

Becoming and Being: Special Guardians' Stories of Kinship Care

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ABSTRACT

Kinship care is a widespread alternative living arrangement for children who cannot live with their birth parents. Recently, the UK government legally formalised this arrangement with the introduction of the Special Guardianship Order (SGO). However, research has shown having the legal order does not guarantee Special Guardians (SGs) the financial or psychological support from services they need for themselves and their families. Research so far has used national data and interviews to examine the experience of SG families. However, a gap exists in understanding the intersection of the complex factors which impact upon carer's lives, and what sense they make of these factors.

Interviews were completed with four female SGs. A narrative analysis was undertaken by applying performative and dialogical narrative questions to explore how each Guardian made sense of caring for someone else's child. The narratives were analysed in relation to the transition and experience of being a carer; with a focus on their identity, the systems and professionals involved in their networks and wider contextual factors.

The narratives created highlighted the contested nature of SG's identities as they strove to be accepted as capable caregivers by others. The personal and professional systems were portrayed as adversarial which resulted in narratives of confrontation and survival. Thus, out of necessity, and through a desire to defend their identities and protect their children, SGs have had to fight to secure resources. Often in circumstances that have provided little certainty or support to them. This has left them feeling isolated and worn down.

In situating themselves as battling with the professional system, the emotional impact of Guardianship was discussed. In addition, the assessment process was portrayed as demanding and SG's status in relation to foster carers was compared to emphasise the perception that they have been forgotten and used by professionals and the wider system. Implications for these findings and recommendations for future practice and research will be provided.

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1. INTRODUCTION

This chapter begins by outlining the researcher's personal context, which is then followed by the literature review strategy and the key literature. It concludes with the justification and aims of the project, specifying the research questions.

1.1. PERSONAL CONTEXT

By outlining my personal context, I am endeavouring to be transparent about the position from which I approached this research. O'Brien (2012) suggested this is an important place to start because one's values about 'family' impact upon the research process. Furthermore, both the interviewee and interviewer shaped the research encounter (Riessman, 1993). Therefore, an examination of my position is pertinent. I hope in being transparent one can understand how I came to make the conclusions I did. I also actively encourage the reader to reflect upon what they might bring to the reading of this research.

I grew up with my mum and Grandma sharing my care, whilst my dad lived elsewhere. Deviating from notions of what was considered 'normal' by society made me feel I was different to others. Equally, my experiences taught me to value what I had and it was the strength of the relationships that was important, not the ideal family narrative.

In part, my experiences as a child led me to want to understand how social factors interacted with people's psychological wellbeing. Stigma silences stories from those who face disadvantage and lack power (Goffman, 1963). I have spent most of my working life alongside people who have been striving to overcome multiple disadvantages, witnessing how narratives can be resistance and enable change (Afuape, 2011).

1.2. LITERATURE REVIEW

1.2.1. Literature Review Strategy

A scoping review was used to identify research on caregiver's experiences of parenting children who are not their birth children, excluding foster carers and adoptive parents¹. Due to the relatively recent introduction of Special Guardianship Orders (SGO)s² (Adoption and Children Act, 2002), research in this area is limited. Therefore, the scoping review was widened to include the experiences of all kinship caregivers, professionals and children.

CINAHL Plus, Psycinfo and Psyc Articles databases were used to search for relevant articles, policies and reports through EBSCOhost. The terms used to identify relevant literature were "carers or caregivers or parents or relatives" AND "United Kingdom or UK or England or Britain or Wales or Northern Ireland" AND "kinship care", in the Abstract section. This search generated 25 papers, of which four were duplicates and nine were excluded³. Additional literature was found through relevant journals including Adoption Fostering, Child Abuse and Neglect, and the Journal of Child and Family Social Work. In addition, Google Scholar was searched for grey literature and reference lists from key papers were read to identify further articles. All searches took place between October 2017 and March 2019.

The searches were restricted predominantly to British and Irish research, with some relevant papers from Australia and New Zealand as they have similar child welfare systems to the UK (Pitcher, 2014). Much research has been undertaken in America, but due to the differences in the legal and welfare systems between North America and the UK, as well as the limitations in time and scope of this study, it was not possible to include the breadth of American research in this literature review. However, some especially relevant kinship care research from North America was identified (Cuddeback, 2004; Gleeson 2014) and included.

¹ The report title does not match the research focus because the sample changed from grandparent kinship carers to SGs, but the title had to remain the same for submission.

² See the glossary of terms in Appendix A.

³ See Appendix B for the 21 papers, with inclusion and exclusion criteria.

A narrative review of the literature will now follow with a summary of the findings from the identified literature. The methodological quality will not be explicitly critiqued because assessing the quality of evidence is beyond the scope of this review (Arksey & O'Malley, 2005).

1.2.2. Kinship Care and Special Guardianship in the UK: An Overview

An explanation of the legal, political and social climate for kinship carers in the UK will now contextualise the system in which families exist.

1.2.2.1. Looked After Children (LAC)

One basic premise of society in the UK is that children should be able to grow up in their birth family, drawn from Children's Human Rights principles (UN General Assembly, 1989). Thus, most children live with their birth parent(s), and grow up free from interaction with government bodies, such as Children's services⁴. However, for some children this is not possible and alternative placements must be sought. Children who are either unable to live with their birth parents without statutory support or cannot live with their parents at all, may be given the status of a Looked After Child⁵.

