this research. In addition, they articulated their thoughts that it

was specifically not the government's responsibility to intervene in family matters. The kinship carers acknowledged that the process of their case being heard in court would take a long time, but never appeared to challenge the social worker regarding this matter. This may have been due to the perceived, or real, power imbalance within the relationship or due to social workers being held with high regard due to both their academic attainment and their mission in helping people. Another perspective (not articulated during the interviews but which was clearly observed during the fieldwork) may be that kinship carers need court approval of the kinship placement in order to receive financial support and, therefore, they did not want to challenge the assessment process and potentially jeopardise a favourable outcome.

Within the UK, the kinship carers expressed reservations about their allocated social worker, regarding both their role and the power they held within the professional working relationship. Kinship carers verbalised many examples where they believed their allocated social worker had been an interfering and autocratic instrument of the state. The kinship carers perceived that the social workers had the state's sanction to not approve the kinship placement or to remove children from the family and thus cause unbearable pain and suffering. This was experienced by the kinship carer whose kinship children had been removed and the placement terminated. The kinship carers perceived the social workers as professionals not to be trusted, as demonstrated by the number of kinship carers who did not share personal information that they thought the social worker could use against them. This issue of trust between the kinship carer and social worker was a concurrent theme running through both case studies, albeit from differing perspectives. The distrust went both ways within the relationship between kinship carer and social worker in the UK, reflecting incompatible ideologies about where children are best placed (Owusu-Bempah, 2010).

In SA, the issue of mistrust was raised by the social workers, not the kinship carers. The SA social workers regarded kinship care as a naturally occurring event and part of the Zulu culture. The social workers' mistrust of the kinship carers was in relation to them seeking financial support and raised anxieties as to the kinship carers' motivation in offering a placement.

Social workers in SA were held in high regard, as evidenced both in speaking to the research participants and within the field. The kinship carers did not raise any concerns about either the social workers' ability to undertake their role or their professional manner. They never questioned whether the social worker was working in their best interest in order to support the placement, even if this was only through presenting their case to the courts.

However, within the UK case study, the majority of kinship carers expressed negativity either regarding the social work assessment process or with regard to their allocated social worker. There was doubt amongst some UK kinship carers regarding whether the social worker was acting in their best interest and not using the assessment process to gather evidence in an attempt to terminate the placement. One UK kinship carer provided positive comments in respect of the social work involvement, but even then it was not a general response to her overall experience of social work intervention.

There is no doubt that the assessment process varied significantly within each case study. In SA, it was viewed purely as an administrative process. In the UK, it was viewed as an intensive judgement process. The majority of UK kinship carers doubted whether their social worker was advocating on their behalf, whereas in SA the kinship carers never expressed doubt regarding their social worker's intention of supporting them in receiving financial assistance. SA social workers viewed kinship care as a natural and normal placement for a child, that is, within their kinship or community setting, aligning with the Ubuntu philosophy. In the UK, however, the majority of social workers interviewed had mixed feelings regarding the best placement for the child due to their underlying concern regarding either the presupposed unsuitability of some kinship carers or their general philosophy about continuing the cycle of dysfunction by placing the child within the extended family.

These differing philosophies and ideologies demonstrate the contrasting views kinship carers held in respect of social work professionals and practices. In SA, kinship carers trusted the social worker to support them through their assessment visit, to attend court and obtain their kinship care grant. In return, the social workers expected the kinship carers to care for the children. There was no expectation of ongoing support, checking on placement progress or monitoring, other than the two-

yearly court report. In the UK, neither the kinship carer nor the social worker appeared to trust each other. The expectation of the kinship carer was that either the prospective kinship placement would not be endorsed or, if the placement was endorsed, that sometime in the future the social worker may decide to remove the child. For kinship carers wanting to establish and maintain strong family bonds, the removal of the child would be painful, as experienced by two of the kinship carers interviewed as part of this study and presented in Chapter 3. The idea that social workers hold so much power, determining the kinship placement from endorsement through to potential termination, generated a distrust of authority and defensiveness as identified within this study and endorsed within the wider literature (Farmer and Moyers, 2008).

6.4 The motivation of kinship carers

As highlighted in Chapter 2, there was very little research available relating to the motivation of kinship carers to offer placements when this study began. However, whilst this research has been in development, two studies have been published which consider the motivation of foster carers from a theoretical point of view (Owusu-Bempah, 2010; Sebba, 2012). Both of these studies considered the motivation of foster carers from an international, anthropological stance, but did not offer an empirical, evidence-based perspective. In addition, they focused on both related (kinship care) and unrelated foster carers, offering a comparative perspective. Each study identified the main motivational difference as kinship carers offering kinship foster placements to continue the family lineage and unrelated foster carers doing so from an altruistic standpoint. This study has explored the motivation of kinship carers through their own narratives and the social workers' viewpoints of what they perceive to be the motivating factors in carers offering a kinship placement.

The UK findings indicated that a kinship carer's primary reason for offering a kinship placement was to prevent their family member from entering the care system and/or because of their 'natural bond' with the child, due to the same blood line. This study identified that UK kinship carers interviewed as part of this study perceived state-controlled foster care provision negatively, hence not wanting their close relative being put into state care. Their views on the state foster care provision may reflect media coverage on how children frequently move from one foster carer to

another or how children's homes are dangerous and destructive places, or how looked after children do not do as well within the education system (Cocker et al., 2013). Whatever their reasons for viewing state-controlled care negatively, it appears to influence their decision in offering a kinship placement.

Within SA, social workers did not consider it necessary to assess a prospective kinship carer's motivation as there was no alternative provision available for the child. If someone was willing to offer a child a place to live, this was good enough. For the Zulu kinship carers themselves, whilst they stated they were motivated to offer a child a home due to the child being kin, it was not their preferred option, but the only option for the child. They believed it was part of their Zulu cultural heritage to care for family members even though, from a Western perspective, they did not have either the physical or financial resources to do so.

All UK social workers interviewed for this study stated that they explored a kinship carer's motivation to offer a placement during the assessment process. However, the reason and manner in which social workers assessed motivation differed from social worker to social worker. Some UK social workers identified the main purpose for testing motivation was to assess the genuineness of the kinship carer in offering a placement. For other social workers, the assessment of motivation was a way of exploring with the prospective kinship carer whether or not the kinship placement was a feasible option for both themselves and the child. This study identified some kinship carers who consciously withheld information from their social worker during the assessment process, to ensure that the information was not misconstrued by their social worker or to avoid concerns being raised that would prevent the assessment progressing. One such example was Wendy, presented in Chapter 5, a kinship carer who had lost her own son in a drowning accident. Wendy believed that if she shared this with her social worker, the social worker might have felt that she was trying to replace her son with her grandson – and that this would have been considered the 'wrong' motivation. This particular finding suggests the need for a more evidence-based framework for social workers assessing motivation, particularly in relation to the carer's partner's motivation and attitudes in relation to the kinship foster placement.

The assessment of motivation is based on the principle of trust and open communication (Reeve, 2008). For some of the kinship carers within this study, the trust between themselves and their social worker had not been established at the time of the assessment. This, according to one carer, Paula, as highlighted in Chapter 4, prevented her believing the assessment was an opportunity to explore and engage in a meaningful and honest assessment. Some kinship carers within this study considered the assessment was so important (as it would decide if they could continue to care for their kin) that their main focus was to try and work out what the social worker wanted to hear in order to just 'pass' the assessment. One carer, who stated she had no preconceived ideas about or any personal experience of the role of a social worker, found, after sharing personal stories about her own childhood that the social worker had been 'judgemental' and 'dishonest' throughout the assessment process, as highlighted in Chapter 4. This experience left her feeling that in future contact with her social worker she would 'always be on her guard'.

Another consideration focuses on how we formally assess the motivation of prospective kinship carers in the UK. It is acknowledged within the Feasibility for Assessment policy documentation (CA, 1989), the key assessment tool for assessing prospective UK kinship carers, that motivation should be a key area of exploration. However, if, as highlighted by Owusu-Bempah (2010), the motivation of kinship carers provides an insight into the potential longevity of a kinship placement, we need to be confident as a profession that the assessment of motivation is transparent, evidence based and carried out by individuals who have been well trained and who can administer these tools sensitively. This study discovered that there was little clarity or consistency as to how the social workers assessed the motivation of prospective kinship carers or any acknowledgement that the assessment of motivation was underpinned by evidence-based practice or a theoretical framework. The social workers who participated in this study could not recall research or theoretical knowledge to underpin their practice in relation to kinship care and, as such, local authorities should ensure CPD as key to a coherent and developmental staff training policy.

6.5 Critique of kinship care in the context of current United Kingdom and South Africa legislation, policy and practice

UK and SA legislation and policy with regard to kinship care has been presented in Chapter 2. Whilst this study has acknowledged the diverse cultural settings, the socio-economic demands and the history of both countries, similarities have been noted with regard to the statutory assessment processes for kinship care arrangements.

6.5.1 Legislation and policy

Within the UK and SA respective governments have introduced legislation regarding the provision of kinship care; this has been presented in detail in Chapter 2. Whilst the respective legislation sets out statutory guidance with regard to local authority or agency approaches towards promoting and supporting children living with family, it is evident that in both the UK and SA agencies have chosen to ignore legislation and policy.

In the UK it is reported that one in five local authorities have failed to introduce agency policy in relation to kinship care, even though it was legally required to be introduced in 2011 (Family Rights Group, 2015). This failure to comply with the law may suggest there are authentic reasons that they were unable to do so (e.g., lack of resources) or a deliberate decision was taken. Whatever the reason, there is no evidence that central government is responding to these failings (Family Rights Group, 2015). Whatever lies behind local authorities' non-compliance, legislation regarding kinship care is being ignored by many authorities in the UK (Family Rights Group, 2015).

In SA, agencies are not legally required to publish a policy on how they approach their work in supporting kinship care, but are required to comply with statutory assessments that seek to ensure the welfare and protection of children unable to reside with the biological parent (SA CA, 2005). It is questionable whether agencies are able to fulfil these statutory requirements, when undertaking assessments on prospective kinship carers, with a one-off visit that does not require the child to be present.

What is significantly different, as identified within this study, is the expectation of each respective government regarding the assessment of prospective kinship carers. In SA, there does not appear to be any difficulty in the courts accepting assessments that merely confirm the kinship carer's personal information and a summary of a one-off visit to the kinship carer's residence. Furthermore, the SA courts do not expect, as part of the court process, to receive any information relating to the well-being of the child. Within this study, none of the agencies I met with had been refused approval of a kinship application or requested by the court to provide further information. This could suggest that the purpose of kinship care assessments within SA is to ensure financial benefits awarded by the courts are not being fraudulently claimed. It may also be an acknowledgment of the court that there is no practical alternative for the survival of these children.

In the UK case study, I observed that social workers are expected to carry out a full ecological assessment of the child within the context of the extended family network and full assessment of the prospective kinship carer. Ultimately, these UK assessments are implemented to ensure the safety, protection and emotional well-being of the child (Owusu-Bempah, 2010). Within this study, the UK social workers identified that preference was given to working with non-kin, due to a prevailing ideology amongst some UK social workers that children may benefit from a fresh start. The local authority's lack of a published family and friends care policy, lack of specialised training offered to social work staff and lack of clear procedures for social workers to follow in kinship practice also implies the local authority's lack of investment in promoting and supporting kinship care. It is evident from this study's data that specialised training for both the UK and SA social workers undertaking kinship care assessment needs improvement.

6.5.2 Social work practice: United Kingdom

For the kinship carers who participated in this study, the assessment process was determined by the allocated social worker and the levels of trust within their relationship. The majority of carers viewed the assessment process negatively, with some describing it as 'intrusive', 'overwhelming' and 'a one-way process', as presented in Chapter 5. Two kinship carers withheld their genuine reasons for offering a kinship placement from their social worker, due to the power they perceived they had in determining the outcome of the assessment. Although the

majority of kinship carers perceived their motivation in offering a kinship care placement was to prevent the child from entering the formal care system, or due to their belief in keeping the family together, a number of the social workers firmly held the personal view that kinship care was not the best option for the child, preferring a 'fresh start' away from the extended family. This finding indicates that whilst social workers may be responsible for the assessment of kinship carers, it does not necessarily mean they are practising a kinship philosophy. The implication of this finding is that kinship assessments may not recognise the value of kinship care arrangements and work from a strengths-based or family supportive approach.

Social work students, in the UK, are not taught religious philosophy. Although their values and ethics are assessed, these are gauged through their ability to critically reflect on and manage the influence and impact of their own and others' values on professional practice (HCPC, 2014). Whilst ethnic diversity is explored through the UK social work curriculum, through the student's ability to recognise the complexity of identity and diversity of each individual's experience, it is not underpinned by any consideration of religious philosophy. Social workers, within the UK, are trained along very pragmatic and secular guidelines, considering things like family income, physical relationships and material resources as a more concrete way of understanding an individual's situation and their potential to offer a kinship placement.

Research data from this study also highlighted that social workers involved in kinship care assessments did not underpin their work using evidence-based practice and lacked the opportunity to engage in continuous professional development. Further, the absence of a local authority policy in relation to kinship care practice, tacitly ignored by government agencies, left the social workers acting autonomously. The social workers, as shown in Chapter 5, identified a lack of trust in the kinship families they worked with. Part of the reason could be that the majority of work they undertake is within the child protection arena; therefore, they constantly work with dysfunctional families and a myriad of problems. Rarely, due to the acute nature of child protection work do social workers see ordinary, non-problematic families and, consequently, differentiating between the two may be difficult.

Implications for practice change within the UK must include government enforcement of legislation and policy that is meaningful, explanatory and underpinned by appropriate training and development for social work staff expected to implement these policies. Local authorities should be held accountable in developing codes of practice that are incorporated into everyday practice and delivered in a coherent and transparent way. Consideration should also be given as to whether the philosophical ideology of any local authority policy, meets with the personal and professional values held by the individual social worker. Within this study, as shown in Chapter 6, some social workers' personal and professional values conflicted with the ideology of kinship care. Social workers should be given the opportunity to discuss and debate their attitudes, in an environment that is supportive and developmental. In this respect, families on the receiving end of social work intervention may feel better supported. Further consideration must be made in relation to the assessment process itself. Rather than the current kinship care assessment, that is considered intrusive and untrustworthy, the focus could be on the strengths and qualities these prospective carers can offer the child. The practicalities in ensuring that kinship care assessments truly reflect what is in the best interest of the child should be in everyone's interest, and not determined by the personal ideology of either the individual social worker or the local authority in which the child currently resides.

6.5.3 Termination of kinship placement

Within the UK case study, three of the UK kinship carers interviewed were no longer caring for their kin. For two of these kinship carers, Michelle and Terry, as presented in Chapter 5, the termination of the placement had not been their personal decision. In Michelle's case, the local authority had made the decision to remove the children and in Terry's case, her husband had set an ultimatum that either he left or she gave up the children. For the third kinship carer, Sharon, the kinship care arrangement came to a natural end when her nephew was returned to his biological mother. However, issues between her and her husband, the non-biological kin, had already begun to surface regarding the long-term care for her nephew, as presented in Chapter 5. All three carers had been contacted by the local authority and asked to care for their kin and, as such, felt that the local authority was no longer interested in their well-being once the children had been removed. In addition, the issues faced by

Michelle and Terry involved difficulties in their respective relationships over caring for their biological kin. This study has found that there was no formal support offered to kinship carers once a kinship care placement had been terminated. Furthermore, there is a paucity of research into the impact of a terminated kinship care placement for the kinship carer and child. A further, more specific, area of research urgently recommended is with regard the role and influence of the non-biologically related kinship carer.

This issue was unique to the UK case study. Within SA lone females are predominantly caring for their kin, but in the UK a mix of lone females and couples do the caring. No kinship placement had been formally terminated by any of the SA statutory agencies involved in this study or identified in any SA literature as an issue.

6.5.4 Social work practice: South Africa

This study found that kinship care in SA is viewed by the social workers as a natural placement for a child with clear responsibility given to the extended family or community. Whilst issues of extreme poverty and hardship were evident within the families visited during the fieldwork, there was a natural acceptance by kin that there was no other option. For the majority of older Gogos their hope of things improving was based on their unbending faith in God, as identified in Chapter 5. The practicality of the situation is that without changes made at governmental level, these kinship carers will continue to struggle to care for themselves and their kin. The issue of illiteracy further exacerbates women's difficulties in SA, due to the cultural and historical inequality of women not being permitted to engage in education. Many Gogos I encountered during this study were prevented from applying for kinship care grants because they were unable to complete the application form.

Recommendations such as decisive government action, a National Food Act developed by communities who are facing hunger, along with coordinated policy implementation, are all viewed as possible ways forward (Tsegay, 2014). This research has revealed that these carers not only contend with hunger on a daily basis, they also live in communities where male gang members take what little they have away from them, as illustrated in Appendix 2. Although women and children are perceived as the human face of hunger (Jansen, 2013), they are also now at risk of harm in their own communities. Social structures need to be put in place to ensure

that these carers and their respective kin can live in a safe, secure and nurturing environment. As such, consideration needs to be given to families having enough food, clothing and shelter, as well as adequate policing within the community so that women do not have to surrender their privacy or dignity in order to care for their kin.

6.6 Kinship care from a philosophical viewpoint based on two cultural perspectives

Although kinship care is acknowledged as being a globally recognised practice (UNICEF, 2004), this study has highlighted that kinship care, within the case studies presented, was perceived differently within the two diverse cultural settings. A consideration of the differences and the similarities of kinship care provision are now discussed in relation to the differing prevailing philosophies within the respective research settings and alongside relevant literature.

In the UK, kinship care is portrayed as a ‘new’ practice, both by UK social work research participants (Chapter 4) and within UK legislation (Chapter 2). Within the UK case study the requirement of a kinship placement was usually in response to a unique set of family difficulties. These family difficulties usually related to one of four factors: child protection concerns; parental use of alcohol and/or drugs; domestic violence; and/or parental mental health difficulties. According to Pitcher (Chapter 5, 2014) kinship care, within the UK, is almost always viewed as a response to family crises.

In SA, kinship care is recognised by Ince (2009) as an embedded cultural practice and, as such, is perceived to be a natural and normal occurring practice that dates back centuries. This viewpoint is supported by the views of the SA kinship carers and social workers interviewed as part of this study. The increase in the need for kinship care placements over the last decade in Zululand has been due to the HIV/AIDS epidemic (Henderson, 2011). All but one of the SA research participants interviewed as part of this study were caring for orphaned children. The other kinship carer was caring for his grandchild due to his daughter leaving the area.

The two different perspectives of kinship care set the context in which kinship care is understood and responded to, in the form of each respective government’s legislation, policy and social work practice. The context in which kinship care is

understood within a society affects the way in which kinship carers are regarded and the value in which a particular society places on them. This research data indicates that attitudes towards kinship carers are dependent on the wider social construction of an underlying cultural philosophy or ideology that determines what is best for the child in each country.

6.6.1 The issue of poverty

In respect of UK kinship carers, it is acknowledged that many families struggle financially, with three out of four kinship carers experiencing severe financial hardship as a result of caring for their kin (Family Rights Group, 2007). Whilst this study did not focus on the financial well-being or hardship of the research participants, it was noticeable that when discussing the general challenges of kinship care as perceived by the research participants within the UK, the issue of finance did not feature as a main topic. Only one UK kinship carer raised the issue of her husband having to return to work to support the reconstituted family, instead of being able to enjoy their retirement as they had planned. Financial payments to UK kinship carers remains a much-debated topic, with strong political support from kinship care support groups (Farmer et al., 2008).

It is, however, difficult to view the current poverty observed within the UK case study, in comparison to that of the SA case study. Whilst relative poverty, defined as the condition in which people lack the minimum income needed in order to maintain the average standard of living in the society in which they live (Blakemore 2013, p70), may be considered an unacceptable position for UK kinship carers to be in, the poverty observed in relation to the SA kinship carers interviewed was absolute.

Absolute poverty is defined as:

‘a condition characterised by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information’

(Blakemore et al., 2013, p75)

For the SA kinship carers, their main and only concern expressed, regarding caring for their kin was their inability to feed or house the child(ren). The immediacy of their situation was observed on a daily basis during the fieldwork.

Within the UK, according to research undertaken by the Family Rights Group (2007), eight out of ten people agree that kinship carers should receive financial support in caring for their kin due to family members often having to either give up work or reduce their hours to care for kin, and therefore reducing their family's income. The Grandparents Plus organisation views the lack of sufficient funding for kinship carers pushes some kinship care placements to breaking point and will deter future kinship carers from stepping in to care for kin due to their financial inability to do so (2015).

In SA, the kinship carers who participated in this study did not reason that it was the government's role to support them, preferring to rely more on their faith and thankful that they were able to obtain food from the voluntary, faith-based projects they attended. SA kinship carers who participated in this study provided narratives that reflected their Christian faith, biblical thinking and a culture of caring for kin as presented in Chapter 6. These narratives provided stories that related to doing God's will, perceiving that their wants and desires would only come to fruition if it was what God had planned for them. The SA kinship carers I visited were mostly living in absolute poverty, in wood-framed huts with mud walls and thatched roofs, with no running water, electricity or sanitation. Water was obtained from a communal tap within the local camp and carried in plastic bottles back to the huts. Within these huts there was one communal living area, with camp-style beds for children to share. There were no kitchens other than designated areas of the hut where food parcels were stacked and a small two-ringed gas burner stood. Travel for kinship carers was often only facilitated if they walked or managed to obtain money to travel on the mini-bus to the nearest town. It was not unusual for kinship carers to explain that they had not eaten for days or had not been able to provide food for the children they cared for.

For the SA kinship carers, being able to have enough food in the cupboard to feed the family, a home with numerous designated rooms, free-flowing water, electricity at the touch of a switch, sanitation and a family car for travel, may be an unimaginable lifestyle. In addition to the poverty issues of the SA kinship carers, illiteracy also added to their inability to apply for kinship care grants. The majority of SA kinship carers are grandmothers (Gogos) who never had the opportunity of formal education and they are unable to read and write. One of the prerequisites of applying to care for

a kin relative within SA is to complete a formal application. Failure to do this, along with the inability to produce the necessary written documentation (which consists of proof of their identity and the birth certificate of the child) immediately halts the application process. This study therefore highlights the poverty issues in Zululand that prevent kinship carers from adequately caring for their kin alongside illiteracy issues preventing many carers applying for grants that would alleviate their situations.

6.7 Kinship care from other perspectives

Chapter 5 of this study explored the occurrence of kinship care from other perspectives, which included social workers, social work managers, the public, popular press and social media.

6.7.1 The social worker's perspective

Within this study, UK social workers shared their professional perspective of kinship care, identifying both the positives and negatives. The positives some of the social workers perceived included the child remaining within their 'natural' environment, with carers usually known to the child and a placement that was regarded as more 'socially acceptable' by the child's peers. The negative aspects of a kinship placement shared by some of the social workers were:

- the child remaining within a dysfunctional family, albeit the wider family;
- the complexities of working with extended families;
- the complex assessment process;
- parental contact issues.

These findings are also acknowledged by Masson (2008) who suggested that local authorities' reluctance to take on the role of parent may lead managers to focus on the positives of a child remaining in the biological until a crisis point was reached. Overarching concerns for the social workers in this study was their perceived lack of confidence in working within the field of kinship care and the impact for the child if the kinship placement broke down, believing it to be more difficult for the child to be rejected by biological kin than unrelated foster carers.

When questioning the social workers regarding their personal perspectives of kinship care, they were less guarded about their views, with the majority expressing negativity regarding the possible success or reliability of kinship placements.

Personal perspectives expressed by some of them included:

- the adage that ‘the apple doesn’t fall far from the tree’ – a presumption that the extended family is dysfunctional;
- the complexities of ingrained family issues;
- suspicion regarding the motivation of family members offering a kinship placement;
- their own lack of knowledge or understanding of why kinship care has been introduced as a government policy;
- a fresh start is always preferable.

In SA, the social workers’ professional and personal perspectives of kinship care was less negative in that they believed that a kinship placement was a natural and positive place for a child to be raised. The social workers did not perceive any other placement option for a child, unlike some of the UK social workers. There was no question of a ‘fresh start’ outside of the family. According to the SA social workers the ‘family’, including the wider community, was the only place for a child to be raised. The SA social workers did query some of the motives for particular kin carers coming forward to formally register as a kinship carer. Their concern was on the basis that it is Zulu culture for a child, or family member, to be cared for by extended family. If family members sought money to care for their kin, this aroused suspicion about the kinship carers ‘true’ motivation in offering to care. Therefore, the main concern for the SA social workers was the kinship carers’ lack of financial and physical resources to care for the children within the kinship placement.

In the UK case study, some of the social workers’ personal and professional perspectives of kinship care were often incongruent, perhaps making the social work role incompatible with the value in which they regard kinship care practice. Whilst it is recognised that social workers may find that their personal and professional values clash, it is seen as necessary for these practitioners to be supported in resolving this conflict in a manner that does not compromise service users’ interests or violate their professional code of ethics (Reamer 2006). However, if these social workers’ views

are hidden, there is limited possibility to address the issue. Added to this, the social workers within this study lacked the knowledge of research or evidence-based practice to support their assessment role. Their idea, or purpose, of assessment may therefore be biased from the start. The trilogy of knowledge, ideas and values is essential in underpinning good social work practice (Graybeal, 2001). If assessments are being undertaken by practitioners who, fundamentally, lack conviction regarding the philosophy of kinship as the most suitable placement for a child, or who mistrust extended family members' motivation or ability to care for a child, added to their lack of knowledge regarding evidence-based practice with regard to best practice, then the basis of any kinship assessment is likely to begin from a negative perspective.

Within this study the UK social workers expressed three key concerns: the complexity of assessing kinship relationships; a lack of confidence in the work they embark upon; and a lack of professional training and support. The social workers appeared reluctant to want to engage in what they considered the chaotic, complex family relationships in the assessment of a potential kinship placement, perceiving it to be easier working with non-related carers. Several social workers expressed disquiet regarding the amount of time it took to either identify potential kinship carers, in order to demonstrate to the courts that they had tried, or the time it took trawling through the exhaustive list that some biological parents provided them with. Some social workers expressed that undertaking assessments with potential kinship carers often resulted in the prospective kinship carer withdrawing the offer of a placement or in the assessment determining they were not suitable to act as kinship carers, suggesting it was not the most effective use of their time. The social workers assessing prospective kinship carers were usually the allocated social worker for the child whilst they had been living with their biological family. As such, the social workers, during the interviews, expressed a view that they wanted a placement that would ensure the maximum protection for the child and the best possible long-term. The protectiveness they voiced towards the child, having full knowledge of the child's history and current situation, may inadvertently steer them to what they perceive as the 'safest' placement (e.g., unrelated foster carers) rather than risk the possibility of placing them with what they perceive as their dysfunctional wider family. These conflicting views indicate, on the one hand, they consider the

cost/benefit of investigating a prospective kinship placement is not always a good use of resources and, on the other hand, they want to protect the child and offer them the most beneficial placement. The social workers within this study, did not indicate at what point they considered the child's point of view and further research may be beneficial in understanding how and when social workers consider the child's wishes and views within the kinship assessment, in accordance with legislation (CA, 1989).

Although the research did not seek to specifically explore how the wishes and views of the children underpinned the assessment process in accordance legislation (UNCRC, 1989; UK CA, 1989; SA CA, 2005), the UK social workers interviewed did not discuss how they involved the child in the decision making process as a matter of course. In accordance with the Framework for Assessment (2000), children's social care has a duty to ascertain the wishes and feelings of children who are, or may, be looked after. Research suggests that children who cannot be cared for by their parents express a preference to stay with kin, most often a grandparent (Save the Children, 2007).

6.7.2 The social work managers' perspective

A further finding from the UK case study revealed the lack of local authority policy and guidance relating to kinship care resulted in a variation in practice. The variation in social work practice within (and between) local authorities is highlighted within current literature as leading to unequal provision and resources for individual kinship carers (Hunt et al., 2013). Within this study, some of the decisions social workers were making included: who they considered suitable to assess as prospective kinship carer; the effort they put into locating kin as a potential carer for the child; and what information they provided to the prospective kinship carer with regards to the child's circumstances. For one prospective kinship carer, Terry, as presented in Chapter 4, the assessment of her suitability to become a kinship carer was, she believed, based on a one-off telephone call from the social worker. Once the assessment process was underway, decisions such as what information to share with the prospective carer were also made by the allocated social worker. These professional decisions and judgements were regarded by some social workers as complex and difficult, as they were unclear if they were acting outside policy or legislation. A particular dilemma expressed by some of the social workers related to uncertainty about sharing 'personal' family information and not conforming to the Human Rights Act (1998).

For those social workers who were committed to kinship care, both from a professional and personal perspective, the importance of the task in assessing prospective kinship carers and to ‘get it right’ appeared to weigh heavy. One social worker expressed concern regarding the impact on the child if they made the wrong decision and the child grew up outside of their family.

One of the key findings identified within this study was the social workers own professional and/or personal views about the occurrence of kinship care and its value in social work practice. Although kinship care was viewed by the majority of the social workers interviewed as a relatively new practice, recently introduced by government to promote family care, none of them could articulate why it had been introduced. In addition, none of the social workers could recollect any research to underpin kinship care practices or use it as a way of informing their own practice. This finding highlighted the lack of evidence-based research the social workers were using in their assessments of kin. The lack of a local authority policy on kinship care and training opportunities for social workers responsible for kinship care assessments, arguably, may have also impacted on the social workers’ confidence and ability to fulfil their role. Although the local authority articulated its requirement to consider prospective kin for children who could not remain with their biological parents, it failed to underpin this with a commitment to:

- introduce a family and friends care policy;
- develop a policy framework;
- consider introducing a specialist team of social workers for family and friends care;
- offer specialised training to develop staff knowledge and skills in accordance with the Department for Education guidance (2010).

These developments, according to research, would ensure equity of practice and improved services for family and friends carers (Hunt and Waterhouse, 2013; Wade et al 2014). But why was the local authority not fulfilling its role to introduce a policy, as it was required to legally, or provide social workers with specialist training to ensure they were equipped to undertake kinship assessments? A further consideration is with regard to what response the government makes when local

authorities fail to fulfil their statutory obligations such as publishing a family and friends care policy.

The lack of a family and friends care policy, setting out the local authority's approach towards the promotion and support for children living with family and friend carers, as highlighted earlier, was not unique to the UK local authority involved in this study (Family Rights Group, 2015). Social work managers interviewed as part of this study were unclear who had responsibility for implementing such a policy due to the lack of clarity about who had ultimate responsibility for overseeing kinship care provision. A further consideration as to why senior managers had not fulfilled their specific statutory duty in relation to kinship care is that they may have viewed kinship care assessments as an 'add on' to unrelated foster care assessments, rather than a specialised area of social work practice requiring new knowledge and training. The idea that kinship care assessments are the same for both kinship carers and unrelated carers is viewed by the social workers interviewed as part of this study as inappropriate due to the different information they seek to explain and present to the courts.

Concern was expressed by the UK local authority regarding the number of kinship placements that had 'broken' down within their area, resulting in the child transferring to unrelated foster carers. As part of the UK case study, three kinship placements had been terminated by the time the research interview took place. The emotional impact on the kinship carers was clearly evident during the research interviews and it is not difficult to extrapolate the emotional impact on these kin-carers to the emotions felt by the children of these broken placements (Broad, 2001). Although it is acknowledged that this research did not specifically explore the issues around placement termination, this is an area identified within this study where further research is required, specifically in relation to the support offered to kinship carers if a placement is terminated.

6.7.3 Public perceptions of kinship care

Public perceptions regarding kinship care are mainly reliant on the coverage it receives through the popular press or social media. In Chapter 5, examples are presented where the media covered case examples, mainly focusing on grandparents as carers and issues regarding financial support for kinship carers. Although it is

acknowledged that grandparents play a key role in providing kinship care placements, the media portrayal of grandparents may give the impression to the general public that kinship carers are ‘loving companions, carers, mentors, historians of family genealogy and sources of various other forms of support’ (Guillen-Grima et al., 2010, p122). As experienced in this study, often the reality of how kinship placements are found goes beyond the ready and expectant grandparent. One kinship carer interviewed as part of this study, a great aunt, Michelle, lived approximately 100 miles away from the three children requiring a placement. Michelle had not previously met the children, let alone had a pre-existing relationship with them. The only time Michelle and her family became aware of the children’s circumstances was on receipt of a letter from a social worker, explaining the situation and asking if they would consider taking the three children in. Another research participant, Terry, had not planned to take in her nieces until the social worker arrived on the doorstep and explained that the prior plan for the children to stay with her other sister had fallen through. For Terry, there had been no assessment undertaken by social services or time for her to either physically or emotionally plan for the arrival of the children.

6.8 The transferability of learning

Transferability of data findings is, according to Polit and Beck (2014), the work carried out by readers as they interpret the researcher’s findings and draw their own conclusions about how the research fits their own setting. Whilst this study has been based on a compilation of information willingly shared by research participants and, as such, constitutes privileged information, they are located within social contexts and contextualised prevailing philosophies (Page, 2009). This will, of course, have an influence on any interpretations drawn from these narratives, including those of the reader. Whilst my own interpretations are subjective, they may be legitimised through the authenticity and trustworthiness of the research, evidenced by the design of the study and the rigour of the research process, through demonstrating how the study was planned and conducted (Denzin and Lincoln, 1994). Whilst the research participant’s narratives and stories provide authentic accounts of their views and experiences of kinship care, consideration has to be given to their social construction which considers how meanings are understood and the importance they are given (Berger et al., 1966). Based on the principle that the construction of reality assumes

that meanings are not developed by individuals, but in coordination with others the narratives and stories provided by the kinship carers, and other research participant groups, reflect how they have rationalised their experiences by creating a model of the social world and how they perceive it functions. According to Berger et al (1966) language is the method used to construct reality. It is therefore important, within this study, that both the context and culture is presented for each respective case study, in order to permit the reader to understand how this has been applied to this study's findings.

A further consideration, with regards to the transferability of learning from this study, is how applicable the research findings are universally or if they are unique to a particular set of features (Denzin, 2010). Whilst this study was not a scientific investigation, it does provide authentic and ecologically valid research data, which can be applied to other situations, but always within appropriate contexts (Gilbert et al., 2016).

One final consideration is the sharing of data. This study has been made possible due to narratives and scenarios that have been shared by individuals experiencing challenging personal situations, with the hope of improving kinship care provision in the future. The complexity of their situations is unique to them. By collating their stories and narratives and the use of interpretive methods, they have become a study into kinship care. It is hoped that their stories do not morph into a set of 'data' but that their individual voices are heard and their individual challenges acknowledged. As Charmaz (2005) suggests:

'Data sharing involves complex moral considerations that go beyond sending a body of coded data.'

(Charmaz, 2005, pp 87–93)

6.9 Cultural similarities and differences

This study highlights the difficulties in the transferability of learning within multi-cultural research, due to each country's respective culture, belief systems and socio-economic circumstances. Although legislation and policy relating to kinship care had similar content, the context in which social workers practised was very different. For

UK social workers, with a numerically protected caseload and an assessment process that permitted the social worker not to recommend a prospective kinship carer, the basis of their work differed from that of the SA social worker. The SA social worker understood that if a child was not placed with kin, there would be no other placement option available. The SA social worker also responded to all requests from prospective kinship carers, irrespective of the number of referrals they held. This, in turn, limited the time allowance for the assessment process and the scope of the assessment itself. For example, it was not a requirement or an agency expectation for the SA social worker to meet with the child whose potential placement they were assessing in order to hear their views. The motivation of prospective kinship carers was also seen as an irrelevant research question as, again, there was nowhere else to place the child and the fact that someone had offered to house the child was sufficient. In addition to the practical application of assessing kinship placements, the combination of the Ubuntu philosophy (that recognises the responsibility of an individual to care for one's vulnerable kin or community members) and Zulu culture (where children are seen as belonging to the community, rather than their biological parent) means that kinship care becomes an obligatory cultural response.

For the UK, the Eurocentric view is that a child should be raised by their biological parent(s) and failure to do so is viewed as a failing of the family unit.

The study has explored two cultures in relation to kinship care, which are very different in their prevailing philosophies, irrespective of the fact both claim to have a Christian ideology. By examining the research data from these two cultural settings, it is possible to highlight certain strengths and weaknesses that would not otherwise have been so readily revealed. Issues of poverty, neglect, domestic violence, mental health and parental death evidenced as part of this study, positive experiences and the value of kinship care were recognised and presented by the kinship carers in caring for their kin in both countries, as presented in Chapter 5. Negative viewpoints presented by the UK social workers expressed concerns that kin often cannot provide the same level of care due to poorer quality housing, dysfunctional family influences and the inability to respond to the child's emotional needs as presented in Chapter 6. These issues are in direct contrast to what was evidenced in the SA case study. The SA case study highlighted the absolute poverty of kinship carers, issues of HIV/AIDS and a lack of being able to provide basic needs such as food, shelter and

safety, and yet kinship care is still acknowledged to be the most natural place for the child to be, due to the child remaining within their extended family and culture.

In the UK, social workers assess not only whether a child's physiological needs are being met, but also that a placement offers a sense of love, belonging and where their self-esteem will be nurtured. This notion of where best to place a child for UK social workers may reflect Maslow's theory of psychology developed in the 1940s. Using Maslow's theory, we can see that the SA social workers are concerned primarily with the lower levels of Maslow's hierarchy of needs, which are all to do with survival. In the UK, social workers seem to be concerned with the higher levels of Maslow's hierarchy which are centred on issues of status, self-esteem and psychological relationships (Howe, 2000).

Weaknesses were also identified as part of this study in how social workers are perceived and the function they undertake. Whilst in the UK case study social workers were viewed negatively by kinship carers, social workers in SA were viewed positively. This opposing view related to the role social workers undertook in the assessment of kin. Kinship carers also had very different expectations of the social workers. For example, in the UK kinship carers expected ongoing support and post-assessment guidance, whereas in SA kinship carers expected nothing more from their social worker other than endorsement of their application. Although, as previously discussed, the assessment process was applied very differently in the UK and SA, the assessments, if approved, did result in kinship carers receiving financial assistance. In SA, the kinship carers accepted the financial remuneration as being enough and no further resources were expected, whereas in the UK, kinship carers expected additional support from the local authority in terms of access to resources and ongoing social work support.

The advantages of having researched two distinct cultures within this study is that the findings draw conclusions that otherwise may not have been realised. Each respective culture has highlighted similarities and difference in their care of kin, offering the researcher an interpretation of these findings. As the German philosopher Friedrich Nietzsche claimed: 'There are no facts, only interpretations' (Ratner-Rosenhagen, 2012). This research based on kinship care in two distinctly

different case studies supports other global literature showing that kinship is a valuable global resource (Geen 2003, Owusu-Bempah, 2010)

6.9.1 Common trends

This study has identified a number of common trends, across the two diverse cultural settings, in relation to the care of kin. Namely, kinship carers are trying to do their best in difficult circumstances, which requires them to show profound commitment and resilience. The lack of financial support provided through government's payments adds to the challenges for carers. Social workers with responsibility for the statutory assessment of prospective kinship carers are not given enough time to fulfil their substantive task. Inadequate training for social workers involved in kinship care is also highlighted, specifically training in relation to the philosophical understanding of the people that they are working with and ensuring that their work is underpinned by evidence-based practice.

6.10 Suitability of research methods and strategies adopted

This study sought to explore the experiences of kinship carers within two cultural settings, therefore, an idiographic, qualitative methodology was deemed to be most appropriate. This was undertaken through semi-structured interviews with kinship carers and underpinned by incorporating some ethnographic principles. The choice of methodology, presented in Chapter 3, permitted the gathering of authentic, honest and reliable accounts of kinship carers' experiences when undergoing a statutory assessment. Additionally, the legislative and policy documents viewed provided further insights into how kinship care is driven and delivered by respective governments and agencies. Interviews with practitioners provided further data on their personal and professional philosophy of kinship care.

Although the data is acknowledged within this study as being context specific to the case study settings and times in which the study was carried out, it has provided a multifaceted viewpoint (Yin, 2013) of kinship care provision.

6.10.1 Reflections on the execution of research study

This study provided a unique opportunity to investigate kinship care in two very different countries, which created an international research fieldwork perspective on a highly emotive subject area.

Events that occurred in SA during the fieldwork phase of this research, such as the realisation that gangs of Zulu men control the Zulu communities, daily observations of families in extreme crisis and poverty, and scenarios including the rape of young children, although not all entirely unexpected, impacted on my understanding of the challenges the carers faced in providing care for their kin. Equally, in the UK, the realisation of the complex relationship between carers and social workers, the emotional impact of kinship care placement termination and the lack of evidence-based professional practice had equal significance to my understanding of the complexities of kinship care in the UK (Davey, 2014).