According to the most recent government data, there were 75,420 children aged 0-18 years old living in England who were Looked After (DfE, 2018). The reasons for this are multiple and complex, but commonly issues include parental substance misuse, domestic violence, mental health issues, imprisonment of a parent, neglect, sexual abuse, as well as the illness, disability or death of a parent, leading to the parent(s) lacking the capacity to care for or protect the child (Forrester, 2000; Radford et al., 2011; Cleaver, Unell & Aldgate, 2011; Wijedasa, 2017). As a result, children are often vulnerable to, or may have experienced neglect, abuse and trauma (Lobatto, 2016). These impact on their social and emotional development and their health, educational and behavioural outcomes (Viner & Taylor, 2005; McAuley & Davis, 2009; O'Higgins, Seba & Luke, 2015). Thus, it is important to ensure LAC are placed

⁴ 'Children's services' is the more commonly used term for Social Services. The terms will be used interchangeably.

⁵ Many LAs are now also using the term 'Children in Care' (NSPCC, 2019).

in stable, permanent home environments to mitigate early life experiences and support them to develop into healthy, happy adults (Munro & Gilligan, 2013).

1.2.2.2. Kinship Care

In the UK, alternative placement options for LAC include foster care, adoption, children's residential homes, secure units and independent or supported housing (DfE, 2018). Increasingly, more children are being placed, not in foster care, but with their relatives or friends of their family (Broad, 2004). This arrangement is known as kinship care and the adults who provide these placements are known as kinship carers.⁶

Throughout history, extended family members and friends have cared for children across many different countries and cultures, as part of families' everyday lives (Pitcher, 2014). Families commonly arrange this amongst themselves, responding to the needs of the family. For example, grandparents taking care of children whilst their parents are at work is common in the UK (Age UK, 2017). However, kinship care is distinct from the broader notion of extended family care. According to Pitcher's (2014) definition, kinship care must:

- be full-time,
- be long-term,
- because the carer has stepped in to care for a child, due to the birth parent(s) being unable to and to prevent the child from going into care,
- either be informal, organised by the family privately, or formal with the input of services.

Grandparents are the largest group of kinship carers in the UK (Broad, Hayes & Rushworth, 2001), with smaller but significant numbers of aunts, uncles, siblings and friends of the child or the family (Farmer & Moyers, 2005). Many kinship carers have said they take on this role to prevent the child entering care, because they have a family responsibility or it is the only option (Selwyn, Farmer, Meaking & Vaisey, 2013). Gleeson et al.'s (2009) interviews with 207 informal kinship carers illustrated three main factors that led to children living

⁶ Other terms include connected person, family and friend's carer, relative carer.

away from their birth parents. These factors related to why the parent could not care for the child, the kinship caregiver's motivations and the child's route to living with the caregiver. Whilst their interviews were not audio recorded and therefore the reliability of the findings must be interpreted with caution, the study highlighted the reasons why caregivers step in to care to be multiple and complex. In addition to the factors replicated in Selwyn et al.'s (2013) research, caregivers also wanted to ensure the child could sustain their cultural identity

The status of the arrangement has legal and financial repercussions for the child, carer and birth parents (Selwyn & Nandy, 2014). Formal kinship care encompasses carers who have engaged with Children's services and may or may not have a legal order which recognises their right to parent the child (Granville & Barratt, 2006). Similarly, informal carers also care for the child full-time, but they will have made a private arrangement without involvement from services (ibid).

The exact figure for kinship families living in the UK is unknown because data is not collected. Researchers examined the 2001 (Nandy & Selwyn, 2011) and 2011 (Selwyn & Nandy, 2014) censuses to estimate the number of kinship families nationally. The most recent census data showed there were at least 180,000 children living with relatives. Wijedasa (2017) suggested this figure was likely to be closer to 200,000 with the inclusion of friend carers. Other professionals have estimated the figure to be closer to 300,000 (Saunders & Selwyn, 2008). It is difficult to tease apart the composition of formal and informal carers within such data, but Selwyn and Nandy's (2014) analysis of the 2011 census showed most kinship care was informal. This built on their analysis of the previous 2001 census, in which 95% of children were living in informal kinship arrangements (Nandy & Selwyn, 2011). Thus, there are many families unknown to Children's Services, therefore potentially facing challenges unsupported.

Whilst informal kinship care currently appears to be the most frequent placement choice for families, the formal use of extended family members has been increasing over the last 20 years in the UK (Munro & Gilligan, 2013),

Ireland (O'Brien, 2013), Australia (Valentine, Jenkins, Brennan & Cass, 2013) and North America (Cuddeback, 2004).

1.2.2.2.1. Social and Political Context

To understand the increase in kinship placements, one must look to the political and social climate. A basic tenant of our approach to children and families is based on the government's adherence to Article 8 of the United Nations Convention on the Rights of the Child (UNCRC) (UN General Assembly, 1989). This states children have the right to a family life and to preserve their family identity. Accordingly, the government has promoted the use of kinship care to maintain children's connection to their family networks, preserving attachments, relationships and important identity links, such as religious, spiritual and cultural practices (Hegar, 1999). Government strategies have also recognised children's need for permanency and stability to provide them with the best possible future (DfE, 2013).