This research study was an exploration of kinship care drawing upon two very different cultural contexts, rather than a comparative investigation, however, many similarities and differences have been identified. These findings may prove useful in practice for the simple reason that kinship care can work very well when implemented sensitively and supported appropriately (Peters, 2005; Kiraly, 2015).

6.10.2 Study limitations

This research was limited by three elements, which have been referred to throughout this thesis.

The first limitation related to the time spent in the field collecting data. This was particularly relevant for the fieldwork undertaken in SA, which took place in a five-week period. It is therefore acknowledged that this study will only provide a snapshot of kinship care in the UK and SA, and of the Ubuntu philosophy. This limitation has been discussed in Chapter 3.

A further limitation acknowledges that the two sample populations of social workers and kinship carers were not equally matched. One data set, which included the UK-based participants, was drawn from a statutory local authority and comprised both employees and people having gone through a formal assessment to become a registered kinship carer. The other data set, the participants within SA, was drawn from both social workers employed by an independent non-government agency and kinship carers who had not necessarily undergone any formal assessment as a prospective kinship carer. The legitimacy in this approach is that the research focus was on understanding what these kinship carers and social workers are doing and thinking in relation to kinship care provision, with regards to their social contexts

and their ideology and philosophy. Any attempt to match participants would have diluted the findings. Although this has implications when reflecting on the transferability of the research, the legitimacy of the research is that all participants were selected due to their involvement in the same role as kinship care providers or social workers involved in kinship care assessments.

The final limitation to this study arose from my lack of ability to speak Zulu whilst undertaking the fieldwork in Zululand. Communication with the Zulu kinship carers was reliant upon the use of translators, therefore potentially compromising the data. This limitation also impacted upon the translation and transcription of the Zulu interviews, as my ability to probe further was limited. Subsequently, the volume of data was reduced, as using a translator increased both the time and difficulty of the interview process. The trustworthiness of the data obtained during interviews was also brought into question, as the verbal translation did not always correspond with the non-verbal communication. Whilst the translation process created another layer of interpretation, which was not necessarily under researcher control, it was the only way to access these narratives and listen to the experiences and views of Zulu kinship carers. Therefore, the process of incorporating translators was necessary as well as being a valid method.

Notwithstanding the limitations of this study, a great deal of data has been gathered in the two cultural contexts. While much of the data has been context specific, many similarities and differences have emerged as highlighted in Chapter 6 and discussed within this chapter.

6.10.3 Viability of original research

Consideration will now be given to the viability of this research study and the suitability of the research methods utilised. This study sought to explore the care of kin from two cultural perspectives and to identify if anything could be learnt to contribute to the existing collective knowledge of kinship care. The research question posed was: How can understanding the experiences of kinship foster carers, from two cultural perspectives, inform social work practice, legislation and policy? This study has addressed the research question and produced sound evidence from both countries, which can be used effectively to contribute to the existing body of literature in relation to kinship care and support logical recommendations for

contemporary social work practice, and policy. This study's research question was achieved through: conducting interviews with kinship carers; a critical analysis of kinship care in the context of legislation, policy and practice; and an analysis of kinship care from a multifaceted viewpoint.

At the time this study was initiated, local authorities in England were being issued with Department for Education statutory guidance setting out a framework for the provision of support to family and friends carers (DfE, 2010). The guidance required local authorities to publish their own policy setting out their approach towards promoting and supporting the needs of children living with family and friends carers, underpinned by an evidence base. Research evidence at the time mainly focused on the placement of looked after children with family and friends foster carers, including comparisons with children placed with unrelated foster carers (Farmer and Moyers, 2008 and Hunt 2008). These studies contributed to the requirement of the statutory guidance for local authorities (DfE, 2010).

Although, as presented in Chapter 6, over 50 per cent of local authorities did not publish a family and friends care policy by the required deadline of 30 September, 2011, it did focus local authorities' attention into the care of children living with kin and their current arrangements in managing such provision (Ashley et al., 2015). Although subsequent research by Hunt et al. (2012; 2013), Ashley et al. (2012; 2015), Roth et al. (2012; 2013) and Aziz et al. (2012) has further examined kinship care provision, these studies have largely focused on UK kinship care provision. Although these studies have contributed to the research into kinship care, the question this study sought to consider at its inception remains valid. The final objective in this study was to collate the findings in order to contribute to the existing body of knowledge in relation to kinship care delivery, and thus improve practice, policy and influence legislation. The final chapter, Chapter 7, completes this objective.

6.11 Conclusion

This chapter has provided a commentary on the research as a whole. It began with a reflection on the viability of the original research question and why a qualitative, case study approach was adopted to underpin this study and answer the question

posed. Consideration was given to the interpretation of the findings and how they fit in with existing knowledge in relation to kinship care. Deliberation was given to the implication of the study's findings and their applicability for transferability: can such evidence be used to improve the situation for kinship care provision? Chapter 7 provides an overview of the thesis as a whole, summarises the key messages therein and draws firm conclusions in terms of recommendations that address legislation, policy and practice before identifying themes for further research.

CHAPTER 7: CONCLUSION

The purpose of this chapter is to draw this thesis to a close by providing an overview of the study as a whole and the key messages contained within it. The first part of the chapter briefly recounts the study's aim and objectives and the methods and approaches employed, and answers the research question. This is followed by a summary of the main findings, analysis and the deductions that can be made from the evidence collected, in terms of improving legislation, policy and practice. The chapter concludes with several suggestions for further research, as some new questions have come to light during this enquiry which could not be pursued due to the limitations of time and resources.

7.1 Aim of the study

The aim of this study was to explore the care of kin from two cultural perspectives. This has been achieved by:

1. Conducting interviews with kinship carers who have undergone a statutory kinship care assessment, which resulted in a kinship placement.
2. Critically analysing the occurrence of kinship care in the context of current UK and SA legislation, policy and practice.
3. Deliberating and analysing kinship care from multiple viewpoints, including social workers and other professionals and related documentary evidence.
4. Collating the findings from a review of the existing literature and research on kinship care and relating this to the findings in the two case studies, thus contributing to the existing body of knowledge in relation to kinship care delivery, in order to improve practice and policy, and influence legislation.

7.2 Review of methods and analysis

The choice of methodology for this study was through a qualitative, case study approach, underpinned by ethnographic principles. It was based on a research design that sought to learn through the experiences and reflections of kinship carers who

have undergone a statutory kinship care assessment and subsequently offered a kinship placement to a child. The kinship carers' reflections on their experiences teased out the philosophical, cultural and social aspects of their lives and the politics that influence the development of kinship care today. Giving kinship carers a voice that can be heard by a wider audience is a strength of this thesis because it allows hitherto socially silenced individuals to speak to those with power. Their voices have remained central to the development of this study.

The research participants in the UK were selected from a local authority child care team and, in SA, from independent welfare agencies that are responsible for statutory kinship assessments. Whilst the study focused on a cross-cultural exploration of kinship care, there was never any intention to produce a comparative research study; rather, the aim was to consider kinship care from two distinct cultural settings and identify similarities and differences.

All participants volunteered to participate in this research study and, as such, the number of respective kinship carers and social workers are not matched for each case study. Similarly, all the kinship care participants, bar one, were women, reflecting the high number of women who are the main kinship carers of children (Ince, 2009; Selwyn et al., 2013). The legitimacy and trustworthiness of their experiences and reflections is that they provide unique and authentic insights into the care of kin, in terms of social context and their individual ideology and philosophy. If attempts had been made to match the data sets across the two case studies, this would have diluted and, possibly, distorted the findings from this study. This study has been funded through Bournemouth University and not through any of the agencies or projects whose service users or staff participated in this study. Hence, this study was not prejudiced by any external or economic influence.

Each interview narrative has been interpreted from an individual's unique experience of kinship care, reflecting a specific juncture and time in their lives and, as such, can never be replicated exactly (Dickson, 2007). As Frey and Sunwolf (2004) suggest, ethnographers do not generally intend their research to be generalised, as it refers to a precise context and setting. Whilst the findings from this study may not be

generalisable, many kinship carers share the same challenges and barriers in caring for kin and, therefore, some of the findings are transferable.

The trustworthiness of this study is due to a tried and tested method of collecting authentic, context-specific data in a systematic manner, and presenting it to the readership for their own judgement. It is for the reader to judge and consider the script and its applicability to the research topic. The range of data has been interpreted within a framework of case study, ethnographic principles and examination of texts such as legislation and policy documents. The range of data collected reinforced the consistent messages emerging from the analysis framework. This also adds credibility to the research and enhances the levels of understanding that manifest from specific themes interwoven within this study.

The final consideration in relation to whether the methodology and methods were appropriate to the research study is the contribution to knowledge it has made. Initially, it was difficult to select a methodology that specifically matched the intended aim of this study, but after exploring several possibilities a final research design, based on combining several methods that would address the research question, was achieved. Many new insights have been gained into kinship care as a result of this research, which demonstrates that the methodology and methods chosen were appropriate tools applied to the research question presented in Chapter 1. The gaps in the literature, identified in Chapter 2 (specifically, the philosophy and practice underpinning kinship) have been explored within this study and will make a valuable and original contribution to existing knowledge across two distinct cultures.

7.3 Summary of main findings: United Kingdom

The study identified that the prevailing ideology in the UK is focused on the individual. For the UK kinship carers, decisions on whether to offer a kinship placement were based on the benefit to the individuals concerned.

For the kinship carers who participated in this study, the assessment process was determined by their allocated social worker. The majority of carers viewed the assessment process negatively, finding the social workers' involvement interfering in

their family lives. Michelle, identified in Chapter 4, referred to the assessment process as 'intrusive' due to the intimate and personal questions the social worker asked. Kinship carers expressed caution about sharing information with their respective social workers, but understood they needed to in order to ensure the kinship placement was recommended for approval. On the basis of these findings, this research identifies that UK kinship carers, who participate in a statutory kinship assessment, are forced to surrender some of their privacy and autonomy in return for legal endorsement and financial remuneration.

Kinship carers also revealed, within this study, that they had not provided social workers with genuine reasons for offering a kinship placement, due to the power they perceived the social worker had in determining the outcome of the assessment. This lack of trust, expressed by the kinship carers, resulted in some carers actively withholding information during the assessment process. As such, this study identified and exposed the lack of credibility in the trustworthiness of the assessment process itself.

Although the majority of kinship carers were clear that their motivation in offering a kinship placement was to keep the family together and prevent the child entering the state care system, as identified in Chapter 4, the UK social workers did not always view this as a good enough motivation. This study identified inconsistency as to how social workers assessed the motivation of prospective kinship carers. Furthermore, there was no evidence to suggest that any assessment in relation to motivation was underpinned by a theoretical framework. A number of the social workers expressed caution about kinship care as a child care provision, due to the child's extended family member being biologically connected to the child's parent and, as such, part of the complex (and possibly dysfunctional) family.

This study has also identified in Chapter 4 that there is no formal support offered to kinship carers once a kinship care placement is terminated. Furthermore, there is a paucity of research into kinship care provision by the non-biologically related kinship carer.

The research interviews with the local authority social workers identified that they were unaware of any policy or any evidence base to underpin their social work practice in relation to kinship care practice and delivery. In addition, social workers could not identify any specialised training they had received with regard to their work and in the assessment of prospective kinship carers. These findings demonstrate that there is a lack of specialised training available for kinship care social workers.

7.4 Summary of main findings: South Africa

Although Ubuntu remains a philosophy promoted by the SA government and other governments such as the UK and USA, its practice appears to be lessening amongst the younger generation of Zulus. This study found that the older generation, particularly the Gogos, could articulate and illustrate the philosophy. However, the younger generation Zulus interviewed, whilst able to recognise the word Ubuntu, could neither explain nor provide an example of the philosophy in practice. This research data suggests that Ubuntu may be a diminishing philosophy amongst the younger generation of Zulus and, unless there is a resurgence, it may contribute to a loss of their cultural heritage.

The social workers viewed kinship care as a natural placement for a child. Whilst issues of extreme poverty and hardship were evident within the families visited during the fieldwork in SA, there was a natural acceptance by kin to take care of vulnerable children. For the majority of older Gogos, their hope of things improving was based on their unbending Christian faith. Issues of illiteracy were highlighted by the kinship carers themselves and also by the social work agency staff, who appreciated that this prevented many carers coming forward to apply for the kinship grant allowance. This study found that the poverty issues in Zululand prevent kinship carers from adequately caring for their kin and issues of illiteracy prevent many carers applying for grants that would alleviate their situations.

In addition, the Ubuntu philosophy has been explored, through fieldwork undertaken in Zululand, with particular regard to its application to child care provision. Fieldwork in SA included site visits to rural Zulu communities and observations on

how Zulus participated in kinship care arrangements. The philosophy of Ubuntu was shared by the older generation Zulus in the context of its relevance in today's society. According to social workers in practice, the Ubuntu philosophy, through the underpinning of care for vulnerable community members, provided a potential means of overcoming child care issues, primarily the care and protection for those children perceived to be 'at risk'. The definition of 'at risk' covered many situations from children orphaned through HIV/AIDS, abandoned children, abused children and children requiring assistance. In addition to HIV/AIDS, South Africa has experienced many additional natural and unnatural disasters from floods, famines and health-related epidemics, which has stretched their natural resources and responses to extremes (Owusu-Bempah, 2010). The philosophy, as well as the culture of South African children being parented by a community rather than just their biological parent, could advantage South African children should a biological parent be unable to care for them.

7.5 Summary of main findings: United Kingdom and South Africa

Similarities have been found in the prevailing ideologies, for both case studies, in that a mixture of Christianity and capitalism play key roles in the kinship carers' reasoning and expectation to provide a kinship placement, although it is acknowledged that Christianity and capitalism are interpreted very differently in both countries. In South Africa a child belongs to the whole community and, when a child is orphaned for whatever reason, their kin are expected to look after them because there is no other choice. The South African state facilitates this form of community caring for these children. In the UK, a young child belongs to the individual parent, usually the biological mother. But if the child is removed from its parent(s) for whatever reason, there are many choices available, including kinship care, but it is the state that can decide what happens to the child.

Differences were noted in the role of the kinship care social workers and how kinship carers perceived their involvement. In the UK, kinship carers did not always feel confident that their allocated social worker was working in their best interests. Paula, identified in Chapter 4, believed that during the assessment process her social worker was just searching for a reason to block the kinship care placement. In SA the

kinship carers viewed the social worker's role as an administration task to help them receive financial remuneration and thus support the child in the placement.

7.5.1 Cross-cultural similarities and differences

The preceding chapters have highlighted cultural similarities and differences in relation to kinship care practice and delivery. Due to each country's respective culture, belief systems, socio-economic circumstances and place in time, difficulties in the transferability of learning occur. Although legislation and policy relating to kinship care had similar content, the context in which social workers practised was very different. For UK social workers, with a numerically protected caseload and an assessment process that permitted the social worker not to recommend a prospective kinship carer, the basis of their work differed from that of the SA social worker. The SA social workers understood that if the child was not placed with kin, there would be no other placement availability for the child. The SA social workers also responded to all requests from prospective kinship carers, irrespective of the number of referrals they held. This in turn limited the time allocated for the assessment process and the scope of the assessment itself. For example, it was not a requirement or an agency expectation for a SA social worker to meet with the child whose potential placement they were assessing, in order to hear their views. The motivation of prospective SA kinship carers was not seen as a relevant issue as, again, there was nowhere else to place the child and the fact that someone had offered to house the child was sufficient.

The reason why a kinship placement is required differs between the two countries. In the UK factors such as child protection, adult mental health, drug and alcohol misuse and domestic violence are viewed as the main reasons a child requires a placement away from their biological parent (Hunt 2008; Winokur, 2009). This literature supports the findings within this study. In Zululand, the main reasons a placement is required is due to the death of a parent or abandonment (Ince, 2009). The causal factors for a kinship placement being required impacted on the way in which social workers viewed the prospective kinship carers. In the UK it was regarded as reasonable for social workers to attach the 'dysfunctional' label to families. In SA, the families were not labelled as dysfunctional but viewed, instead, as in need of support and resources to care for the child. The difficulty with labelling is that one

label does not usually fit all circumstances. For example, in SA one grandmother who applied to formally care for her kin was found to be drinking excessively, while in the UK a potential kinship carer's family functioned perfectly well but it was not until a medical misdiagnosis (in respect of the child) was discovered that a kinship placement was finally approved. However, these two examples were exceptions.

Perhaps the term 'kinship care' is not such a globally recognised term as the practice itself, but reflects significantly different inferences in diverse cultures. Within the UK literature search the terms used were interchangeable. It included 'kin care', 'family and friends care', 'foster care' and, more currently, 'non-bio' care. Changes in terminology occurred mainly in relation to differing ideologies around relatives caring for kin and over a period of time with changes in legislation and practices. In SA, 'kinship care' remains the terminology used for relatives caring for their kin, based on the cultural and historical recognition. The differing names given to kinship care alerted me to the underlying cultural and sociological aspects of kinship care and the politics that underpins and legislates on kinship provision. A final definition that may incorporate the wider, more contemporary, range of 'family units' within the UK, including that of kinship care, may be 'kindred family'. Kinship families have not identified themselves as different, but legislation and policy has. 'Kindred' is defined as 'similar to somebody or something', 'of same family'; 'affinity or closeness to somebody', 'family relationship', 'somebody's family' or 'clan' (Oxford English Dictionary, 2012). As such, a 'kindred family' would encompass relationships through the closeness to another person and thus incorporating both the biological and non-biological foster relationship, friends care and clan relationships. Importantly, by applying a generic term to the family unit it does not label children being raised in what today has become familiar within the UK, such as families described as nuclear, extended, vertically/horizontally extended, single-parent, reconstituted, modified extended, homosexual families, single households, couple households and shared households. With a generic term of 'kindred family', on this occasion, one size just may fit all.

7.6 Enhancing our knowledge and understanding of kinship care

This study investigated the experience of kinship care from the carer's point of view, especially the interaction between carers and the statutory organisations responsible for authorising such care in the two distinctly different cultural settings of the United Kingdom and Zululand, South Africa.

Previous studies have shown that there is both an economic and cultural need for kinship care in both countries. However, the success of such practices is entirely dependent upon the prevailing ideology operational in each. These ideologies influence the way in which government, authorising agencies, social workers, and the carers themselves perceive the effectiveness of kinship caring. In summary, kinship care placements provide for millions of children in South Africa because there is no alternative and the underlying SA philosophy that children are best placed within their extended family and community. Kinship care is not seen to work as well in the UK, because of an inherent distrust by some social workers, who have been mandated by the state to control the welfare of children in need of care, with regard to the philosophy of kinship care. There is also evidence regarding the lack of trust some kinship carers have in their respective social worker and the assessment process itself. In the UK there are other alternatives for such children.

Perhaps one of the most unexpected findings to emerge from this research was the way in which Ubuntu has been influenced and diluted by Christianity and capitalism in the South African context, and the way in which capitalism has created the need for relatively isolated economically responsive, nuclear families in the UK. This research explored the experiences of carers and has developed a clearer understanding of the way in which 'community' has different meanings in both countries. In South Africa, a child belongs to the whole community. In the UK, children are viewed as belonging to their biological parents//

The merging of philosophy, beliefs and ideology, has serious legislative, policy and practice repercussions, which will be considered in the following sections.

7.7 Observations from study

Whilst this study was not a comparative study, there were a number of observations made from undertaking this study in relation to cross cutting cultural themes with regard to kinship foster care support. These are considered worthy of including:

7.7.1 The motivation to care for kin

The motivation of kinship carers to care for kin was explored in Chapter 6 and highlighted concerns expressed by SA social workers with regard to Gogos motivation to claim financial remuneration. The main concern expressed by the social workers was that the care of kin was considered part of their cultural Zulu heritage and attempts to seek remuneration was considered as an ‘unhealthy motivation’ and viewed suspiciously in the assessment process. Whilst acknowledgement was provided by the social workers that these Gogos had very few resources in order to care for their kin, such as food and shelter, they still felt that these Gogos should care for their kin for free and without government financial support.

Within the UK, there has been much debate in relation to payments for kinship carers both in terms of equity across local authorities and also in relation to the inequity of whether the child is cared for through formal and informal kinship care arrangements. In July 2013, a high court ruling confirmed that local authorities should follow statutory guidance stipulating that kinship foster carers should not be paid less than unrelated foster carers simply on the basis of a familial relationship. A clause in this ruling stated that whilst local authorities had to follow statutory guidance in that all foster carers had to be paid if they met the applicable criteria, whether related to the child or not, it did state that unless the local authority had a cogent reason not to. So whilst this ruling had a direct impact on formal kinship foster carers, in that local authorities had to financially remunerate them, those caring for kin informally or through private family arrangements were not included as part of this ruling. It is now acknowledged that many kinship carers within the UK still provide care for their kin without any financial remuneration and local authorities may have a vested interest not to approve kinship carers as kinship foster carers (Hunt and Waterhouse, 2013; Selwyn et al, 2013).

As observed from this study, debates around kinship foster carers receiving financial remuneration is topical for both the UK and SA. Whilst the issues of poverty were considered in Chapter 6 in relation to kinship carers and both UK and SA social workers both acknowledged and articulated that kinship carers struggle financially, there appears a discrepancy by government representatives that prevent kinship carers from obtaining such financial remuneration that may assist to alleviate their financial struggles.

7.7.2 Lack of support for kinship foster carers

A further observation was in relation to how kinship foster carers are supported through the assessment process. The first observation was in relation to how UK social workers found the assessment of kinship foster carers in comparison to unrelated foster carers. As identified in Chapter 5, the UK social workers articulated that undertaking kinship foster care assessments proved more complex and time consuming due to the requirements by the Courts to identify and assess potential family and friends of the child, who may be able to offer the child a placement. In addition, further concerns were expressed by the UK social workers in relation to the assessment of kinship foster carers in relation to having to understand the unique and complex family dynamics of the child's family, prior to considering whether a kinship placement would be in the child's best interest.

For the SA social workers who identified that many Gogos cared for their kin, without seeking financial remuneration, whilst still acknowledging they had no resources to care for their kin, there appeared a lack of understanding the significant barriers that prevented many Gogos from potentially seeking financial support. These barriers included; stolen ID cards which prevented prospective carers from proving their identity (and is a requirement of the kinship assessment process), inability to travel to the government offices to formally apply to provide a kinship foster care placement due to lack of money and opportunity and issues of literacy that prevent them from completing the necessary application documentation. A further added complexity and barrier was the male gangs that guarded their communities and who had a reputation for stealing any financial grants that were obtained and also the length of time it took the Courts to approve the kinship foster care grants.

Whilst the issues of support for kinship foster carers differed for each respective Country, there is a comparable insensitivity displayed by the social workers regarding the needs of kinship foster carers and the potential value of such a placement for the child. Although these respective barriers appear unique to each case study setting, they share a common stance that kinship foster assessments may not be worthy of investment. A further consideration, as acknowledged in Chapter 5, is if the general public believe that it is a kinship carers duty to care for kin and numerous kinship carers are prepared to do so without financial remuneration (even though this may leave the financially struggling) why should access to support be made more accessible.

7.3 Implications for legislation, policy and practice

There are a range of implications for practice, legislation and policy as a result of this study.

7.3.1 Legislation and policy implications

This study identified that legislative policy and protocol requirements in relation to kinship care provision were not followed through by the UK local authority. Subsequently, social workers made their own decisions regarding how to progress case work, as identified in Chapter 5. The absence of a local authority family and friends policy was not stated as problematic by authority staff as identified in Chapter 5. Moreover, the local authority policy manager was not even aware if a policy existed, which implies that there had been no quality assurance process regarding adherence to statutory guidance. Whilst already highlighted in Chapter 3, only one UK local authority participated in this study and as such this may highlight a specific bias in research terms. Other local authorities, for example, within the UK may be more compliant with statutory guidance and recommendations in respect of kinship care provision, a recommendation from this study therefore is that quality assurance measures are introduced and enforced to ensure all local authorities adhere to legislation and statutory guidance through quality assurance measure during local authority inspections. In addition, kinship care protocols should include specific requirements for local authorities to provide specialised training and ongoing development for existing and new staff working in kinship care delivery.

In SA, issues of illiteracy, education, starvation and social exploitation as identified in Chapters 4 and 5, prevented kinship carers from adequately caring for their kin.

Government recognition and acknowledgement of these issues needs to consider how agencies may work more effectively together to deal with such immediate and urgent problems.

7.3.2 Practice implications

This study involved kinship carers and social work practitioners involved in kinship care assessments. These assessments determine the viability of prospective kinship carers in providing a placement. The study found, as highlighted in Chapter 4, that UK kinship carers expressed a lack of trust in their social workers; subsequently, there is a lack of trust in the assessment process itself. The UK social workers, as identified in Chapter 5, expressed caution about the placement of children with kin due to underlying personal and professional philosophies regarding the value of this child care provision and the many alternatives available to them. It may, therefore, seem timely to review the assessment procedures and processes in the statutory assessment of prospective kinship. A dedicated framework for the assessment and support of kinship cares should be considered that would benefit both kinship carer and practitioner. This should include consideration as to how trust is established between kinship carer and social worker, in order that the statutory assessment process is transparent, meaningful and responsive to kinship carers' needs. Further consideration should be given to the development of dedicated kinship care teams who have access to specialised training, support and CPD to acknowledge the complexities of kinship care provision (Wade et al, 2014). A key feature of the training should include opportunities for social workers to reflect on their own values, ensure their practice is underpinned by an evidence base and develop both ethical and cultural sensitivity in their work.

7.4 Implications for research

There are three specific areas highlighted in this study that would benefit from further research.

First, having explored the care of kin from two cultural perspectives, the findings indicate that kinship care is a socially accepted practice within SA, but not in the UK. The reason for this relates to the underpinning ideological 'givens' which are so different in both countries, as discussed in Chapter 6. In SA, the Ubuntu philosophy

reinforces the principle of an individual's responsibility to care for vulnerable kin or community members, driven by the Zulu historical, traditional and cultural practices of caring. As children in SA are seen as belonging to the community, rather than to their biological parent, kinship care is not viewed as politically driven or governed by legislation; instead, for the Zulu community, it is seen as an obligatory response. The political and professional implementation of these philosophies needs to be further explored.

Secondly, this study included three interviews with UK kinship carers where, by the time the interviews took place, the placement had been terminated. This had resulted in distress for the kinship carer but no support services had been made available to them. Further research would be beneficial to discover how kinship carers cope following a termination of the kinship placement and how this affects future family relationships, and what support mechanisms could be developed to assist in such situations.

The final implication for research relates to exploring kinship care for non-biologically related kin. For two of the UK carers interviewed, issues between themselves and their respective adult partners had arisen over the decision to care for the kinship children. The husband of one carer, Terry, as described in Chapter 4, did not want the kinship placement to continue and gave Terry an ultimatum: either he left or the children had to go. Another carer, Sharon, as presented in Chapter 4, became concerned when her husband said that he did not wish to care for her nephew long-term, as he did not feel the same love for the child as for his biological children. These kinship carers' partners were not biologically related to the kinship children and it would be helpful if further research could explore the role and influence that non-biological kin involved in the kinship placement have on the kinship care provision.

This study makes a significant contribution to knowledge in relation to kinship care through its original findings, namely;

- That teaching on kinship care, for social work practitioners, should involve reflections on workers' own values

- Identification of the lack of support provided after a termination of a kinship placement to the kinship foster carers

7.5 Conclusion: The priceless vision

‘Somewhere in the north-eastern Spanish city of Borja, a local female octogenarian saw a painted mural on a wall outside a church. She deemed the portrait to be looking ‘tired’ and ‘faded’ and believed it would benefit from being restored. She decided to freshen it up a bit. Unlike the artist who had originally painted it, her brush skills were not quite up to the job and transformed, what was once a pleasing, familiar and sentimental Ecce Homo, into something that more closely resembled, according to the locals, a bloated hedgehog.

Although the woman regretted her actions, the deed was done. The locals decided that the woman had probably acted spontaneously and with good intentions, but all agreed whatever the woman’s motives were, what was once was a natural, sentimental, masterpiece had become a blot on the landscape... and their priceless vision gone.’ (The Guardian 2012, Blot on the Landscape)

Kinship care is such a masterpiece. This metaphor talks of something natural, familiar and sentimental situated in the heart of the community, just as kinship care is viewed by many communities and has been over many generations. Through the refocus on kinship care by governments and the introduction of legislation and policy, no matter how well meaning, what was once a natural occurrence is now under scrutiny, in much the same way as the mural described above. With governments and countries so dependent on building a capitalist society, they have brushed over the natural masterpiece with the same level of dexterity as the woman. The natural masterpiece was predicated upon a society that was both caring and sharing, a view founded upon the Christian philosophy that is currently being replaced by a layer of capitalist thinking which persuades the individual that they only have to take care of themselves.

Unless we restore the vision of kinship care and all truly appreciate its priceless vision, it too will be lost.

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African Charter on the Rights and Welfare of the Child (Article 25) 1999

Care Standards Act 2000 (Great Britain)

Child Justice Act 2008 (South Africa)

Children Act 1989 (Great Britain)

Children Act 2000 (Great Britain)

Children and Families Act 2014 (Great Britain)

Children Act 2005 (Act No. 38 S.137) (South Africa)

Children Act 2005 consolidated 2010 (South Africa)

Children Act 38 of 2005 (South Africa)

Children Amendment Act 2007 (South Africa)

European Convention of Human Rights 1998 (Article 8)

Human Rights Act 1998 (Great Britain)

Local Authority Social Services Act (Section 7) 1970 (Great Britain)

Protection of personal information bill, National Assembly, South Africa 2009.

Appendix 1: The landscape of kinship care including research locations

This appendix presents the landscape of the two research locations, details of the specific agencies from where the research participants were drawn and, finally, information on how the research participants were selected.

The two chosen locations for the study, as highlighted in Chapter 1, are the south of England and Zululand. Below is a chart contextualising the landscape for the two research locations.

7Figure 6: The landscape for the two research locations

Research locations	United Kingdom (UK)	South Africa (SA)
Location	South of England	KwaZulu-Natal, Zululand
Nationality	British	Zulu
Landscape	Urban/semi-rural	Rural/remote
Native language	English	Zulu
Size of region	64.88 km ²	94,361 km ²
Population of region	147,600 (census, 2011)	10.3 million (census, 2011)
Family composition	Nuclear family	Extended family/community
Minimum legal age of a kinship carer	18 years	<i>Recommendation only:</i> 16 years (child-headed household)

The research settings

United Kingdom case study

The UK research setting is a small local authority in the south of England. Although small, it is deemed large enough to function independently of county or other regional administration. It is responsible for all local government functions including childcare provision. Its children's services provision was graded as 'good' at the last

Ofsted inspection. The local authority does not have a specialist team for kinship care services and, at the time this research was undertaken, no family and friends care policy. Contact with this local authority was through pre-existing professional associations.

The town in which the local authority is located grew rapidly during the industrial revolution as urbanisation took place and became an area of both merchant prosperity and overcrowded poverty (Beamish, 1976). The town is now a popular tourist destination characterised by heathlands to the north and coastlines to the south. The district is populated predominantly by people of white ethnicity, with 95.98 per cent of its population describing itself as 'white British' (Office of National Statistics, 2008). The largest religion in the area is Christianity, recorded at 74.34 per cent (Office of National Statistics, 2008). In order to maintain the anonymity of this local authority, it can generally be said that this area retains a mixed economy of extreme wealth contrasted with serious poverty.

South African case study

KwaZulu-Natal is situated along the east coast of SA. KwaZulu-Natal is divided into eight geographical areas, the capital being Pietermaritzburg and the largest city being Durban. KwaZulu-Natal itself stretches 800 km, with the Indian Ocean to the east and Lesotho to the west. Zululand runs through the centre of KwaZulu-Natal, stretching from the northern point to the coast, and is considered to be the heart of the original Zulu Kingdom (Mahoney, 2012). Zululand was the location I had identified as the base for fieldwork due to the Ubuntu philosophy originating from this area and culture (Swanson, 2009). Contact with the University of KwaZulu-Natal (UKZN), both pre- and post-arrival in SA, enabled me to identify the most suitable professional associations to contact. The research within Zululand took place in liaison with four organisations in separate locations within Zululand. The organisations spanned a distance of approximately 180 km, across unfamiliar and often hostile terrain. I have provided a summary of each of the four organisations below, including their geographical locations. I have also included the true identity of each research site, with permission, in an attempt to promote their work. Pseudonyms have been used in presenting the research participants. In addition to the four main research sites I also visited communities linked to these organisations and

the two universities already identified, based in KwaZulu-Natal and Zululand respectively.

The 1000 Hills Community Helpers project: Inchanga

The first organisation I made contact with is called the 1000 Hills Community Helpers project based in Inchanga, a small rural community. The project was set up in 1989 by a local woman who saw a desperate need to provide food for the local community after severe floods had swept the area. The project has since developed further and is dedicated to improving the lives of children and adults infected and affected by chronic illnesses such as HIV/AIDS and tuberculosis. The local community now refers to the project manager as the ‘Angel of the North’ due to her local philanthropic work and the people attending the project refer to her as ‘Aunty Dawn’. The project is now based in a purpose-built community centre, named ‘Ikhaya Lo Thando’ which in English means ‘home of love’. The centre opens daily to provide primary support to a variety of community groups such as kinship carers, orphaned and vulnerable children and those living with HIV and AIDS. It also provides nursery facilities. The project serves a community of approximately 30,000 people. I was not aware of this project prior to arriving in SA but I had overheard some local people discussing the project’s work within the community during my first few days in KwaZulu-Natal. Following an initial visit to the project, it was agreed that I could spend three days a week at the project, participating in all the activities, and I could also visit communities, alongside the project staff, to meet with local people and experience the Zulu culture.

Zulufadder: Eshowe

The second project, named Zulufadder (‘grandmother in English), is based in Eshowe. This project was established in 2005 by a well-known Norwegian actress and author, Mari Maurstad, to assist children who have been marginalised by HIV and AIDS. Mari remains in Norway and the project is run on a daily basis by a local woman called Aurelia Mhlongo. Aurelia is referred to by the local people as a ‘female Nelson Mandela’ due to her ‘hands on’ work within the project. The project’s aims are to house and support orphaned children within their local community with ‘normal family lives’. The project assists around 1,000 children and supports approximately 450 families (www.sa-venues.com/things-to-

do/kwazulnatal/zulufadder/). I was aware of the project through internet research conducted prior to arriving in SA. Although the Zulufadder base was a considerable distance (over 120 km) from where I was located, I felt that it was important to try and liaise with this organisation due to its work being so closely related to my research area.

The family and marriage association: Pietermaritzburg

The third organisation was a national community-based organisation located in Pietermaritzburg, the Family and Marriage Association of South Africa (FAMSA). Its remit is to work with families in the community who require support and practical assistance. I made contact with FAMSA through the Association of Schools of Social Work in Africa (ASSWA) forum whilst researching possible research contacts before I left the UK. Although this organisation did not initially appear to me to be a 'natural' fit with my research study, I considered it would be worthwhile to arrange an initial meeting to explore other potential contacts. FAMSA, however, ultimately provided me with some excellent opportunities to visit child-headed households and work alongside some of their workers within the community.

The Pietermaritzburg Child Welfare Society: Pietermaritzburg

The final organisation I used as a research base was the Pietermaritzburg Child Welfare Society located in Pietermaritzburg town centre. Like FAMSA, this organisation had also been identified by a member of the ASSWA as a potential research resource. The organisation assesses and supports formal kinship carers in the Pietermaritzburg and surrounding rural areas and was the only organisation that had any formal government links and employed qualified social workers specifically assessing kinship care arrangements.

Although the two of the organisations I made contact with were based in Pietermaritzburg, their community responsibilities spread across the whole of the north of Zululand including its most remote and rural areas. This allowed me access to families who had rarely, if ever, seen a white person before. I provide two examples of my visits into these rural areas later within this appendix.

The research participants

Identifying the research participants: United Kingdom case study

As discussed in Chapter 3, the research participants were recruited through a local authority in the south of England, having volunteered to participate in this study. Due to the geographical location of the research setting, as described above, all the kinship carers and social workers described themselves as ‘white British’. Identifying a more diverse population would have been difficult due to the location of the research setting. However, describing themselves as white British did not necessarily mean that they shared the same cultural influences or identities.

Figure 7: Case Study 1 location: The South of England



Identifying the research participants: South African case study

KwaZulu-Natal University already had tentative links with Bournemouth University through colleagues within the Faculty of Health and Social Sciences. This was beneficial when requesting advice on potential SA contacts, identifying a further university in Zululand and identifying SA literature, primarily through access to the university library.

Due to the time restriction on my fieldwork in SA, I decided to try and make some confirmed links with agencies and resources whilst based in the UK. This was achieved through an article I wrote for the National Association of Social Workers – South Africa (NASWSA) and the Association of Schools of Social Work in Africa (ASSWA), profiling my research study and seeking advice regarding relevant

projects or agencies that I could contact. This resulted in a number of potential projects and agencies that I was able to make contact with.

On arrival in SA I became aware of a local project which I visited to introduce myself and my research study. This project became a main source of potential kinship carer research participants due to the work it undertook. The staff at this project also provided details of other agencies and projects they were aware of that might be of interest to me. Throughout my five-week fieldwork study, contacts came by word of mouth or referral from one agency to another. Due to this selection process, which differed from the UK, not all the kinship carers I had access to had been through a formal kinship care assessment; however, they were actively involved in kinship care. By contrast, all the social work research participants were actively involved in statutory kinship care assessments. A total number of 12 kinship carers were interviewed and six social workers.

Although the two case studies varied in terms of research participant recruitment and selection, there were similarities within the respective groups that could provide opportunities to compare and contrast kinship carers' experiences from two distinct cultural settings. For example, both case studies included research participants who had formally undergone a statutory assessment and were providing a kinship placement.

Figure 8: Case Study 2 location: KwaZulu-Natal, Zululand, South Africa



Appendix 2: Into the field

'Too little attention is given to documenting the process of carrying out research in the field and efforts to address these issues would be enhanced by more published accounts of investigators experiences, including dealing with the effects on researchers conducting studies on sensitive and emotionally laden topics'

(Milling-Kinard 1996:69)

This appendix presents a series of opportunities and challenges experienced whilst carrying out the fieldwork part of this study. In accordance with Milling-Kinard's (1996) reference to the importance of contextualising the researcher's process of carrying out research, preference would have been given to including this work within the main body of this thesis, rather than consigning it to an appendix, where its relative importance may be diminished. However, this was unfeasible due to the word restriction on the main body of the work.

Fieldwork

Exploration of ethnographic studies identified that the amount of time a researcher spends with their research participants, carrying out participant observations, may vary significantly (Hammersley 1992; Kumar 2014). Studies illustrate that some researchers live among their participants both day and night for many months, some sporadically revisit the same site for certain periods of time, while others choose only to observe certain events (Scheper-Hughes 1993). In certain cases, dependent upon the nature of the study and the feasibility, it is sometimes impractical for researchers to live with participants for the fieldwork (Cohen et al., 2005). For the UK case study, visiting research participants was not difficult as the area only covered a five-mile radius and all areas were very accessible. There was just one exception, where a research participant lived approximately two hours' drive away, although this was accessible by motorway.

In order to gain ethical approval for my own health and safety, Bournemouth University thought it was a good idea for my husband accompany me to SA and also recommended that I was based in a gated residential community.

On arrival at the rental property in SA, which was high on one of the hill tops, I was somewhat disappointed at the large tourist signs directing visitors to the safari park, with billboards advertising zebras, giraffes and a host of other animals. I was hoping my fieldwork would see me located in the rural parts of Zululand, where I could experience the reality of Zulu life, however, since these areas did not provide gated communities my accommodation was located in a small town of KwaZulu-Natal called Hillcrest.

The tourist, safari-style accommodation played a significant role in my fieldwork, although it was some time later that I realised just how significant. I soon became accustomed to travelling to various locations within Zululand carrying out home visits as part of the work of the community projects, or to undertake interviews. I always travelled with project staff during my fieldwork and with my husband at weekends when the projects were closed and I needed to visit libraries or sites of interest. Returning to our accommodation on a daily basis always felt slightly surreal; one-minute I was in a Zulu home, where there were no utilities, little food and one room would serve to accommodate a family, and the next minute I was returning to a gated community that had an abundance of rooms, food and was aesthetically opulent by comparison. The two extremes often made me feel uncomfortable about my research, as though somehow I was a 'research tourist', only viewing rather than participating in the lives of those I sought to understand and learn from.