More recently, the impact of the Conservative policy of austerity has been hugely detrimental to public services, forcing them to cut budgets and make huge savings (Gray & Barford, 2018), leading to an increase in the number of families living in poverty (Tucker, 2017). Services have realised that spending can be reduced if children left care for permanent placements sooner (Skivenes & Thoburn, 2010). Thus, it has been suggested that because support for kinship families is discretionary, placement in such families has provided the ideal option for services looking to cut costs (O'Brien, 2012). Research has shown some professionals have even placed children with carers without a thorough assessment of the carer's parenting ability, to make cost savings (DfE, 2015). Alongside the drive to provide permanency for vulnerable children, LAs have increasingly been encouraging kinship carers to apply for Special Guardianship Orders (Wade, Sinclair, Stuttard & Simmonds, 2014).

1.2.2.3. Special Guardianship Order

An SGO allows the Special Guardian (SG) to make important life decisions on behalf of a child, as a birth parent would do. They were created to provide children with greater stability and a sense of permanence (DfE, 2015). Unlike adoption, the child's links to their birth family are not severed. Instead, children

are able, where appropriate, to remain in contact with birth parents and other family members (Harwin et al., 2019).

SGOs were introduced to enable LAC to have permanent homes in family environments. There was recognition for some children, adoption was not in their best interests because they were older and, therefore, unlikely to be adopted and/or they had strong links to their birth family. To disconnect them from their family could be detrimental (Ward, 2004). According to the Adoption and Children Act 2002, an adult can legally apply for an SGO when they either:

- i) are a current guardian of the child,
- ii) have a Residence Order for the child,
- iii) have been a foster carer for the child for the past 12 months.

3,430 children ceased to be Looked After once they were placed with SGs in 2018. 54% of the SGOs were granted to former foster carers (DfE, 2018). Although not all SGOs have been granted for children in care, there is currently no government data collected for children who were not LAC. Researchers have estimated between 2006-2011, there were 13,000 SGOs granted and approximately one third of these were to non-LAC (Wade et al., 2014).

It is important to distinguish between SGs and kinship carers. Whilst kinship carers can, and do, apply for SGOs, thereby becoming formal kinship carers, not all SGs will be biologically related to the child. In fact, many SGs will have been caring for the child as a foster carer prior to making the decision to take on the care of the child permanently (DfE, 2018). As Pitcher (2014, p.19) highlights “of course, once a child has been placed for a while with non-kin foster parents they often become kin to that child...”, which connects to germane concepts of the meaning of kin and family. The context in which the adult comes to know the child and the relationship they subsequently establish is incredibly important to the development of the child and, therefore, it is essential to recognise the nuances of such relationships in research and practice (Ziminski, 2014). To acknowledge the many different pathways people take to become a family, Granville’s broader definition of kinship care was used:

“...the notion of kinship care incorporates the complexity of relationships, biological connections, affinity, affiliations, families of choice... and the different ways we organise our lives and relationships in different cultural and sub-cultural contexts” (Granville, 2006, p.273).

1.2.3. Kinship Care Research

Research has frequently compared the outcomes of children in kinship care either with those in foster care, those who have been adopted and/or those living with their birth parents (McSherry, Malet & Weatherall, 2016). It has been difficult to isolate specific groups within the overall kinship population and so research has tended to identify groups based on their formal/informal kinship status (Selwyn et al., 2013). Research at the general population level has been undertaken in the UK (Selwyn & Nandy, 2014) and Ireland (O'Brien, 2012). Research has utilised surveys, outcome measures and LA data to identify demographic, social and psychological data. Due to the nature of informal placements, it has been difficult to identify informal kinship families, thus, research has mostly focused on formal kinship care to date (Selwyn et al., 2013). However, Gleeson et al.'s (2009) research with informal kinship carers demonstrates research with this group is possible and informative to the wider field. Furthermore, interviews directly explored carer's stories of becoming kinship carers, rather than relying on professional case files.

Grandparents Plus is a charity which supports and advocates on behalf of kinship carers in the UK. Every year they carry out a national survey to ascertain the successes and challenges experienced by kinship carers. In 2018, 1,139 carers responded to the survey, providing the largest source of information on kinship carers to date (Mervyn-Smith, 2018). Most respondents were female (89%), grandparents (79%) and aged 55 years or older (55%). 34% were single carers, 57% of the respondents had an SGO and 10% of them were foster carers. These figures are reflective of other kinship research, which I will now address.

1.2.3.1. Children's Outcomes

Overall, according to research, children do well in kinship care. In fact, 'better' than those in foster carer; they fare better educationally, socially and

psychologically and have better health outcomes (Winokur, Holtan & Batchelder, 2014). Warren-Adamson (2009) found children expressed their satisfaction at being placed with people they knew. Additionally, cultural sensitivity and a sense of belonging were present more often in kinship families; which has implications for identity and connectedness. O'Brien (2012) found outcomes were better in kinship care due to a) increased placement stability, b) children could retain links to their cultural and familial identities, c) remain in contact with parents and live with their siblings, and d) carers were more able to tolerate the children's emotional and behavioural difficulties when the placement was more stable.