I recall talking to a man at a government office in Zululand, who lived in the UK but travelled to KwaZulu-Natal frequently on business, and I asked him whether he felt it was necessary to stay in a gated community. He issued a stark reply: 'You either live in a gated community or you die.' He told me how, on many occasions, he had spent the night at his office, the airport, or his home if his personal chauffeur had failed to pick him up and how he had, during his time visiting KwaZulu-Natal, never visited any place outside these three locations. I recall thinking how overly dramatic his reaction was, but following a later incident in which a neighbour where we were staying was attacked and murdered, his words began to resonate. In retrospect, the university's advice on keeping safe in SA was appropriate.

Language and literacy: United Kingdom

Within the UK all the research participants spoke English as their first language and were literate.

Language and literacy: South Africa

Within Zululand, six research participants spoke English, with only one speaking English as their first language, and 12 spoke only Zulu. All 12 of the kinship care research participants had literacy difficulties and none could write their own name. All social work research participants were literate.

The language of the Zulu people is called isiZulu and has approximately 10 million speakers (Mahoney 2012). Ninety-five per cent of Zulu speakers are thought to live in SA and it is the most widely spoken home language in SA, used by approximately 24 per cent of the population and understood by over 50 per cent of the population of SA (Canonici 1996). It became one of SA's eleven official languages in 1994. One of the most distinctive features of Zulu is the use of click consonants. There are three articulations of clicks in Zulu:

1. C: dental (comparable to a sucking of teeth, as the sound one makes for 'tsk tsk').
2. Q: alveolar (comparable to a bottle top 'pop').
3. X: lateral (comparable to a click one may make when walking a horse) (Mahoney 2012).

The Zulu language is based on tones, making it sound quite harmonious. It was not unusual for me to spend considerable amounts of time with the Zulu-speaking natives, listening to the constant 'highs' and 'lows' of their tones with their persistent clicking, sucking and popping sounds. However long I immersed myself in everyday life, the distinct Zulu language provided me with no clue as to the meaning of the speakers' communication or even, when a click consonant was used, what influence it had on the structure of the sentence. I was completely unable to understand any isiZulu for the duration of my five-week fieldwork study.

The issue of translation, therefore, became an immediate challenge. It was evident that if I was to successfully interview the kinship carer research participants in order to obtain their personal knowledge and experience, then a third-party translator was required to facilitate the interviews.

Lost in translation

Translation issues in qualitative research are well documented and many authors describe a recommended step-by-step process to minimise translation errors (Esposito 2001; Larkin 2007). This process is to ensure that transcripts are accurate, clear and sound and as natural as possible (Brislin, 1970; Navarro and Barnes, 1996). One of the key recommendations according to Wong (2010) is that consideration is given at the very beginning of any cross-cultural qualitative research study as to the ability of the translator to speak fluently the native languages of both the research participants and the researcher, as well as their ability to conceptualise and understand the meaning of the communication exchange. According to Esposito (2001) there are two major tasks in qualitative cross-cultural research: the first is being able to translate the researcher's questions, so they are understood by the research participant; and the second is ensuring the participant's communicated meaning is translated into a form that is understood by the researcher.

My own research had led me to two projects that were very much part of local, rural Zulu communities: the 1000 Hills Community Helpers project and Zulufadder. It was in these two projects that I spent the majority of my time during my fieldwork, becoming familiar with the Zulu culture and meeting many of the kinship carers who later became research participants. Although a number of the staff could speak English, the Zulu people with whom I spent the majority of my time could only speak their native language.

As both projects had a number of Zulus who were caring for kin, I had to be pragmatic about how I could obtain the services of a translator. Fortunately for me, two of the community helpers, 'Nellie' and 'Zama', at the 1000 Hills project spoke fluent English, as well as isiZulu and offered to act as translators. Permission was duly sought from the director of the project.

On the following Wednesday, the project held an 'open' community session, which was always attended by a large number of women and occasionally one male. The group was attended on the whole by Gogos (the Zulu word for 'grandmother' or 'elderly woman') who I had been informed were, primarily, caring for their grandchildren. Nellie suggested that she ask the women over their lunch if, after explaining my research, they would like to speak to me about their own experiences. There seemed very little immediate reaction from the women, who busily continued to eat their lunch, barely glancing up. Nellie politely told me she thought the women were probably thinking about the offer and I assumed there had been little interest. After about half an hour, a nursery assistant came to ask if I could go to the nurse's hut. On entering I saw a group of about 12 women, all sat in chairs like patients waiting in a doctor's surgery. Nellie informed me that these women were all waiting to talk to me. I hadn't expected such a response and was a little overwhelmed and concerned at quite how I was going to speak to them all. I decided to work with Nellie, talking with the women in a group. The women spoke of caring for their grandchildren, and there was a recurring theme of how they had lost their daughters and sons to ill health. It was not unusual to hear how they were caring for at least eight or nine children, all with little or no resources to feed or shelter such large kinship families. Their stories were all very similar and provided me with some understanding of the issues facing these women in caring for their kin.

Following on from this session, six other Zulu women came to the 1000 Hills project who were kinship carers and who agreed to speak to me on an individual basis. Nellie and Zama acted as translators for the research interviews; three of these were carried out at the project centre and three took place in the kinship carers' homes.

The first interview took place with Nellie acting as the translator and undertaken at the project centre. The Gogo who had agreed to be interviewed, I had sought out through Nellie, as I did not want to repeat the 'open' invitation used previously. The Gogo was part of a group of women who spent time together, usually making saleable items for the project shop to sell. Many of the items they made were very skilfully produced and the women showed pride in their work on completion. At the time of the interview she had attended the centre with her young grandchild, who appeared to be no older than two years.

The interview took place in a private room at the back of the wooden nurse's hut. It was a private space with large open windows overlooking the planes of Zululand. As usual it was a hot, humid day. Florah, sat opposite me at an old wooden desk and Nellie sat next to her. I had asked Nellie to ask respective research participants if I could audio record the interviews and I had enquired as to whether she would read my consent form to the research participants, as it had only been produced in English, Afrikaans and Swahili – hardly relevant to a Zulu native. It did seem a rather meaningless task and the first lady appeared to take no interest in what was being said. When Nellie had read through the form, she told me that the woman could not write her name and, therefore, could not sign to demonstrate her written consent. This became a regular occurrence when interviewing Gogos and it was difficult to ensure that any of the Zulu speaking kinship research participants understood what they were participating in. I was, consequently, totally reliant on the translators I had engaged to explain the purpose of my research and gain consent from participants if they only spoke Zulu. For that reason, at the time of the interviews I asked the Zulu speaking research participants to put an 'X' next to the signature box and then requested the respective translator to sign the consent form on their behalf. I could then satisfy myself that they had been a witness to having shared the form with the participant. In retrospect, this solution seemed futile as it did nothing to satisfy me, as the researcher, that the research participants fully understood the research study. Other efforts I made to ensure that the research participants were comfortable and willing to participate in the research study are discussed in Chapter 3 of the main thesis.



Photograph 2: The two translators: Nellie and Zama

Issues in the translation process became evident fairly quickly, with responses from research participants being inconsistent with their body language. Also, the response the translator often gave implied a much shorter response than the lengthy communication between the Gogo and the translator. For example, I had asked a question about what the Gogo found most difficult about her situation. The Gogo talked for at least two to three minutes yet the translator gave me a short reply of ‘she has no food’. I politely asked the translator to repeat to me exactly what the Gogo had said as this would help me to understand more fully the participant’s situation. The translator then gave me a fuller response to some of the issues the kinship carer was experiencing. According to Wong and Poon:

‘The researcher gains access to the ideas and experiences of the participants through the translator, and it is through the translator that the research participant’s voices are heard.’

(2010, p87)

The language barrier also prevented me from exploring some of the issues to the same level of detail and complexity as I had been able to do with the UK kinship carers, thus limiting the SA carers’ ‘voice’ in the research process. There were

several reasons for this. First, I was not confident that the translators always asked the question accurately or, indeed, in context; this was based on the fact that some of the responses did not appear to accurately reflect my research question. Secondly, I was unsure whether the translators were translating the participants' answers accurately or fully. In short, I lacked confidence in the translation process itself. Furthermore, having translators present during interviews meant they took considerably longer than I had anticipated and communication became rather distorted and stilted rather than spontaneous. My lack of confidence in the translation process was further challenged when I asked a number of open-ended questions about the kinship care arrangement. The translators, on a number of occasions, appeared to get into a dialogue with the kinship carers, almost forgetting to relay the information to me, with the result of effectively excluding me from the research dialogue. I do not think this was deliberate, but as their substantive role at the project was that of a community helper, they responded to the participants as such rather than in their role as a translator for the purpose of the research study. However unintentional the translators' intentions were, Wong et al. (2010) claim that translation is neither a mechanistic nor neutral process; nor, therefore, is the translator's role far from innocent. They believe the translator's way of knowing inevitably influences the interpretation of the interviews and, subsequently, the understanding of the participant's narratives. This epistemological difficulty is not unusual for research studies that incorporate translation and interpreter's issues (Temple, 1997).

Translators and interpreters

Temple (1997) identifies that the use of translators and interpreters has a significant bearing on the research outcome in terms of accuracy in the translation process (1997, p643). Kluckhohn (1945, p149) suggests that there are three basic problems which arise from using interpreters: A) the interpreter's effect on the informant; B) the interpreter's effect on the communicative process; and C) the interpreter's effect on the translation. Focusing on the latter, Temple argues that researchers who use translators need to acknowledge their dependence on them 'not just for words but a certain extent for perspective' (1997, p644). In doing so, researchers need to

constantly discuss and debate conceptual issues with their translators in order to ensure that conceptual equivalent has been achieved (Temple, 1997, p667).

As is common to all enquiry, reports of research which involves the use of more than one language need to include a thorough description of the translation-related issues, problems and decisions involved in the different stages of the research process (Temple, 1997, p613).

Due to the importance of being able to listen to the Zulu participants' narrative accurately reflected and my already existing concerns around the accuracy of the translated interviews, I located a UK Zulu speaker. This was in an attempt to explore the credibility of the translation from Zulu to English during the actual interview process whilst affording me the opportunity of comparing two sets of case study translations. As there were a total of 12 interviews undertaken in Zululand where a translator was required, I decided to initially send two interviews for secondary transcribing in order to identify if there was a discrepancy in the spoken and translated narrative. The interviews were returned after a period of four weeks and I quickly identified a number of concerns regarding both the translation and transcription processes. My immediate concern on viewing the secondary transcriptions was the quality of the Zulu transcriber's written English. I had not considered that this could be a potential difficulty.

Further reading of the Zulu transcriber's work highlighted three main themes in relation to translation difficulties whilst carrying out the interviews in Zululand. The two main themes are listed below, with an example taken from a transcription:

1. The Zulu translator asking the research participant a different question to what I had posed, which could have been due to misinterpretation, differences in translation or the omission of particular words and sentences.

Researcher's original question:

'Are you receiving any support in caring for your grandchildren?'

Actual question asked by the Zulu translator:

'Are you receiving any money?'

2. The Zulu translator did not translate the exact wording provided by the research participant. This could have been due to misinterpretation, differences in translation or omissions of particular words and sentences.

Researcher's original question:

'May I ask what illness your sister died of?'

Research participant replied:

'My sister died of HIV.'

Zulu translator's response:

'Her sister just became very sick.'

While not every question and response was translated inaccurately, a significant number were. The example given to demonstrate the second theme, I believe, was falsely translated due to it relating to HIV/AIDS. During interviews, I was often told by the research participant that they had become a kinship carer due to a family member dying. Unfortunately, this is not unusual due to the HIV/AIDS pandemic significantly affecting SA. On asking the kinship carer the cause of death, I was usually told by the translators the reason was either 'they were just sick', 'heart problems', 'stroke' or some other health-related issue. I was not, on any occasion, told by a Zulu translator that the participant gave the cause of death as HIV or AIDS. At the time I found this quite peculiar but appreciated that it may be due to cultural sensitivity and viewed as a taboo topic to share with other cultures and 'cultural outsiders' (Shah, 2004, p4). I was also aware, from the literature review, that the terms HIV and AIDS had not been translated into the Zulu language until fairly recently; 'Isandulela ngculazi' is the Zulu translation for AIDS, and even when a formal translation was provided it only used by the medical profession, rather than Zulu people living in the rural communities. I had to therefore consider that the Zulu participants may not have possessed the language to describe the disease. Another possibility was that even if the Zulu participants had heard about the AIDS virus, they might not have actually believed it existed. There has been a lot of misinformation about AIDS within SA and many people believed the virus was fabricated by Americans (specifically the US government) as propaganda to prevent

the SA men and women having sex (Owusu-Bempah, 2010). However, on obtaining the Zulu transcriber's scripts, I was aware that three of the Zulu participants had used the words 'HIV' or 'AIDS' when providing their answer to me but the Zulu translator had changed the words or related phrases. I had observed on an almost daily basis both of the translators regularly using the terminology 'HIV' and 'AIDS' and they were also responsible for prescribing antiretroviral medication to a number of the women and men attending the project.

According to Wong and Poon (2010):

'Translation is a social practice with multiple effects; it can be used to suppress, liberate, or help create new paradigms of being.'

(2010, p81)

So, for these Zulu women it could be suggested that being able to use the terms 'AIDS' and 'HIV' is a new language paradigm.

Another example where the response from the translator, I believe, had been purposely changed related to a child being admonished with a stick. I had asked a question regarding the philosophy of Ubuntu and how it impacted on raising a child. The participant then stated, in Zulu, that the children in her care received physical punishment by being hit with a stick, as part of her child-rearing method and to ensure they understood Ubuntu. The translator omitted that the participant had said anything about physical punishment or the use of a stick.

The third theme highlighted in the translation process became evident once the translator and research participant were in communication. The translator would often follow my question with further questions and continue with a fairly long dialogue with the participant. Once the translator had established the information she had wanted, she would then provide me with just a short summary of what the research participant had actually said in response to my original question. Thus, considerable qualitative information had been provided by the research participant during the interview process, the details of which I, as the researcher, had no knowledge.

The meaning of language

Whilst recognition is given to issues in relation to the use of interpreters within case study two, where the research participants' native language was Zulu, consideration also has to be given with respect to case study one, where the UK research participants' native language was English. As Littlejohn (2002) identifies, even where we conduct research within our own community and speak the native language, we can sometimes fall into the trap of thinking we understand what is being said – but actually may not.

The use of language codes in everyday conversation is said to reflect and shape assumptions of certain social groups (Littlejohn 2002). The exploration of language codes was first introduced by Basil Bernstein (1971), who suggested that the way language is used within a particular societal class affects the way people assign significance and meaning to the things about which they are speaking (p18). Bernstein's theory suggests that there are two types of coding used in language – restricted and elaborated. He suggests that the poorer societal classes use restricted codes and the more affluent classes use elaborated codes. The significance of Bernstein's theory in relation to this research study is that when people use restricted codes, they place significance and understanding on particular vocabulary and a great deal of shared meaning is taken-for-granted knowledge. Bernstein (1971) also suggests that an 'outsider' may not understand the complexity of meaning that a particular group gives to assigned codes. Further recognition is given to the notion that restricted vocabulary is viewed as relating to the poorer classes and, therefore, middle class groups may see the use of restricted vocabulary as indicating a different class of person and may assign different values and shape their assumptions accordingly. Bernstein's theory has been questioned due to the fact that it implies close correlation between restricted codes subtly meaning 'class-centric' and an assumption about an intellectual divide between literate and non-literate people through linguistic reasoning (Hasan 2002). In undertaking this research I had to consider my own position as an academic raised in a fairly affluent, middle-class background, and I had to develop an awareness of the language used by the research participants, particularly if they were using a restricted code. Whilst I shared a

common language with the research participants in case study one, I was mindful to keep an open mind as to whether or not I shared a common code of understanding.

Spending time with the Gogos

Although the verbal language barrier created challenges with my research interviews, being part of the Zulu community as an observer often provided me with a very welcoming and engaging experience, with language differences being not so apparent. Whilst many ethnographic authors suggest the ability to ‘blend in physically’ with the research group helps one to be accepted, this was clearly not going to happen in my particular study (Sanger, 1996; Hammersely and Atkinson, 2007). As a white person carrying out research in a community of black Zulu women, there was no mistaking that I was different and there was no way, even by ‘mirroring’ their dress, their jewellery or any other physical attribute, I would convince them that I ‘was one of them’ (Sanger, 1996). Instead, the fact that I was white and new to the community helped me stand out and be of some ‘interest’ to the many women attending the project. The following extract from my field notes demonstrates how I was accepted by a group of Gogos without the ability to speak the language or ‘blend in’ discreetly (Sanger, 1996):

Field note: 16 January 2013

Today was quiet at the project and the Gogos had secured their favourite position in the shade of the canopy. As I neared them, Florah (Gogo) looked up and shuffled to her right, in what appeared to be a gesture to make a space for me. I sat down and joined the Gogos as they busily carried out their continuous task of brooch making. I spent about an hour sitting with them and noticed a change in their acceptance of me. At the start they didn't seem overly conscious or concerned I was there, continuing to natter and laugh with one another and occasionally glancing over at me. After a while, a couple of the Gogos would look directly at me, as though I understood their language and was part of their conversation. This became more frequent as the time went on and there was significantly more eye contact with me from the majority of the women. Towards the end of my time sitting with the Gogos, I felt very much at ease with them and my presence was seemingly

accepted by them. I now seem to be 'included' in their conversation, although I have no idea what they are saying.

Field note: 23 January 2013

I feel very much part of the Gogo group now. I have, over the past three weeks, regularly sat with them and have become very much accepted as part of their circle. Today was no exception. Nellie (community helper) said during our lunch that when she walks past me sitting with the Gogos, she thinks it is funny that they chat, nudge me and we all laugh together, knowing that I don't understand a single word they are saying.

Field note: 30 January 2013

Today was my last day with the Gogos and they surprised me by giving me a gift, a beautiful brooch that they had made especially for me. Their generosity was quite overwhelming because these women, who have nothing, made a really big effort to give me something. Perhaps this is an example of the Ubuntu philosophy.



Photograph 3: Gogos attending the project



Photograph 4: *Beaded necklace the women sell in the project's shop*

Whilst Le Compte et al. (1999) suggest that becoming an ‘insider’ in one’s own research allows the researcher to enhance the depth and breadth of understanding of the study, he points out it actually happens when:

‘Investigator and participant build a trusting relationship together and create a safe and open environment in which the voices or opinions and views of the participants emerge in an authentic way.’

(Le Compte et al., 1999, p12)

In supporting this perspective, I would further suggest that it is not always necessary to speak the same language in order to hear the voices and opinions of the research participants.

Child-headed households

Although a considerable amount of my time in Zululand was based in projects and with agencies, on several occasions I visited rural communities and kinship carers’ homes. On these visits I always travelled with community workers who knew the families, their location and provided regular outreach support. Many of these visits were to adult kinship carers, but in SA kinship carers can also be children caring for younger siblings. These families, where the main carer is under the age of 18 years, are referred to in SA legislation as ‘child-headed households’ (Children Act 2005,

consolidated in 2010). Child-headed households are now an accepted part of SA society, having become recognised in section 38 of the Children Act 2005 (Le Roux-Kemp 2013). The SA legislation does not stipulate an actual age at which a child or adolescent can head a household but it suggests that around the age of 15 years is acceptable (Meintjes et al., 2009). In 2009, it was estimated that there were around 122,000 children heading up these households, but this was increasing monthly.