Burgess, Rossvolt, Wallace and Daniel (2010) undertook research in Scotland and found the most important factor relating to the child's wellbeing was the kinship carer's commitment to the child, rather than the nature of their relatedness. McSherry et al. (2016), in their mixed methods investigation into kinship care in Northern Ireland, identified good outcomes with validated self-report measures and interviews. These were attributed to the children consistently being in the placement from a young age and having a strong relationship with their caregiver. Therefore, the strength of the relationship is important to children's wellbeing. However, they also found a small effect of placement type on carer stress, with kinship carers fairsing worse when compared to foster carers and birth parents (ibid). This could be due to the differences in the social and psychological support the carers receive. For example, foster carers have an allocated social worker, access to training and resources for the children they look after, and are paid for their role. Kinship carers do not generally receive the same support or financial remuneration, meaning they can often be more isolated and financially disadvantaged, which increases stress levels.

Research has consistently shown children's wellbeing, specifically their emotional and behavioural outcomes, were generally better when their placement was stable (Brown & Sen, 2014). Wade et al. (2014) estimated there was a disruption rate of less than 6% in the SG families they studied, suggesting stability is, firstly, possible and, secondly, the usual outcome for such placements. This may be because once carers agree to take on a child,

they view this as a long-term commitment and carry on caring, despite facing many challenges. In addition, carers often see LA care as the only alternative to kinship care, and decide to take the child on to prevent the child from entering care. Furthermore, Farmer and Moyers' (2008) found there was less disruption in kinship placements compared to foster care. Thus, stability is an important factor in the wellbeing of children.

To conclude, a considerable group of children living in kinship care have complex needs that require support from multiple agencies and professionals (Wellard, Meakings, Farmer & Hunt, 2017). Good outcomes are possible for children, despite the increased stress commonly experienced by carers (Farmer, 2009a). Munro and Gilligan (2013) suggested further research was needed to understand the factors influencing placement outcomes and the factors that contribute to a good outcome. Furthermore, kinship carers often fare worse than foster carers (McSherry et al., 2016), and services experience difficulties in managing the complexity of kinship families. These specific challenges will now be addressed.

1.2.4. Challenges of Kinship Care

Having reviewed briefly some of the positive aspects. It is evident in practice and research there remain numerous complexities, which will now be discussed. An understanding of the nuances of the challenges kinship families face was needed to illustrate the legal, financial, health and social factors that detrimentally impact the lives of kinship families compared to foster families.

1.2.4.1. Financial

Research has consistently shown one of the main challenges for carers and families has been the financial costs of caring for a child or sibling group, often with limited time to prepare, alongside unreliable access to support from Children's services (Mervyn-Smith, 2018). Furthermore, kinship families have been shown to be more economically deprived than foster families (Selwyn & Nandy, 2014). Many kinship carers are retired or are nearing retirement and the children they care for can require a high level of financial input to meet their additional psychological, physical and learning needs (Gautier & Wellard,

2014). In addition, carers often take on sibling groups which increases childcare costs (Wellard et al., 2017).

1.2.4.1.1. Entitlement to support

All carers should receive support for the child based on the needs of the child, rather than their legal status (DfE, 2011). However, Farmer (2009a) showed kinship carers infrequently received payments if the children or carers had not previously been involved with Children's services. In Selwyn et al.'s (2013) study, 11% of their participants were SGs but only one of them had received an allowance linked to their legal order. 90% of their participants wanted more support, predominantly financial.

Selwyn and Nandy (2014) found the best support was available to formal kinship foster carers, kinship carers usually had limited or no access to professional advice, and payments were means-tested. Grandparents Plus's 2018 survey highlighted this disparity, with 25% of those identified as SGs reporting they had received the financial support they needed. Conversely, this figure was 54% for kinship foster carers (Mervyn-Smith, 2018). Being employed as a foster carer is clearly advantageous to carers from a financial perspective (O'Brien, 2012). Newspaper articles have shown carers are paid a wide variety of payments across the UK (Tickle, 2018). Even within one London borough, Broad (2004) demonstrated carers were paid between £9 to £287 per week, and carers who approached the LA received smaller payments than those who were approached by the LA. This suggests an inconsistent approach to supporting families and a disincentive to ask for support.

Of the 66% of respondents in Mervyn-Smith's survey (2018) who received financial support from their LA, only 26% said this was enough to cover their family's needs (Mervyn-Smith, 2018). Only 14% and 11% of them said they were receiving the support and information they needed, respectively. Additionally, only 27% of carers reported they received sufficient support at the time of transition to becoming a carer. For those who did receive support, this tailed off after the legal order had been granted.

1.2.4.1.2. Poverty

Limited or no access to payments compounds what is often already a difficult economic situation for many kinship families. Selwyn et al.'s (2013) research found numerous informal kinship families were living in poverty. Brown and Sen's (2014) literature review of kinship studies showed carers tended to live in more deprived environments, compared to the general population and foster families. This has been further evidenced in Wijedasa's (2017) research.

Poverty and deprivation were found to significantly differ between relative carers and birth parents, with 41% of kinship children living in households deprived in at least two indicators (employment, education, housing, health and/or disability) compared to only 18% of birth parents. This is perhaps due to the higher number of older kinship carers who are more likely to have health conditions relating to their age, as well as the connection between poverty and health (JRF Analysis Unit, 2017). Wijedasa (2017) concluded that many of the adversities faced by children in the 2001 census remained unchanged in 2011 census. Thus, this is an enduring, prevalent situation for kinship families.

1.2.4.1.3. Austerity

Kinship families living in poverty exist within the wider context of the Conservative government's austerity policy. Welfare cuts and decreases in legal aid were suggested to increase disadvantages faced by families (Selwyn et al., 2013). According to Munro and Gilligan (2013, p.189), if need was the basis for allocation of resources, it "...would likely lead to an exponential rise in demand on resources (both human and financial) at a time when public authorities are currently facing cuts". Furthermore, Tarrant, Featherstone, O'Dell and Fraser (2017) propose austerity is likely to have increased carer's levels of stress. Thus, the wider context is likely to be impacting upon the challenges faced by families and limiting the support services can offer due to cut backs.

Research has shown the impact of finances to be a significant factor in the lives of kinship families, as such the review focused on this area. Having discussed some of the challenges of poverty, financial support, and austerity; I will now go on to discuss the physical and mental health considerations for kinship carers, which can increase carer's stress.

1.2.4.2. Physical and mental health of kinship carers

Through self-report measures and interviews, Selwyn et al. (2013) identified two areas of stress for carers. The first related to reasons for taking care of the child. For example, managing the parent's substance misuse and the resulting impact of this disruption to their lives as they transitioned to become a carer. The second related to their daily lives caring for children who often had complex psychological, learning, and physical needs. In addition, the sacrifices they had made in adapting to their caring role meant the demands of being a kinship care were among the most stressful elements of the role. Adjustment to the role and not being able to take longed for retirement also add to carer's stress levels because it shifts the expected family life cycle (Carter & McGoldrick, 1989).

Hartnett, Dowe and Russell (2014) found kinship carers experienced higher levels of stress in their caring role than foster carers. McSherry et al.'s (2016) research demonstrated higher rates of stress were evident in kinship carers compared to foster carers. This is likely due to the increased professional and social support foster carers receive and the higher rates of poverty in kinship families, leading to increased stress in carers. Selwyn et al. (2013) found 73% of carers had a physical health condition or disability and 67% could be diagnosed with depression if they were seen by a mental health professional. Mervyn-Smith's (2018) survey of kinship carers showed 52% reported their mental health had declined since becoming a kinship carer and 32% were worried about their overall health and the impact of this on their ability to care for the child.

Physical health conditions, stress and mental health difficulties are common in kinship carers (Gautier & Wellard, 2014). For some they may have been present before the child came to live with them but, equally may have been exacerbated due to caring for the child. Additional factors in kinship carer's lives, such as contact with birth parents, split loyalty between children and grandchildren, reflecting on their own parenting and differing education backgrounds are also therefore likely to be accountable for the increase in kinship carer's stress levels. These are factors that foster carers do not encounter in the same way.

1.2.4.3. Contact with birth parents

Kinship carers are usually related to or know the birth parent(s) well, meaning “...*the kinship family is a place where different generations and family relationships coincide in unanticipated combinations*” (Barratt & Granville, 2006, p. 165). This leads to a disruption in the expected path for families and the individual members in terms of their expected life stages (Selwyn et al., 2013). For example, becoming a grandparent. At retirement, the expected wind-down from child care and work responsibilities is stalled for grandparent carers. Having to care for a grandchild when one’s own children have been unable to can lead carers, and those around them, to question their parenting abilities, which has been borne out in clinical work (Barratt & Granville, 2006). Furthermore, it is tricky to explain to a child why they cannot live with their birth parent(s) and answer their questions, when one is also emotionally involved.

These disruptions in caregiving responsibilities and changes in the child’s primary caregiver can lead to difficulties in relationships with birth parents, which will inevitably impact on the child themselves. Brown and Sen’s (2014) review showed problematic contact with birth parents was more likely in kinship placements. In addition, Farmer (2010) found placements were more disruptive when children were having unsupervised contact with their birth parents. Children’s contact with their birth parents is frequently managed by kinship carers themselves, whereas foster carers often have support to manage contact, thereby encountering fewer difficulties.

One of the main benefits of kinship care envisioned by policy-makers was for children to stay in contact with their birth family (DfE, 2011). When this works well, children have good outcomes. Conversely, it can be incredibly detrimental for children when it does not work well (Brown & Sen, 2014). Moreover, children who have unsatisfactory contact with their birth mothers are shown to have the worse emotional, behavioural and educational outcomes for kinship children overall (Wellard et al., 2017). Clearly, contact is a complex issue that needs to be carefully thought about in terms of the needs of the child and how the carer is supported to manage the contact arrangements.

1.2.4.4. Meeting children's needs

The task of parenting itself can be difficult because systems, styles, expectations, society and demands have all changed since they had their own children or were children themselves (McHugh & Hayden, 2014). Thus, adjustment to the caring role can be challenging. Anecdotally in clinical work, kinship carers have found the loss of their role as a grandparent and having to take up the role of the parent emotionally difficult. It can also be confusing for oneself and family when one is parenting some grandchildren but remains a grandparent to others.

Wellard et al. (2017) found outcomes were better for kinship children than those in foster care, but still not as good as those children in the general population. Kinship care was found to provide a supportive family environment, often beyond the child's eighteenth birthday, thus providing them with the intended stability and permanency. However, many children were struggling with emotional and behavioural issues which negatively impacted upon education, training and employment opportunities. Research has shown that children in kinship care have similar needs to those in foster care (O'Brien, 2012). In Grandparents Plus's most recent survey, 54% of carers reported their children had special needs (Mervyn-Smith, 2018).