My visit began in Pietermaritzburg, an approximately one hour's drive from where I was residing in KwaZulu-Natal and, as such, the area was unfamiliar to me. The further north you travel in Zululand the more barren the terrain becomes, with huge hills dotted with coloured huts and local people working on small plots of fertile soil. My husband always travelled with me if I was researching outside the gated community projects. I felt that this wasn't always necessary, as I had never felt personally unsafe. We left the agency at approximately midday, in a small hire car that had seen better days and was packed with food parcels that we could offer to the families we were about to visit. At times the overloaded car struggled to maintain speed on the hills we traversed. We had been warned that we would be visiting communities that may not have ever seen a white person before and this would probably create curiosity. We drove a further one-and-a-half hours north of Pietermaritzburg and viewed a landscape of undulating hills that stretched to the horizon. We eventually arrived at our first visit, at the home of a 15-year-old girl who was caring for her younger siblings. Her home was situated a little way from our car but as we arrived the local children, who had seen the car coming from a distance, had gathered to greet us. One of the children, a young boy, stood slightly apart from the crowd. He looked curious and a little uncomfortable on our arrival and clung to a broken fence. I approached him slowly and he began to become more confident with me being there. He was keen to touch my hair and put his hand on my face and rub my skin, as if he was trying to rub the away the whiteness. I showed him my camera and it was clear he had no idea what it was and so I cautiously attempted to take a photograph of him. I then turned the camera around to show him the image of himself, pointing first to the image and then to him. The little boy then let out a high-pitched scream, delighted at the realisation that he was viewing his own image. Our next visit, to another child-headed household, took us into an even more remote area of Zululand where we further experienced the vulnerability of

these children. This visit is presented in the section headed ‘Experiencing the “Zulu mafia”’.



Photograph 5: A child-headed household in a rural community of Zululand

The ‘Zulu mafia’

My involvement with the 1000 Hills project had already afforded me the opportunity of visiting families outside the project centre with one or two of the community helpers. We regularly travelled some distance to access different communities across Zululand. As we travelled around the area I often noticed small groups of young men, usually with mobile phones readily at hand. After passing yet another community and seeing a similar group of men, I asked the community helpers who they were and why they were situated at the entrance of each community. They informed me that they were just young men hanging around with nothing much else to do. I wasn’t totally convinced by this response, as these groups appeared to have a rather arrogant and fearless presence, however, at this stage in my research I had no real reason for my doubts. On another project visit, I was travelling with a different community helper and the project caretaker. I saw this as an opportunity to ask the

same question regarding the men. Once again I was told that they were young men from a particular community 'just meeting up'.

Later during the research process several things occurred that gave me further insight and evidence relating to these groups of men and their influence within their respective communities. The first indication came when I was ending an interview with a Gogo. I had asked if there was anything else she had wanted to tell me or ask me before we finished. Through the translator she asked when she would get her identity book back. I had no idea what she meant and asked the translator to ask her where her book had gone. The translator, after a fairly lengthy discussion with the Gogo, replied that the Gogo's husband had died and she couldn't afford to bury him. The 'local men' had come to the Gogo and offered to pay for her husband's burial but in return had taken her identity book, without informing her when it would be returned. I asked the translator why they would want her identity book and was advised that this was usual practice. The translator told me that the 'men who ran the communities', on obtaining the identity book, could access an individual's pension or any government benefit until the debt was paid. The identity book was all they needed. I asked the translator to tell the Gogo that I was sorry but I could not tell her when her book would be returned or help her to locate it. The feeling that I could not assist in any way was disheartening.

Over lunch, I casually asked the nurse about the groups of men hanging around at the community entrances and whether she considered this a problem. I think I gave the nurse the impression that I knew rather more than I actually did, or at least had been told. The nurse replied that this was usual practice in Zululand and communities were run by these men who acted as money lenders to families in personal and/or financial crises. Members of such families would seek out the men in order to borrow small amounts of money from them. In return the men would then take their identity books and then claim any government benefits that the person was entitled to. The normal practice, I was informed, was that identity books would never be returned, thus permitting the men to obtain illegal benefits indefinitely. I asked if the SA police would ever get involved but the nurse made it clear that the police rarely even entered the communities because of these men. She told me that the police were frightened of them and when they had previously intervened in monetary disputes, it had resulted in a worse fate for the individual whose identity book had been taken.

Further interviews highlighted other instances of these men taking identity books on the basis of money lending. One research participant had handed her book over to a group of men when her daughter became sick and she needed money to travel to the hospital. Other examples of identity book misappropriation affected a participant who was desperate for food for her family and a participant whose home had been washed away in the floods and who needed somewhere to sleep with her young baby. Taking these books meant that these women could not claim any benefits they were entitled to or any future financial assistance from the government. Neither could they obtain medical assistance or confirm their personal identity for any formal documentation they may require, such as documents to travel or obtain employment. To summarise, the loss of their identity books meant they were no longer recognised as SA citizens within government organisations. On a daily basis, it meant there was no food for them to eat and they and their families were, quite literally, starving.

At this stage in my fieldwork it was clear that the groups of young men were illegal 'loan sharks' preying on the vulnerable within their communities. I did wonder at this point just how much the Zulu people living within these communities could take and how long before their resilience would be defeated. My field notes for 15 January 2013 concluded: *With the daily visual evidence of the AIDS/HIV epidemic, the crushing poverty affecting so many and the high level of unemployment, to learn of criminal gangs providing a layer of exploitation seems to me totally implausible.*

The gangs that patrolled the communities, asserting their authority over the more vulnerable members, was an unexpected finding. I had not expected to observe such groups and the fact that they had established and defined themselves so openly came as quite a revelation. Although in the UK we have no statistical data on the number of gangs or gang-related crimes, we do appear to have a general consensus that a 'gang' is a group of about 10 or more individuals who have a name and who claim an allegiance to a geographic area (Heale, 2012). In 2009, a report into street gangs in Britain, suggested that the nature and structure of gangs have shifted over the last decade in that group members are getting younger and geographical territory is crossing over into drug territory and violence (Centre for Social Justice, 2009). The changing culture of gangs within the UK is now considered a serious problem with cases of young girls being subjected to 'appalling gang initiation ceremonies' and boys taking part in violent attacks to prove themselves (Heale, 2012, p73). The gang

culture in the UK is now viewed as the societal consequence of the polarisation of wealth and opportunity that began in Britain in the 1980s and has continued ever since. For the UK case study, the research location is one of the most economically polarised in the whole country. Whilst there is a perception that most gangs in the UK are black, suggesting that the black communities are responsible, Heale (2012) argues that the real culprits of gang culture are poverty and disadvantage in the UK cities where the poorest white people live, including the gang members themselves. The presence of gangs in the UK, whose behaviour poses a serious threat, are seemingly no different than those living in Zululand. Their initial geographical control of areas has now transcended into the control of people; people mainly living in poverty. So whilst I may have been dismayed at the existence of gangs in Zululand, it is a situation reflective of what is happening in the UK. Whilst SA is considered to be one of the most violent countries in the world, a news report by Slack (2009) reported that Britain now has the worst crime rate for all types of violence, with the rate of 2,034 per million residents, higher than the United States and SA.

Experiencing the ‘Zulu mafia’

My observations of child-headed households were that they comprised young children, responsible for younger siblings and living mostly in small shacks with no running water, electricity or financial resources to support themselves. They were all dependent on small calor gas burners to do their cooking and provide heat when required. The food parcels we had taken to them consisted of bags of flour, salt, rice and sugar, the latter being considered a luxury food item. These basic goods were received with such graciousness, in stark contrast to the UK where such items are taken for granted.

I had been informed by the two welfare societies in SA that all of the young children heading up child households would be at least fifteen or sixteen years old, in line with recommended legislative guidance, and that they would go to school during the day and care for their siblings of an evening. Following my visits, the reality was that children under the age of fifteen were regularly caring full-time for younger kin. Moreover, these children did not have the opportunity to attend school due to their caring commitments and rural location. Two of the child-headed households

contained siblings under the age of two years old. These families had been left following the death of their respective mothers. One of the girls told me that she would like to go to school but, more importantly, she would like her younger siblings to go to school so that when they were older they may get ‘good’ jobs. This girl was just thirteen years old.

The final visit we made that day was at approximately 4pm and we entered a community high on the Zulu plains. It had been a further hour’s drive into the northern part of Zululand and we had been directed there by the two voluntary workers. We were, it seemed, literally in the middle of nowhere and I had lost all sense of direction as my husband had been directed to turn left, right, north and south on several occasions. On entering the communities, we encountered what could more accurately be described as tracks rather than roads. We were told to park the car at the bottom of a hill as the household we were visiting was only accessible by foot. A car appeared, containing five young men, who instantly got out and spoke to us in English. They asked us what we were doing ‘on their territory without their permission’. Our two voluntary workers replied that we were delivering food parcels and promptly opened the boot of our car to show them the evidence. The atmosphere, I felt at this stage, was slightly ominous and my husband and I glanced at each other, each perceiving the same tension. The men then spoke in Zulu amongst themselves and then in English to tell us that we could go and deliver the parcels but that they would stay by our car to make sure it was safe. My husband and I headed off with the community workers and, quietly, between ourselves, agreed we should deliver the parcels quickly on the premise it was beginning to rain and dusk was setting in. My husband and I both sensed that at this point we were very vulnerable. Neither of us had any idea of our location, we didn’t know if anyone else knew where we were visiting that afternoon and we weren’t aware of how we could obtain any immediate assistance. On checking my mobile telephone, I saw that there was no signal to make a telephone call – not that I would have known who to call in such a predicament. We promptly delivered the parcels, politely made our excuses and returned down the track. On spotting our car we could see that four of the men had strategically placed themselves at each of the doors, physically leaning against them. I instantly found this sight quite threatening and sensed a potential threat to our physical safety. As we approached the car the fifth man, physically the largest of the group, was sitting on a

tree stump by the side of our car. He showed no emotion and did not communicate, but I was aware that the other four men checked him out regularly through eye contact, as though he held some sort of control. My husband took immediate control of the situation by becoming very gregarious in an attempt to befriend the men, asking them what they did, where they lived and similar upbeat questions. My husband stood next to one of the men and put his arm around his shoulder in a befriending way. He later told me that in doing this he had attempted to make an assessment of how strong the man was and thought we would have had little or no chance to protect ourselves, should the situation have deteriorated. I had a more resolute, pragmatic approach to the situation and remember thinking that I must take their photograph as, if anything should happen to us, someone may find the camera and the images of these men, giving some clue as to what might have happened to us and our ultimate fate. As I was trying to organise the group for a photograph, I also engaged them in discussion about their community. I recall them saying that they were working on behalf of their community and they needed funds to improve things. I remember responding by informing them that I would, on my return to the UK, ask my university if we could assist them in any way. In reality I think I was prepared to say anything to ease the tension and for them to view us as potentially useful. Whilst the conversation was in full flow, I gestured the men into a group with my husband to take their photograph. Appearing somewhat reluctant at first they did eventually huddle together which meant, at least, that they were no longer surrounding our car. At some point the men looked across to the man who was still sitting alone on the tree stump and both my husband and I recall him shaking his head from side to side, in what we took to indicate a 'No' gesture. In reality, neither of us knew what this gesture meant but the men immediately seemed to relax and then permitted us to get in the car. The two community workers quickly joined us and we promptly left the community. I am under no illusion as to the potential threat we faced that day and the sense of relief I felt at leaving that particular community. The last sentence of my field note for 31 January 2013 read:

'I think today I saw the realities of researching in the field – an emotional rollercoaster of highs and lows.'



Photograph 6: A group of Zulu men standing with my husband

A recent effort by the KwaZulu-Natal Police to become more visible in the community and reduce crime rates involved the introduction of small police huts located near, but outside, individual communities. These huts were of a similar size and design to small beach huts often found at UK seaside resorts, with fold down fronts and lockable sides. The idea was that the police could reside in them during the day and respond to anyone wishing to speak to them about any crime or concern. At night the huts could be collapsed and secured. According to a number of local people I spoke to, the huts, once erected, were quickly burned down by individuals from the communities who wanted to make it clear that any police presence was not welcome in the vicinity. I actually saw one of the burnt out huts on the way to visit some kinship carers in a rural part of Zululand. Apparently, it had only been erected two days earlier.

Although our experience with the young men was a rather unpleasant and unexpected occurrence, it did provide me with a brief sense of what it must be like for the women and children to live in such a threatening and hostile community, being ‘controlled’ by these groups of men, never quite knowing what would happen from one moment to the next. It led me to question the way in which these women and children live and how they condone, or otherwise, the men’s behaviour yet still

have a sense of a loving, benevolent God and faith in a Zulu President who cares for his people despite the fact he allows them to starve.

During my fieldwork I was able to engage with many of these women in the safety of the project settings. They regularly talked about their lives, accepting that things were not as good as they used to be. They were reluctant to talk in detail about exactly why things had deteriorated for them in their communities, or the way in which they evidenced that the President was trying to help his people. They did, however, identify a lack of jobs and a lack of food and accommodation but, most significantly, they placed a great deal of importance on conforming to 'Gods will' and a belief that their lives have been predetermined by God. I found it difficult to challenge or question their responses too deeply, as I began to realise I was feeling a great sense of disempowerment. I knew, realistically, that even if they told me the slightest thing that could possibly improve their lives, I was in no position to assist them in implementing those changes. According to the literature, it is not unusual for researchers to feel guilt whilst carrying out fieldwork due to the reality of allowing participants to share sensitive stories and then just leaving them with the 'open wounds' (Dickson-Swift et al., 2007, p343). Whilst I did not feel guilt, I did feel a sense of exploitation in that the research participants were giving so much of themselves through their narratives and I was learning so much, yet giving so little back. The role of researcher often conflicted with my usual role as social worker; working alongside people to affect change.

The sense of sadness, frustration and disempowerment at what I observed of these people's lives and my struggle to identify how my role could effect change for these Zulu women, whilst out in the field, came through the research itself and in the writing of this thesis. The very act of researching the lives of these women, writing their narratives and making their stories available to the wider audience is my attempt to address what is referred to as post-colonial academic neglect (Chilisa, 2012). Very little has previously been written about the current lives of the Zulu people and even less about the work the Zulu kinship carers are doing in looking after so many children. Whilst I recognise that I cannot solve their issues, in writing this thesis I can give these women a voice; a voice that will be built upon by both myself and, hopefully, other researchers in the future.

Log book recordings

Reading through the project log book I became aware of other examples where groups of young men controlled the communities in a much more physically deplorable way. An extract from the project logbook read:

'Suri told me she had been raped. She was upset and her dress ripped and her face bruised. I counselled her. No action needs to be taken.'

(Field note: 23 January 2013)

Another extract later in the log book read:

'Tala's mother has passed (died) which leaves her on her own. She will not be safe and I suggest we talk to her.'

(Field note: 23 January 2013)

When I spoke to the nurse who ran the children's clinic about the first log record, she said that she believed the girl (aged 10) about her rape allegation but knew there was nothing she could do about it. The girl told her that the perpetrator had been a man in her community, whom the nurse knew to be one of the leaders; therefore, the nurse knew that the police would do nothing. She said if they [the community helpers] went to see the alleged perpetrator the young girl would be more vulnerable following their visit. The nurse advised that she [the girl] had to learn to accept this life – as it was 'God's way'. The 'counselling' she offered the girl was telling her that she had to accept that this is what men did. The nurse felt that listening to the girl had helped her.

Regarding the second log record, the nurse told me that when a young girl or boy is left without any parent and is on their own, they were likely to be raped by the men that lead their community. The nurse advised that they were all vulnerable and they had to get used to this. The nurse felt that part of her role was to warn them what would happen so they knew what to expect and were prepared. If they physically fought off the men, things would become more violent. The nurse recognised that this was not right but that, ultimately, God had a reason for why such things happened and, if he needed to, he would sort it out.

The nurse further informed me that these groups of men take control of their communities by fear and obtain their control by virtue of being male and physically strong. Many of the younger men in the communities want to join these groups and respect the members for the power they wield.

The abhorrent actions carried out by male community leaders left me with an overwhelming sense of helplessness. My field notes sum this up as follows:

'I have seen many examples of the Ubuntu philosophy in practice since I arrived, from the many people I have encountered, stories I have been told and the hospitality and warmth the Zulu people have shown me... yet there are equally as many examples of where there is little evidence that man can even show the smallest amount of humanity to his fellow Zulu.'

(Field notes: 23 January 2013)

The Oxford Dictionary of English (2012) describes the word 'mafia' as a group regarded as exerting a hidden sinister influence. For me, the activities revealed by the nurse regarding these groups of young males clearly fitted this definition. While 'mafia' refers to a group displaying such characteristics, a single man is referred to as 'mafioso'. In 19th-century Sicily, 'mafioso' had multiple meanings, including someone who is a bully, arrogant, fearless, enterprising and proud (Gambetta, 1993, p23).

I had two concerns regarding these groups of men: the lack of acknowledgement or discussion of their presence and activities within Zululand itself; and the lack of reference to them within any of the academic material I had come across during my literature search. It appeared to me that as silently as the AIDS/HIV pandemic had travelled across SA under the noses of the rest of the world, another pandemic is rapidly taking hold on Zulu communities, with the emergence of a Zulu 'mafia' which impacts on families in the same destructive way.

Whilst the Zulu women expressed their lives as conforming to the will of God, it appeared evident, through their behaviour, that these men had no such religious beliefs. The control they had over their communities was becoming more apparent as my time in Zululand progressed. It was challenging to gather a consensus of opinion

regarding these men as most people appeared too timid, which was evidenced when I was speaking to a number of professional staff at the project. Those participants who did share their views, such as the project nurse, did not live within the local community but some distance away in downtown Durban. Interestingly, as the nurse began to share stories of her experiences of these gangs, she told me how pleased she had been to be able to share her concerns and hoped that people would start to ‘stand up’ to these men. She pointedly asked me if I knew of anything that could be done, or if I would be interested in working at the project, following my research period, as she felt we could work together to challenge and ‘overcome’ these gangs. Although not the response the nurse wanted to hear, I had to be honest with her about my intentions of returning permanently to the UK following completion of my fieldwork and also about the lack of pragmatic support I could offer in respect of the gang culture.

The ambulance is on its way



Photograph 7: The ambulance arrives with food

The women attending the mother/baby session at the 1000 Hills project were busily huddled together, babies wrapped in their slings, and a high volume of chattering could be heard in the courtyard. The head of the project came out of her office to announce that the ambulance was on its way. I hadn't understood the message as it had been in Zulu but one of the community workers had kindly translated it to me

verbatim. I had seen the project ambulance parked in its usual spot each time I had arrived, but I had never actually seen it move. The message created a lot of excitement and the women moved from the sheltered spots in the courtyard to the centre, with the full heat of the sun bearing down on them. A couple of minutes later the ambulance arrived and flung open its doors. There, in the back of the ambulance, was a large pile of individually packaged bread rolls. The women rushed to gather as many as they could; this was much-needed food that they could take away from the project to feed their families. Within minutes the food had all been allocated and the women were showing each other how much they had managed to obtain. I later found out that many of the global restaurant chains contact the project if they have a large quantity of leftover food. On this occasion, the local Kentucky Fried Chicken had a surplus of bread rolls following a power cut which meant that the restaurant had to be closed. Any additional food was always very much appreciated by the group as well as the donations of clothing or gifts. I was told that the project always provides a food parcel and a small gift on Christmas Day and in the year before my visit the queue had begun to form at midnight and when the staff arrived at 6am to unlock the gate the queue could be seen for miles.

Initially, I did not view the arrival of the ambulance and the women's determined response to seize as much food as possible as an unimaginable event. The sight of starving people in Africa is often profiled in the media following natural disasters and wars. It did, however, occur to me that in the UK we are beginning to see the start of an equivalent situation. For some time now we have recognised the role of soup kitchens, mainly for citizens living on the street or with social care issues. More recently, the UK has seen the start up of food banks. Whilst these were originally implemented to help families struggling with a range of social care issues, they are now being used by larger proportions of the public due to changes in social welfare provision, particularly those who are suffering ill-health, relationship breakdown, mental health problems, bereavement or substantial caring responsibilities (Trussell Trust Report, 2014). Perhaps such food strategies, which ensure that the most vulnerable citizens in the UK don't go hungry, are not so distant from those already implemented and accepted as the norm in SA.

1000 Hills Community Helpers project

Many of the women told me that they walked miles to come to the project as they knew they would be fed. Often this would be the only food they would eat until the next time they visited, usually two or three days later. The women were fed on arrival, usually a bowl of mealie-meal, a form of flour porridge made from maize. For a mid-morning snack the women were given a slice of plain white bread. Lunch would vary from day to day, but usually consisted of a stew made with rice, lentils and/or beans. On occasion chicken would be included in the stew, but this was rare and only happened once during my time at the project. Staff were permitted to eat lunch at the project and were offered the same food as the women but would eat separately in a small administration area in the nurse's hut. The cook would take great pride in delivering our lunches, explaining what it was and how she had carefully prepared it, as though we were in a top restaurant. I found spending the lunch break with the nurse and community workers very useful as it gave me an opportunity to ask plenty of questions or just listen to the women talk about general everyday matters. After lunch there was no additional food offered unless some had been donated by a local company, in which case, the ambulance was sent to collect it. Although the women were not permitted to take food away from the centre, many women did hide the morning snack slice of bread to take away for another family member. I was not aware if project staff knew of this practice, but a couple of women sneakily showed me their secret stash. It was difficult to spend time in the project and not be aware of the starvation that these women and their families faced on a daily basis.