Unsurprisingly, Selwyn et al., (2013) identified a high demand for parenting help from carers due to the complex behavioural and emotional needs of the children. However, it was difficult for families to get the right support for children due to problems gaining access to support from children's services, as well as difficulties nationwide in accessing children's mental health services (Moore & Gammie, 2018). Furthermore, kinship carers are a neglected group in the literature and in social care. Most people have heard of fostering and adoption, but not kinship care (Tickle, 2017), meaning families are not necessarily as recognised or acknowledged by professional services.

1.2.4.5. Contact with professionals

Carers in the UK have consistently raised the issue of a lack of financial, social, psychological, educational, and legal support from services to help them manage the challenges and complexities they face (Warren-Adamson, 2009).

Cuddeback's (2004) synthesis of kinship research in America also highlighted kinship carers did not receive the support, education or training that other types of carers did. Selwyn et al. (2013) found 71% of their participants had contacted children's services to ask for financial support or help with the children's needs and a staggering 42% of these requests had been refused.

A lack of information means a lack of informed consent in decision-making. Granville's (2016) clinical work with kinship carers highlighted carer's advice to future carers to obtain as much information as possible before entering the process. In Selwyn et al.'s (2013) study, carers felt professionals gave them bad advice and pressured them to make quick decisions. Most of the support carers received had come from voluntary agencies because the statutory support was not forthcoming or sufficient to meet their needs (Tarrant et al., 2017). Furthermore, the statutory system was described as an "intimidating and complicated system" (Tarrant et al., 2017, p. 362). It is unsurprising therefore that Selwyn et al. (2013) found informal help through peer support was more useful to carers. The issue is complicated for some because asking for help can be seen as an inability to cope, fuelled by a fear the children could be removed (Barratt & Granville, 2006).

1.2.4.5.1. Public Versus Private Realm

Kinship care sits between private and public spheres, which is a key tension for families and professionals working with them (Munro & Gilligan, 2013). The difference between carers legally and relationally means they sit in different positions along this spectrum.

Research has shown carers did not like engaging with Children's services and believed they should be able to "look after their own" (Barratt & Granville, 2006, p. 166). Societal and professional expectations, opinions, and discourses often compound this narrative. O'Brien (2012) concluded most families would prefer not to have agency involvement but due to the needs of the children or legislation, they have no choice. However, research has been mixed, which demonstrates some of the complexity and diversity in kinship care. Some carers would prefer less intrusion from social workers and to be able to resolve the issues privately, whilst others would prefer greater input from social workers to

help them to resolve the complex decisions (Lernihan & Kelly, 2006). Taking a generic approach towards all families is unlikely to meet their needs, but this must be balanced by agencies' obligation to intervene if children's safety is compromised.

To conclude, it is understandable kinship families prefer to lead private lives away from Children's services. However, it is unfortunate that the circumstances leading the child to be placed with the carer, and the resulting impact of abuse and neglect on children's emotional and behavioural wellbeing, often means families require support from services. Thus, it is incredibly difficult for them to exist solely in the private realm. The view of organisations and professionals of kinship carers is important to comprehend when families are being assessed by them and relying on them for support. The next section will therefore discuss these views.

1.2.5. Professional Insights into Kinship Care

Organisations' attitudes to kinship carers infiltrate to how carers are responded to and supported by professionals. Farmer (2009b) recognised the variability in LAs' approaches, and provision of support, to kinship families. Previously, research had shown social workers preferred foster, over kinship placements for children (Broad, 2001). Whilst attitudes may have changed in the last eighteen years, discourses around kinship families "the apple doesn't fall far from the tree" (O'Brien, 2012, p. 140) persist. Professionals and carers are therefore placed in adversarial positions. Whilst each case needs to be assessed on an individual basis (and certainly not all kinship care is successful or appropriate for the child; Harrington, 2017), such attitudes could be discriminating against kinship carers (O'Brien, 2012). Furthermore, Cuddeback's 2004 synthesis of North American kinship care research studies concluded that it was unclear whether kinship carers received less support because they had less of a need, they made fewer requests for services or services were less willing to provide the support⁷. Therefore, further research is

⁷ However, these findings must be applied with caution because the studies focused on formal kinship carers and therefore do not account for the potentially different experience of informal kinship carers, who are understood in the UK, to make up the majority of the kinship care population (Nandy & Selwyn, 2011).

needed to understand the complex relationship carers have with services, and vice versa.

Interviews with social workers highlighted the demands of the professional context (Cooper, 2017). This meant financial restraints and the pressure to meet performance targets pushed workers to place children with kinship carers, rather than in foster care, which was considered a finite resource. Furthermore, the interviews suggested the transition process is often unplanned, with a quick turnaround time and limited space to fully consider the appropriateness of the placement for all involved. Therefore, planned and thoughtful transitions are infrequent.

Working within cultures of "...audit, blame, proceduralism, anti-professional stances..." affects workers' decision-making and the time available to spend with families to respond to their needs sufficiently (Warren-Adamson, 2009, p.82). In addition, the fact that children are living safely with their family means they can be de-prioritised by social workers with high caseloads of families with greater risk to a child's safety (Barratt & Granville, 2006). Warren-Adamson's (2009) collaborative enquiry group with social workers raised the need for LAs to have dedicated kinship teams and training for staff to improve the support for kinship families.

1.2.6. Transition into Kinship Care

This review has highlighted being a kinship carer can be demanding. Within this, the period of transition can be especially taxing. Wade et al. (2014) found only approximately 50% of SGs felt prepared for the transition, due to relationships with the children not being thoroughly tested before placement. This is worrying given disruption rates are correlated with the strength of the caregiving relationship (Lutman, Hunt & Waterhouse, 2009).

Although many carers had been worried about the children before the transition (Selwyn et al., 2013), the adaptation to become a carer permanently was difficult. Often the child's move had occurred during a crisis, in a quick turnaround and little time to prepare physically, emotionally and socially. Furthermore, carers with long-term health conditions reported their health deteriorated during the transition period. Their finances also worsened because

benefit payments needed to change and the children often required many essential items. Research has advocated that information and support from services is essential during this time, to help carers understand their rights and entitlements (Wellard et al., 2017). Furthermore, in Hartnett et al.'s (2014) research, it was found carers did not expect to become a carer. They also had to manage their own responses to the events leading to the child coming into their care, which can include a child being imprisoned or dying. Therefore, they will be managing with their own loss, trauma, and dysregulation; whilst having to support children in their time of need, and adjust to the new role. Frequently under the spotlight of services and in short time frames (Granville, 2016).

Research has also shown becoming a carer can lead to isolation, loss of family and friendships due to disagreement relating to the children's care. A reduction in their free time and the change in lifestyle to accommodate the needs of the child are often not being conducive to maintaining connections (Selwyn et al., 2013). Wade et al. (2014) also reported their participants' support networks were fragile and outcomes were better for children and caregivers when they were supported by their immediate family.

Pitcher (2002, p.8) described carer's transition to their new role as a "major adjustment". For example, from a grandparent to the main caregiver/parent; how is this negotiated and thought about in families? More research is needed to understand the impact of these challenges on families, whether these persist after the initial transition, and if not, how families adapt to their new ways of being together. We should aim to better understand the meaning of the transition period for carers to better support kinship families.

1.2.7. Hearing from Kinship Carers

Research undertaken directly with carers has demonstrated their reasons for caring, as well as the benefits and challenges of kinship care. Broad (2001) found carers were committed to their role. Their motivation came from love for the child and a desire to prevent the child from entering care. In a descriptive account of clinical work with kinship families, Granville (2016) emphasised the prevalence of grief and conflicted loyalties in fictional accounts of kinship families. These narratives have not been explored in research so far and there

is a lack of stories from carers about their experiences and from their own meaning and sense-making. To comprehend the complexity of kinship care, we need to collaborate with carers to create whole stories⁸ about their experiences (Moen, 2006).

1.2.8. Research with Special Guardians

As highlighted, we have not heard many narratives from kinship carers about their experiences of caring for children. There are even fewer accounts from SGs due to the relative recent introduction of the legal order (Adoption and Children Act, 2002). However, three pieces of research published in the last five years have focused specifically on Special Guardianship:

1) Wade et al. (2014) assessed the uptake of SGOs across LAs, analysed government data on LAC who moved to SGOs, outcomes of children living with SGs over five years which included a survey with Guardians, an audit of LA files and a review of LA policies, as well as interviews with SGs and children. They concluded that SGOs were working well and providing positive outcomes for children, enabling carers to exercise parental responsibility on behalf of the children. However, the research report is divided into themes and written in a way that responds to concerns raised by professionals. In addition, there is a lack of detail from the Guardian's interviews and, therefore, it is hard to locate them in the report.

2) The Department for Education (2015) review of SGOs assessed whether they led to stable and permanent placements for children, and examined professional practice and systems. They consulted with professionals and the public, and analysed case files from Cafcass and SGO data trends. The DfE concluded most SGs provided long-term stable homes for children and had known the child before they took on their care permanently. However, thorough, adequate assessments had not always been undertaken by Children's services for a significant number of SGs. 70% of respondents (practitioners and the public) said the assessment process could be improved. Worryingly, this has

⁸ A story or narrative is understood as "...the description of an event or series of events in a manner that conveys meaning as well as factual information." (Earthy & Cronin, 2008, p. 424). The terms will be used interchangeably.

meant that children have been placed with SGs carers who could potentially be unable to meet their needs and even worse, could be detrimental to the child's development and well-being.

Furthermore, the consultation raised the issue of lack of support for families, with 72% agreeing SGs needed more support throughout the process. These findings reinforce general kinship care research. However, the research was not able to tell us more about individuals' stories and only 20 of 154 SGs took part in the consultation, meaning the findings are reflective of a small proportion of SGs and further information is needed. Thus, more needs to be done directly with carers to comprehend their experience of the SGO process, with a focus on the transition period, including the assessment process. If a comprehensive assessment is not undertaken at the start and services are not confident the carer can meet the child's needs, the implication is that the child's well-being could be jeopardised in the short and long term.

3) Harwin et al. (2019) interviewed 24 SGs individually or in focus groups. The research focused on their experiences of court and supervision orders; looking after the child, support from professionals, contact with birth parents and advice for professionals and SGs. Themes from individuals were collated into these categories and summarised, and reflected prior findings from kinship care research (Farmer, 2009a; Brown & Sen, 2014).