Photograph 8: The women eating mielie meal

Working in the field

It was during the second week at the project that I experienced an incident that made me realise the desperation that many of these women endured to ensure the safety and protection of their children. I had arrived at the project early in the morning to find the clinic full of women and babies queuing to see the nurse. I often joined these open clinics as this enabled me to see and hear first-hand some of the referrals. On this particular occasion I was making my way through the crowd of women when I was squashed against an older mother with her tiny baby son in her arms. As I looked down at him I could see he was only a few days' old, with tight black curls of hair and big brown eyes. I smiled at the woman and she passed her son to me, I assumed, to hold. It seemed a natural reaction to take the baby, just to hold him for a few seconds and tell the mother how beautiful he was. After just a few seconds, I looked up and became aware that the mother was no longer in front of me and, as I quickly glanced around the immediate group of women, I couldn't actually see anyone without a baby in their arms. As this incident had happened so quickly, I couldn't even recall exactly what this woman looked like. I began moving around the room in the vague hope that the baby's mother would come and collect him from me. I recalled that the mother was wearing a top which had a distinctive orange coloured patch on it; I could not see anyone wearing a top of this description, so I began

looking outside the hut wondering if the baby's mother had started queuing for her breakfast on the other side of the courtyard. I then spotted a lady waiting by the entrance to the project approximately twenty metres away from the nurse's hut, to the left of the courtyard. As was customary, the project gates had been locked half an hour after the sessions had opened for security purposes. If anyone wished to leave early, they would have to wait for the caretaker to let them out. I knew it wasn't usual for anyone to leave the project until after lunch, the final meal of the day, and certainly not before anyone had received all the food that was available to them. As I walked over to the lady, she turned away and focused on looking through the bars of the gate as though she hadn't seen me walking towards her. I stood close to her and offered her the baby, but she just shook her head and turned away as though she had no idea what I was talking about. She then spoke several words whilst flicking her hands in what appeared to be an attempt to shoo me away. We were unable to understand each other and I was not even certain that this was the baby's mother. Fortunately for me, a community worker came over to ask what was going on. I told the community worker that I thought this was the baby's mother, but wasn't certain, and that I simply wanted to return the baby to its mother. The community worker spoke to the woman in Zulu and then told me that she was indeed the baby's mother, but that she wanted me to have her baby son and take him back to England with me. The mother said she could not afford to feed him and that he would have a better life with me.

I instinctively went into my professional role as a social worker, telling the community worker to tell the lady that she had a beautiful son who needed his mother. The woman took her son back in what I felt was an emotionless manner and returned to the courtyard area. I could see that the mother looked quite poorly and the nurse later confirmed that she was on antiretroviral medication for HIV/AIDS. I knew that her baby may also be vulnerable to contracting the virus as most women in Zululand breastfeed their babies and, having no alternative, inadvertently pass the virus on. I knew that this mother was possibly right to believe that her baby may be better off in a different environment. This affected me emotionally; although I had switched into 'social work mode' in responding to this situation, as a woman, I had strong maternal feelings. The interaction was personal as it was no longer a 'researcher observing another culture' it was an intimate event between two women.

Mandela goes into hospital

One day when we were carrying out our usual visits to one of the communities, there appeared to be quite a high level of excitement from a small crowd of people. The crowd were chatting and a few of them were breaking out into sporadic song. I asked the community worker what was going on and was told that the community had just heard that Nelson Mandela had been admitted to hospital and that the local people were celebrating. I asked why they were celebrating as I had naively thought Mandela was popular being the first black president of SA. The community worker told me that many Zulu people did not like Mandela because he was never a leader of the Zulu people. They (the Zulus) were much happier now they had President Jacob Zuma (a Zulu) – a natural leader of the Zulu people. The community worker said that she expected that if Mandela were to die, the Zulu people would celebrate Mandela's passing for a long time and there would be a public holiday. For the duration of my fieldwork Mandela remained in hospital but I remember regularly checking on his well-being as I was informed that if Mandela should die, there was the potential for civil unrest.

Ex-President Nelson Mandela subsequently died eleven months later on 5 December 2013 aged 95 years.

So much for Ubuntu!

The 1000 Hills Community Helpers project provides a nursery facility for approximately 50 children ranging from six months to four years of age. Although it was a requirement for all parents to register their children at the nursery prior to leaving them, often young children would just be left in the courtyard or pushed onto the project bus with a sibling or neighbour's child. It became usual to see the bus arrive tightly packed with children and the nursery always had more children than were permitted. The parents were expected to pay for this facility but I was told that only about 50 per cent ever did. Next door to the project was a primary school, where the children moved on to if their parents registered them to do so and paid a small allowance. The school, like the nursery, was heavily oversubscribed.

On one particular morning, a little boy, approximately 12 months old, was left in the courtyard on his own. The community workers did not know him and had not seen

who had brought him to the project, as mornings were notoriously chaotic due to the number of children arriving. They placed the child in the nursery and waited until the end of the day to see who would collect him. That afternoon a young girl arrived, thought to be around eight years old, but she would not provide the workers with any information. They noted in the log book that the girl was shy and wasn't keen to speak. The workers initially thought that this may be a one-off occasion and did not attempt to ask the young girl anything further. However, the next day the young girl duly arrived with the little boy, left him in the courtyard and disappeared into the school next door. The project leader was told of the situation and asked the caretaker to make some enquiries at the school, in an attempt to resolve the situation. It was not unusual for the caretaker, the only male staff member, to undertake such investigative work or carry out home visits because he was able to drive and there was currently no social worker employed at the project. Following initial enquiries, the caretaker was given details of where the girl lived. Later that day the caretaker visited the girl's community and was told by several neighbours that she and her young brother lived with their mother. However, the mother had become ill and was subsequently hospitalised. The young girl believed her mother was still in the hospital and was caring for her younger brother until her mother returned. During the mother's hospitalisation the girl's grandmother had been to the house and moved the girl and her brother into a small outhouse, in order to rent the main house. The rent was to provide the grandmother with an income. The neighbours thought that the mother had passed on, but no one knew for certain. Further checks revealed that the girl's mother had died and although the grandmother knew this, she had not wished her grandchild to be told. The grandmother had a severe alcohol dependency and could not afford to use any of the rental money to care for her grandchildren because, the project was told, she needed this income to buy more alcohol. The eight-year-old girl was expected to care, clean and cook for both herself and her younger sibling. Unaware of the true set of circumstances, she had continued to attend school, walking over three kilometres with her sibling and, out of necessity, had used the project as a nursery facility for her brother. The project telephoned the child welfare department for assistance but was told that as the girl was able to care for both herself and her brother, had a place to sleep and had a grandmother who was aware of her situation, she was not a priority for their department and no help could be offered. Following this negative response, the project agreed to provide the young

girl with a food parcel each week to ensure she had ingredients to cook a meal for herself and her brother. The girl's grandmother agreed to tell her granddaughter of her mother's passing in the normal Zulu tradition, which involves the closest relative whispering in the child's ear, when they are just about to drift off to sleep. It is believed that the wind then takes the message and passes it on to the child when sleeping. The child's parent is never mentioned again.

So whilst the grandmother, with her own issues, was dependant on the rental income to feed her alcohol addiction, this resulted in her own grandchildren not being housed, fed or appropriately cared for, in contravention of SA legislation (SA CA, 2005).

According to Dickson-Swift et al. (2007), many researchers become desensitised to difficult stories throughout their research career, having heard so many. Whilst being a social worker working in child protection, I was not desensitised by hearing this particular story – quite the contrary. But I had to question why. Prior to hearing the narratives from case study two in Zululand, I had encountered equally difficult stories with my UK participants in case study one, centring on death, loss, child abuse, drug misuse and domestic violence – all equally unpalatable and yet I appreciated that I had not felt the same level of emotion as I had in hearing the young girl's story and others presented to me in SA. Reflecting on this particular situation, I had to accept that I had become desensitised to UK stories of welfare and safeguarding issues.

As Scott (1998) puts it, the 'extraordinary' had become 'bizarrely ordinary' to me. Becoming desensitised and estranged from one's own feelings can be seen as a response to stress (Zapf et al., 2001) and, on reflection, having worked in child protection for twenty years, this may have been a way of me coping with difficult and stressful case scenarios. In the UK I am no longer surprised at hearing that children's services are not allocating resources to families in desperate need because these stories are heard so often. Yet hearing of a child in SA – clearly in need and deserving of help in accordance with SA legislation and policy – not being supported, suddenly astounded me, but equally forced me to reflect on my own values and prejudices. Whilst I did not visit similar projects in the UK, this was due to the perception that 'I knew' what they were like from my experiences in social

work practice and yet when I listen to the UK research interviews for this study I can hear the words with so much more clarity and meaning. Chapter 4 of this thesis provides illustrations of some of these narratives.

Whilst working in the field, I regularly came across information or literature that required further background reading or research in order to understand and contextualise the context of kinship care provision. This was often highlighted when either certain documents were shared with me during agency visits or through personal information provided by agency staff. Whilst this had not been a difficulty within the UK, it became a challenge whilst being based in Zululand. This appendix continues with an illustration of how difficult it can be to access material when researching in the field.

Research material and resources

A further unexpected challenge of researching in the field was the paucity of available texts and research within SA. Whereas there had been an overabundance of literature available within the UK with regard to kinship care provision, in SA not only was there very little academic material available, accessing it was also problematical. This was due to access to university libraries being restricted to staff only, or students once they had been registered for a minimum period of six weeks. There was no facility for visitors to access these libraries. The only bookshops available in the main shopping malls were Christian bookshops. Academic or non-fiction material had to be pre-ordered through a retail stationery shop and took a minimum of six weeks to arrive, due to all publications being bound outside of SA. The grand public reference library in Pietermaritzburg held a large selection of non-fiction books, but these were not accessible for public viewing as they were stored in locked metal cages behind screens. Non-fiction books could be viewed for a period of one hour within the library, but viewings had to be pre-ordered.

A further issue was that academic texts used by students studying social work within Kwa-Zulu Natal were often outdated compared to the UK. An example of this is that one of the key reading books issued by one of the universities in SA was *The Skilled Helper* (Egan, 1975); I recall this from my own social work training undertaken over thirty years previously.

Access to the internet proved difficult due to intermittent wi-fi but, at times, when the internet was accessible enabled me to order a number of books, from a publishing warehouse, that were available on my return to the UK.

I was fortunate and grateful that some of the agencies I visited permitted me to access policy documents in relation to legislation and kinship care practice (SA Children Act 2005; Child-headed households in South Africa: a statistical brief, 2009; Murove, 2009). This at least provided me with some opportunity to undertake relevant reading and an understanding of the SA culture and kinship care practices.

Conclusion

This appendix has provided an overview of the respective research settings, contextual information and some of the ethical challenges and occurrences I experienced whilst in the field. Particular themes presented include the Zulu philosophy, issues of poverty, religious belief and the implicit control of whole communities by gangs. These themes have been presented within Chapter 6 of this thesis, where the cultural, sociological, legislative and political aspects of the Zulu people's lives are discussed. This appendix has also illustrated, through examples, how ethnographic principles have been applied to this study.

Appendix 3: South Africa literature search

Author	Year	Title
Govender, K. et al.	2012	Weighing up the burden of care on caregivers of orphan children: The Amajuba District Child Health and Well-being Project, South Africa.
Hearle, C. and Ruwanpura, K. N.	2009	Contentious Care: Foster Care Grants and the Caregiver-Orphan Relationship in KwaZulu-Natal Province, South Africa.
Akintola, O.	2010	What motivates people to volunteer? The case of volunteer AIDS caregivers in faith-based organisations in KwaZulu-Natal, South Africa.
Nyasani, E. et al.	2009	Fostering children affected by AIDS in Richards Bay, South Africa: a qualitative study of grandparents' experiences.
Ford, K. et al.	2005	AIDS mortality and the mobility of children in KwaZulu-Natal, South Africa.
Matthias, C. R. and Zaal, F. N.	2009	Supporting familial and community care for children: legislative reform and implementation challenges in South Africa.
Perumal, N. et al.	2009	Living in foster care and in a children's home: Voices of children

- and their caregivers.
- Mathambo, V. and Gibbs, A. 2009 Extended family childcare arrangements in a context of AIDS: collapse or adaptation?
- Freeman, M. et al. 2006 Guardianship of orphans and vulnerable children. A survey of current and prospective South African caregivers.
- Henderson, P. 2011 AIDS, intimacy and care in rural KwaZulu-Natal: a kinship of bones.

Appendix 4: Search planning form

Use this form to identify/clarify the key concepts and the scope of your research topic.

1. **Your research topic (this should be constructed after you have applied your PICO considerations)**

Kinship care in Zululand

2. **Break down your topic into key concepts or categories to formulate a clear clinical question**

(Alternatively use the categories in the accompanying guidance)

Search term 1

Search term 2

Search term 3

Kinship care

Alternative Words – list below in the appropriate column

Kinship care*

Zululand

Kin care*

KwaZulu

Kinship foster care*

Kwa-Zulu Natal

Kinship-based foster care*

Zulu*

Kinship-based fostering

Foster home care

Looked after children

Family care*

Extended family*

Family and friends fostering

Family and friends placement*

(Kinship care* OR Kin care* OR Kinship foster care* OR Kinship-based foster care* OR Kinship-based fostering OR Foster home care OR Looked after children OR Family care* OR Extended family* OR Family and friends fostering OR Family and friends

placement*) AND (Zululand OR KwaZulu OR Kwa-Zulu Natal or Zulu*)

3. Search limits

Peer reviewed:

Publication date range:

Age range:

Language(s):

Other:

Adapted from South Central Healthcare Librarians, 2011. The literature search process: guidance for NHS researchers. Shrewsbury: Shrewsbury and Telford Hospitals. Available from: www.sath.nhs.uk/Library/Documents/Library/Guides/researchguidance.pdf [Accessed 11 August 2014].

Appendix 5: Key Literature up to 2013, which informed the initial design of the study, United Kingdom

Author	Year	Title
Ainscow-Searle, L.	2007	Systemic practice with kinship care families.
Curry, O. et al.	2013	Altruism in social networks: Evidence for a ‘kinship premium’.
Kuper, A.	2003	What really happened to kinship and kinship studies?
Farmer, E.	2009	Making kinship care work.
Warren-Adamson, C.	2009	Exploring kinship care through practitioner collaborative enquiry.
McFadden, E. J.	2009	Kinship care: fostering effective family and friends care
Farmer, E. et al. 2013.	2013	‘Other children say you’re not normal because you don’t live with your parents’. Children views of living with informal kinship carers: social networks, stigma and attachment to carers.
Valentine, K. et al.	2013	Information Provision to Grandparent Kinship Carers: Responding to Their Unique Needs.
Farmer, E.	2010	What Factors Relate to Good Placement Outcomes in Kinship Care?

Aldgate, J.	2009	Living in kinship care.
Argent, H.	2009	What's the problem with kinship care?
Farmer, E.	2009	How do placements in kinship care compare with those in non-kin foster care: placement patterns, progress and outcomes?
Munro, E. et al.	2013	The 'dance' of kinship care in England and Ireland: Navigating a course between regulations and relationships.
Farmer, E.	2009	Placement stability in kinship care.
Selwyn, J. et al.	2012	Kinship care in the UK: Using census data to estimate the extent of formal and informal care by relatives.
Farmer, E.	2005	Foster Carer Strain and its Impact on Parenting and Placement Outcomes for Adolescents.

Appendix 6: Thematic analysis sample

Theme	SA social work interviews	Coding
	Kinship/Connected Carers Response (SA) Motivation Values/perspective Social Services/Government Birth Parents Impact on Family/Carer Ubuntu/culture... Cause of death information/documents Health Issues	
Role	<p>I'm the foster care manager so my team monitors, well my team places children in kinship care as well, as well as monitor and supervise these kinship care placements once... family based.</p>	Foster Care manager Approves and supervises placements
	<p>I'm a er I'm assistant 10.00. I'm working in the community. I visit the household and I also do some profiles so as I can know, ... <i>what is going on in that family</i>. I take the ID numbers. When I get somebody which doesn't have their certificate I must take the thing to the ... E: the ones who are needy even those which are not poor I also visit them because like um advising up at the health...if there are some people who are sick in the family I must also visit them to see that they are to go to the clinic to get the medication, to pay for what they said at the clinic and they come back and report to me and then I take those cases to the .1.03. but I have seen all the family if the person doesn't have a birth certificate I must go to the ..1.09. room to report to the 1.12... and then also the ... come to the ..1.16. to take their cases. Like if the person is sick and defaulting on their medication also depending on how it comes....if they are not there I must help that person to take to hospital or to the welfare or to the home office. Like from 1.45... we have some kids which we are waiting with, so I'm visiting those families which we are helping the kids on it but even those which are not in the project er the government have said you must have sixty families yes sixty who are helping in. Each day you must go to three families. like if there were some people which they need to be tested for HIV and Aids they can tell me, and then I can go to help them to the clinic or there are some other opportunities/authorisation which are available in the community which are called MSF. They</p>	Assistant Based in the community Visits families in the communities

	<p>come to the house to test</p>	
	<p>Um I'm director of the society and so I oversee the operations of the office. Um I do still do some social work, I'm a social worker um by profession. I also have my law degree in family law....which complements the work that I do but um so when we have really difficult cases then I get actually involved with those cases like to keep sort of hands on and I'm involved in training as well.</p>	<p>Director of society Over-sees operations Qualified Social Worker</p>
	<p>social worker working for project</p>	<p>Social Worker</p>
	<p>OK I'm a kinship care social worker. I deal with orphans whereby sometimes both parents are deceased or maybe the parents are just disappeared and are nowhere to be found so then place them in foster care with other relatives.... Er at the moment my caseload is 1.2, one thousand, two hundred cases....Um roughly er I would say forty....they haven't been to court. It's just new cases that are waiting to go to court. Once the case the finalised, one I'm taking the client to court I pass the file to foster care team.....and they deal with the supervision and stuff.</p>	<p>Kinship care social worker Deals with placements Role court/process focuses Hands cases over to foster team</p>
<p>Kinship care placements</p>	<p>kinship care is, the placements will be done through court, so I'll tell you a little bit about that as well. Basically we have er we have a number of grandparents, aunts who call saying that they want to foster their grandchildren or nephew or niece or whatever and um so because of the volume of clients that we receive we attend to them initially in a workshop setting so er during this workshop, we'd give them our, we'd tell them our procedures and the requirements of court, the documents that are required erm and the waiting period and because we have a waiting period because of the volume that we're dealing with. So at this initial um workshop we talk a little bit about foster care responsibilities of um prospective foster parents, we look at care of children and we give them our ...1.37. And then clients they go off and they have to come back with these completed documents as well as all the um the requirements and the additional documents that we require. Now that changes from time to time depending on the presiding officer er as well as we have, our legislation is fairly new, it's three years old this year, so er because of that we've had some hiccups in terms of rolling out kinship care placements. So clients would come back with all these documents and basically we place them on a waiting list and at this point in time we have one social worker dedicated totally to doing kinship care placements in our organisation but to help her because of the volume we've agreed internally that we're going to have all the social workers deal with kinship</p>	<p>High volume of cases Initial Workshop phase Carers putting themselves forward Waiting period New legislation Move to a formal foster care placement</p>

<p>care. Er so they basically get like one file every six weeks and to try and deal with the backlog that we have. Once we have all the documents social workers speak to the children, they go, they do school visits, they do home visits, erm they compile the reports that are submitted to ... squad 2.54 and then we wait for a date and then it becomes a formal foster care placement.</p>	
<p>ah one of them, I have a grandparents who is 93 who looking after the..five grandchildren. It's the grandmother of the grandmother of the child sobut if ... if she says when I'm going to die I don't know what I can do about this.....Yes like the other ages we were saying so even the mid .. say look I want to say maybe be 120 so like</p>	
<p>Kinship care is something we've been involved with for years. Um, in fact the term, South Africa wasn't using the term kinship care for a long time and in 1996 um this agency actually made representation to national government to look at differentiating between family –the kinship care and unrelated, to differentiate the two. Um, and we did cost analysis and that but unfortunately at that time um government was just y'know the minsters in office always want to have something, they want to have some changes and they've got to be immediate changes in their office lifespan and so they didn't look at it at that point, but with the new Children Act, they started looking at the differentiating between the two which they, because there's a lot of lack of consensus about how it would operate they took it out of the new Children Act erm but it's back on the table, I mean it's all been on for discussions, but um we were talking about it at completely different systems like there is in the States and um and sort of not processing through the courts exactly as it's done now, it's just not cost effective, so the majority of our foster care cases are kinship care. Which I'm sure you would have heard from *** um and that's largely, and most of them that come in are already with the care-giver um so it's almost ratifying that placement and formalising it so they can access a grant. So that was one of the reasons why we had a motivator that they should have a different system um and that the grant, they should look at the grants more carefully because it really doesn't make sense um to have, at that point there was no child support grant, and then they introduced it but at a much lower rate than the foster grant and so there is fraud, there is people who y'know who pass off children that aren't their own, perhaps are their sister's children, some have been caught out and there are probably others out there that are still doing it, because the name's the same so it's very different... to identify when somebody unless somebody else can kind of point them out and then they um can be caught out. So because of the disparity with the money think that's the main reason why people do fraudulently represent children.</p>	<p>Long term experience with kinship care Same system for kinship and foster care Majority of foster care cases kinship care Requires formalisation to access grant Disparity in payments</p>
<p>No well fortunately we don't have we just ask them, we ask them but I'm sure they lie....Yeh we'll ask something like that but they'll say no. Some will tell us the truth ... Maybe this one did house break-in once and he was arrested, yeh.</p>	<p>No background checks</p>

HIV/AIDS

Yes because I think that y'know, when you talk about y'know when one talks about the concept of family um and y'know when people are looking at like Human Child Welfare yesterday was looking at its new logo which is devised a couple of years ago and said what is a family? And a family y'know traditionally was mum, dad and kids, er and I mean we have a lot of single parents and we have a lot of grandparents y'know and so y'know we now, we talk about caregivers 'cos a lot of children don't have parents at this stage and they stay with caregivers, which may be an aunt, maybe a cousin, maybe an uncle or grandmother so the family now is a caregiver and children and then still though there are extended family members there's a lot of people hangers on in the fifties age group who don't work or do very little and just sponge off the granny's grant or pension and also that's the concern if there's a child support grant coming in the household that it's drained by these adults who are not working and not making much of an effort, um so it has changed um, there's a lot of um children who are being brought up by um grandparents with no parents around. I mean traditionally in the Zulu culture there's a lot of children brought up by grandparents. I mean my own staff here um y'know I know one staff member the other day I didn't even know she had another child, the other child's been living with the grandmother. Er now the child's moving up here and I'm like I didn't know you had another one, I knew she had the one, er but the other one's now seven now they've been living with grandmother even since she had him...because yeh, I don't know if in her case whether I'm presuming the father of the second child was not the father of the first child um and so the child was secure there. When she moved up to get a job um it appears she left the child there, the child was secure, granny was also very happy, not wanting the child to move, but subsequently it meant now she'd had another child who's schooling here she's settled here, and she wanted to bring the other daughter up but last year the granny didn't want that, so now it's happening this year, but granny also had an attachment issues. Um, it's common and we're, that's kind of a cultural thing, that the grandmothers bring up the grandchildren, but with HIV/Aids, it's become forced, it's not choice, before it was a choice that people made, and also lifestyles are different, in different cultures, in different communities. I mean I would y'know time and time again if you look in the black communities um professional people um they work in different cities in different provinces sometimes. I don't know you have a family relationships when y'know, I mean I can understand it for a time period when somebody goes ahead and has got a job there and until you wind up where you are, but I will meet people and their husbands are working in Johannesburg, and are based there and the wife's based in Durban. But it's kind of well it's what we do, it's normal, it's accepted where y'know in Western it wouldn't be accepted. Um, we've had major problems with that. And we've had major problems again when you're looking at placements. If it was y'know a Westernized white family if you're looking at race um who was living like that, would we consider adoption or foster care, I don't know, we'd have difficulty with that because

Change in the nature of family unit
Increase in single parents/
family care givers
Traditional for children to be brought up by grandparents
Necessity rather than choice
Changing family relationships

<p>that's not a norm really, and in the black community it is pretty standard norm. So would we consider it? Yes we would y'know because again, when we're looking at most of the children are black where they're being placed we want the same culture and the marriage appears to cope with that and they seem quite satisfied that that's the dynamics of their family life, but um it wouldn't work in other communities.</p>	
<p>It used to be like that before when I first started working here but now I feel that they are more open</p> <p>the child is sick they will tell us from the first stages when you see them..... Yes we do because we've got the special team that deals with HIV positive children, so if the child is HIV positive I just pass the file to that team, I don't deal with that. They know it's their responsibility if er like 'cos mostly of this mothers that died they were not married they were still with their mothers, so eventually if they die then the gran will take over. It happens naturally, 'cos even if they are still alive sometimes you find that they are not staying with family, maybe they were working away so granny was looking after the children. Yes we place with them but then we ask if what if something happens to you, who will care for the child? Then they give us that information.</p>	<p>Increased openness about HIV/AIDs Special team Natural for child to be placed with grandparents</p>

Appendix 7: Participant information sheet

(Kinship carer/Social worker)

Invitation

- You are being invited to take part in a research study, carried out as part of a university course.
- Before you decide whether to participate it is important for you to understand why the research is being done and what it will involve.
- Please take time to read the following information carefully and discuss it with others if you wish.

Study title

- A study of kinship care in the UK and South Africa

What is the purpose of the study?

- The purpose of the study is to explore kinship care placements within the United Kingdom and South Africa. Its focus is not just on your personal view of kinship care as a carer/professional but also on your individual experience(s) of carrying out kinship care or assessment(s) to a prospective kinship care provider. By listening to your views and experiences and enabling you to critically reflect on these, it is hoped that different types of knowledge can be generated to improve the understanding and nature of kinship care assessment processes and placements. Implications for the social work profession will be explored.
- The study aims to recruit 8–10 participants from the UK and 8–10 participants from South Africa, to take part in a one-to-one interview. Participants will be selected from two local authorities or kinship care agencies from the UK and South Africa. Participants will either be adults who have provided kinship care placements or social work employees who have carried out kinship care assessments. You have been approached as someone who meets these criteria.

Why have I been invited to take part?

- You have provided care for a member of your family and I am interested in hearing your experiences;

OR

- You are currently working with kinship carers within your professional role.

Do I have to take part?

- No. Participation in the study is entirely voluntary.

What do I have to do?

- You will be invited to attend a one-to-one meeting with Jill Davey to explore, discuss and share your experiences of assessing prospective kinship care providers. Whilst there will be questions to guide you, the session will take the form of an open discussion with an opportunity for you to share any experiences you choose to. It is anticipated that the session will take approximately 1½ hours and can take place at the University Campus (Lansdowne Campus) or within the local authority/agency-based setting.

What are the possible disadvantages?

- The study requires the commitment of your time and input into a meeting which is expected to last 1½ hours. Whilst it has been designed that this process and its outcomes should have some benefit to you, it is recognised that this may not always be the case.
- The study requires you to consider the impact of your experience of assessing a prospective kinship care placement. Whilst this is in a supportive and enabling environment, it is recognised that personal experiences and the impact of kinship care may have been difficult and/or a negative experience and may feel difficult and/or uncomfortable to share and explore.

What are the possible benefits of taking part?

- The purpose of the research method aims to make the process participatory and of direct benefit to you in that it will provide you with an opportunity to share your personal experiences. The techniques used aim to foster your own critical reflection and enable you to revisit your experience of kinship care. The research method

values your input, views and perspectives and will incorporate these into the research findings, interpretations and conclusions. It provides the opportunity, therefore, to have direct input into sharing the experience of undertaking kinship care placements or contributing to the assessment process.

Will my taking part in this study be kept confidential?

Your participation within the study will be kept confidential and any materials emerging from it will be anonymised. Your identity will not be known to the other participants. The researcher will not disclose any personal information gathered from the one-to-one sessions. As the study seeks to present different stories and experiences, the information you choose to share will be presented in written form within the PhD thesis, but will be anonymised. When information is not integral to the experience, information will be generalised or changed. You will have the option of viewing material that is specific to you, following the one-to-one meeting and requesting changes before giving final consent for it to be used.

What will happen to the results of the research study?

- Results will form part of a Doctor of Philosophy thesis. They may also inform other types of publication such as journal articles, conference papers and presentations. It is anticipated that they will also contribute and inform professional social work practice.
- Following the one-to-one meeting, you will be invited to meet with the researcher on one further occasion, so the researcher is able to share with you the written information they have gained from the earlier meeting with you. You will, at this stage, be given the option of adding, amending or withdrawing any of the information presented to you. You will also have the option of withdrawing from the study completely.
- The study proposal has been considered by the University's research committee (RG2), the researcher's Doctoral supervisors and by a Doctorate research transfer panel.

What do I have to do?

- If you wish to be involved, speak to Jill who will arrange a day and time to meet with you.

Contact details

Jill Davey (Researcher)

Senior Lecturer

School of Health and Social Care

Bournemouth University

Royal London House

Bournemouth BH1 3LT

Tel 01202 962017 or email: jdavey@bournemouth.ac.uk

**Thank you for considering taking part in the study*

Appendix 8: Participant consent form

Organisation: Bournemouth University

Title of study: To explore kinship care placements within the UK and South Africa

Aim of study: To listen to kinship carers' and social workers' views, perspectives and experiences of assessing and undertaking kinship care placements; to develop knowledge from these experiences and to consider the impact on the kinship care assessment process for the social work profession.

Researcher's position: Senior Lecturer

Researcher's name: Jill Davey

Contact details: jdavey@bournemouth.ac.uk; tel 01202 962017

Consent:

I.....give consent for any materials I create during the study to be used by the researcher.

I.....give consent to have an audio recording of myself while being interviewed by the researcher.

The recorded interview will not be shared by anybody other than the researcher and the researcher's supervisors of the study.

All excerpts of the audio recorded interview given in the final dissertation paper will remain anonymous and I will not be identified.

The researcher will retain the audio recorded interview until completion of the study, a period of 36 months, and then it will be destroyed. The recording will be destroyed in accordance with Data Protection and the Records Management Code of Practice (DH, March, 2006).

I am not required to participate in any activity if I choose not to and I have the option to withdraw at any time from the interview or study and for any materials I have created to be returned to me.

The researcher may retain any materials generated by me during the study unless I request for them to be returned to me or for them to be destroyed.

The procedure and intended use of materials have been explained to me by Jill Davey.

I understand that I will not be identified in the study and any information given will be anonymous.

I.....agree to take part in the study.

Signature of participant.....Date.....

Signature of researcher.....Date.....

**Additional support: If you require names and contact details of providers who may offer confidential additional support, following your one-to-one meeting, the researcher will be able to provide you with these at the time of your interview.*

Appendix 9: Bournemouth University Research Ethics Committee letter of approval for United Kingdom research



School of Health and Social Care
Research Governance Review Group
Feedback to student and supervisors

Student: Jill Davey

Title: *All you need is Ubuntu!* A comparative study of kinship care in the UK and South Africa (Part B)

Reviewers: Professor Les Todres, Dr Martin Hind

Report prepared by: Martin Hind.

Date: 17.07.12.

Dear Jill,

Thanks, that answers the SPC-raised questions very well. Once you have feedback on the information sheets/consent forms, can you send RG2 an e-copy of the finalised ones, just for the records? Thanks.

We will keep a copy of this communication with your other RG2 documents.

Good luck with the study Jill.

Kind regards

Martin

Appendix 10: South of England local authority research ethics approval

Research Risk Assessment Tool

Introduction

The Risk Assessment Tool (below) is designed to help those appraising a research proposal to consider the likelihood of harm that may arise due to the nature of the proposed research and the level of risk associated with the proposal.

The likelihood of harm

Research proposals can be appraised against each of the statements contained in the rows to form an overall impression of the likelihood of harm to subjects/participants. For example, research proposals in which a large number of the cells in the left hand column appear to best describe the proposal indicate that the study is one in which the chances of harm to participants is likely to be high.

The level of risk

If the review of a research proposal indicates that, for a given row, there is a high chance of harm, then it is important to consider if there is also a high level of risk.

Under each row there are two possibilities if a high chance of harm is identified:

- the concerns or issues relating to the area giving rise to the higher chance of harm have been fully addressed in the research proposal; or
- the issues concerned have not been fully addressed.

Area	Likelihood of harm		
	High	Low	
Subject/participant characteristics	<p>Informed consent and ability to withdraw from study not possible or unlikely due to age of child or incapacity of adult. Communication issues arising from language or literacy issues, sensory or speech impairments.</p> <p><input type="checkbox"/></p>	<p>Informed consent and ability to withdraw from study possible with support to overcome communication barriers, e.g. advocates, translators, interpreters, signers, or technology.</p> <p><input type="checkbox"/></p>	<p>Informed consent and ability to withdraw from study fully possible.</p> <p><input checked="" type="checkbox"/></p>
	<p>Risk</p> <p>Areas of high likelihood of harm addressed?</p> <p>Concerns about informed consent and communication barriers are fully identified and addressed. <input checked="" type="checkbox"/></p> <p>Concerns are not fully identified or addressed. <input type="checkbox"/></p>		
Researcher competence	<p>Researcher(s) not well qualified with little or no experience or knowledge of either the topic of investigation, the participants or the methods to be used, e.g. undergraduate researcher/student project.</p> <p><input type="checkbox"/></p>	<p>Researcher(s) reasonably well qualified with experience and knowledge of two out of the three following factors – topic of investigation, the participants/ subjects or the methods to be used. e.g. non-researcher who has had formal research training who may work in a professional domain offering relevant experience and knowledge.</p> <p><input checked="" type="checkbox"/></p>	<p>Researcher(s) well qualified with experience and knowledge of all three of the following factors – topic of investigation, the participants/subjects and the methods to be used. e.g. formal research training and/or qualification and/or experience and knowledge gained from working in an appropriate environment.</p> <p><input type="checkbox"/></p>

	<p>Risk</p> <p>Areas of high likelihood of harm addressed?</p> <p>Any lack of competence by the researcher(s) fully addressed. <input checked="" type="checkbox"/></p> <p>Any lack of competence is not addressed. <input type="checkbox"/></p>		
<p>Nature of information being sought</p>	<p>The topic and kinds of information being sought are likely to be regarded as highly personal or sensitive by those from whom it is being collected or about whom it is to be obtained, e.g. criminal records, psychiatric history etc.</p> <p><input type="checkbox"/></p>	<p>The topic or the kinds of information being sought include items likely to be considered slightly personal or sensitive by some people, e.g. age, ethnicity, income.</p> <p><input checked="" type="checkbox"/></p>	<p>The topic and kinds of information being sought do not focus on personal information at all, e.g. opinions about services received.</p> <p><input type="checkbox"/></p>
	<p>Risk</p> <p>Areas of high likelihood of harm addressed?</p> <p>The need to collect any personal information is fully justified. <input checked="" type="checkbox"/></p> <p>The need to collect this information is not fully justified. <input type="checkbox"/></p>		

Appropriateness of method to subject and quality of research design	<p>The methods are neither appropriate to the subject of the proposed study or the research questions being asked, the need for the study is not established and the project does not have the resources to properly address the research question(s).</p> <p><input type="checkbox"/></p>	<p>The methods may not be appropriate either to the subject of the proposed study or to the main research questions, or the need for research is not established, or the project does not have the resources to properly address the research question(s).</p> <p><input type="checkbox"/></p>	<p>The methods are fully appropriate to the subject of the proposed study and to the research questions being asked, there is a demonstrable need for the study and the resources to carry out the study are sufficient.</p> <p><input checked="" type="checkbox"/></p>
	<p>Risk</p> <p>Areas of high likelihood of harm addressed?</p> <p>The case for and resources to do the study exist and methods are fully appropriate to the subject or main research questions.</p> <p><input checked="" type="checkbox"/></p> <p>The case for and resources to do study are absent and methods are not appropriate to subject or main research questions.</p> <p><input type="checkbox"/></p>		
Methods/nature of data collection	<p>High levels of face-to-face contact and/or interaction between investigator and participant, e.g. participant observation or observation study.</p> <p><input checked="" type="checkbox"/></p>	<p>Some face-to-face contact and interaction for limited amounts of time.</p> <p><input type="checkbox"/></p>	<p>No face-to-face interaction between investigator and participant.</p> <p><input type="checkbox"/></p>
	<p>Risk</p> <p>Areas of high likelihood of harm addressed?</p> <p>Possible risks arising from high level of contact are identified and fully addressed.</p> <p><input checked="" type="checkbox"/></p> <p>Possible risks are not identified or addressed.</p> <p><input type="checkbox"/></p>		

Level of privacy to participant	Not confidential <input type="checkbox"/>	Confidential <input checked="" type="checkbox"/>	Anonymous <input type="checkbox"/>
	Risk Areas of high likelihood of harm addressed? If the study is not anonymous or confidential, reasons for this are fully justified and conform to Data Protection Act principles. <input checked="" type="checkbox"/> Study is not anonymous or confidential and reasons for this are not fully justified. <input type="checkbox"/>		
Relationship between investigator and subjects/ participants	Subjects/participants are personally known to investigator and investigator may have other duties or responsibilities towards all or some of the research participants which may create potential conflicts of interest. <input type="checkbox"/>	Limited information about subjects/participants is provided to the investigator to make the study possible or more reliable. <input checked="" type="checkbox"/>	Subjects/ participants are unknown to the investigator and cannot be identified. <input type="checkbox"/>
	Risk Areas of high likelihood of harm addressed? Conflicts of interest are fully described and consideration given to how to minimise possible effects on study. <input checked="" type="checkbox"/> Conflicts of interest are not fully described. Proposal does not adequately consider how to minimise effects on study. <input type="checkbox"/>		
External considerations	Study is likely to be extremely sensitive. <input type="checkbox"/>	Parts of study may be sensitive. <input checked="" type="checkbox"/>	No known sensitivities. <input type="checkbox"/>

	<p>Risk</p> <p>Areas of high likelihood of harm addressed?</p> <p>Sensitivities have been fully identified and adequately addressed.</p> <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>Sensitivities have not been adequately addressed.</p> <p style="text-align: center;"><input type="checkbox"/></p>

	Comments from review
	Risk Assessment Tool
Subject/participant characteristics	
Researcher competence	
Nature of information being sought	
Appropriateness of method to subject	
Methods/nature of data collection	<i>The invitation to participate will be sent with a covering letter by the Borough that explains how and why people were selected to take part. The letter will include an accessibility statement.</i>
Level of privacy to participant	
Relationship between investigator and subjects/participants	
External considerations	
Other comments arising from review, e.g. balance of risks and benefits.	

Overall
adjudication

Approval given <input checked="" type="checkbox"/>	Resubmit with minor changes <input type="checkbox"/>	Resubmit with major changes <input type="checkbox"/>	Proposal rejected <input type="checkbox"/>
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Signed

<i>(Name removed to ensure confidentiality)</i>	Date	18/4/2012
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Role/title

Corporate Research Manager

Appendix 11: Bournemouth University Research Ethics Committee letter of approval for South African research



School of Health and Social Care
Research Governance Review Group
Feedback to student and supervisors

Student: Jill Davey

Title: *All you need is Ubuntu!* A comparative study of kinship care in the UK and South Africa
(Part B)

Reviewers: Professor Les Todres, Dr Martin Hind

Report prepared by: Martin Hind

Date: 16.07.12

Dear Jill,

Here is an update from today's School Postgraduate Committee (SPC) regarding your '*All you need is Ubuntu*' study and the South African element.

Thank you for sending me the full set of documents; that was most helpful.

Your study and the SA element scenario were fully discussed at SPC and it was agreed that your original RG2 approval still stands and that approval will cover the SA element too. It was noted that your Afrikaans version of the Participant Information Sheets (PIS) could not be evaluated by us as no one speaks this language well enough.

Condition

1) Accommodation in South Africa whilst undertaking the research must be in a gated community.

On another matter:

Your Risk Assessment for travel appears in order and you are advised to liaise closely with your supervisors regarding your travel arrangements when you get to that point, i.e. Keep in close touch with them about all aspects of your SA visit. There is no need to respond to us regarding this condition.

Thank you Jill

Martin (RG2 coordinator)

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