All three projects undertook extensive work and enabled a greater understanding of the wider picture of SGOs in the UK. To compliment this work, future research should give precedence to stories of SGs to better understand the interaction of the complex factors present in the lives of Special Guardianship families (Harwin et al., 2019).

1.2.9. A Summary of The Research

To conclude, research has been undertaken in the UK comparing kinship families with LAC and foster carers and showed kinship care is a worthwhile and successful placement option for many children. Kin placements provided them with stability and permanency when they are unable to live with their parents (O'Brien, 2012). Evidence has also indicated children can have multiple

good outcomes (Winokur et al., 2014). Nevertheless, there are many nuanced challenges that families face, affecting their relationships, carer wellbeing and children's outcomes (Mervyn-Smith, 2018; Farmer, 2009a; Wellard et al., 2017).

The transition to becoming a carer was shown to be particularly difficult (Cooper, 2017). To date, there has been little indication of the meaning carers make of this transition and the impact of the changes long-term. Being a carer can be immensely rewarding (Broad, 2001), but research has not facilitated our understanding of the interaction between the rewards and challenges. Furthermore, research with carers has commonly used general population surveys, interviews and focus groups (Selwyn & Nandy, 2014; Wijedasa, 2017; Mervyn-Smith, 2018), but this has not allowed for a consideration of the complexity of families' experiences within context. As such, further research is called for to address these gaps (Harwin et al., 2019).

1.3. THIS STUDY

1.3.1. Justification

Government initiatives have increased the use of kinship care and SGOs (Munro & Gilligan, 2013). Thus, they are likely to continue to be the preferred option for many families and an examination of SG's experiences is timely. Whilst kinship carers have arguably always been around, SGs are a relatively new legal and social concept in the UK. There is therefore a lack of research focusing on their experiences and stories of Special Guardianship.

Research has highlighted the difficult circumstances families face, and yet not much has changed over the years (Wijedasa, 2017), which leads to the question what will make the difference? Statistics can highlight general issues across a group and have been helpful in calling for better duty of care to kinship carers. However, this has not been forthcoming from government or other organisations so far; something else is needed. We have also learnt of their experiences of caring, but we have not necessarily heard stories in the way they want to tell them. Instead, methods have been decided upon by others and structured to obtain as much information as possible from a large, heterogeneous group (Sykes, Sinclair, Gibbs & Wilson, 2002). This type of

research has been helpful to professionals, service providers and families, but it has not allowed carers to collaborate in the telling of their stories.

Given the disadvantage experienced by kinship families, future research should attempt to reduce existing power imbalances by consulting with carers, as well as explicitly including the wider context in the analysis. Furthermore, researchers hold great power in being able to shape the stories told in research projects (Carrick, Mitchell & Lloyd, 2001). Thus, it is key that the role of the researcher is reflected upon in future research with SGs to effectively scrutinise the stories told in the research encounter.

In view of the high number of SGs and families living in kinship placements in the UK (Wijedasa, 2017), it is likely that Clinical Psychologists will encounter families and individuals in various settings across the health and social care sectors. Therefore, as a profession, we need to have a better understanding of how people's care experiences affect their lives to know how to work with families and to support them in their transition to their new family unit. These are complex situations which require comprehensive formulations to meet the needs of those involved. Working alongside other professionals, Clinical Psychologists are well placed to do such work and many are employed by children's services, and third sector organisations, to work with families and consult to professionals (Onyett, 2007). Additionally, Clinical Psychologists are well positioned to carry out research and apply it directly to their practice in these settings.

Ultimately, the role of SGs is to provide a secure and stable home for children who cannot live with their birth parents and who have often experienced trauma, abuse and neglect. We need to be speaking directly with them about what it is like to go through the process of becoming approved, as well as how it is to be a carer. This is to inform practice, so that professionals can enhance the protective factors in place in the families and ensure the promotion of children's health and well-being.

1.3.2. Research Aims and Questions

The present study aims to:

- address the gaps in kinship research,
- undertake research that recognises the disempowerment of kinship carers and places their experiences and stories at the heart of the research,
- focus specifically on SGs to improve our understanding of how this specific legal formality shapes stories of kinship care,
- explore SGs' narratives of becoming and being carers, as well as the impact of the context on families' lives on the stories they tell,
- acknowledge the subjective role of the researcher in the stories told and ultimately, produce research that is collaborative and meaningful to families with an SGO.

To meet the aims of the research, the following research questions were constructed in consultation with kinship carers⁹:

- How do SGs make sense of becoming a carer through their own narratives?
- How do SGs make sense of being a carer through their own narratives?
- How does the wider context impact on SGs' own narratives?

⁹ See section 2.4.1.

2. METHODOLOGY

This chapter outlines the research methodology and rationale for the methods selected. The research process is documented, including recruitment, the interview protocol, ethical considerations and the analyses used.

2.1. ONTOLOGY

One's ontological position relates to what one believes is possible to be known about the world (Willig, 2016). In suggesting knowledge can be known and there is a form of an accessible reality, this research is placed within an ontologically realist position (ibid). The researcher suggests there are underlying structures which exist in society and impact upon individuals and communities, thereby shaping experiences and how we understand these experiences (Willig, 1999). Structures are believed to have a reality that exists outside of, and within, the social interaction; they are not believed to be the sole construction of language (Willig, 2016). Thus, this research has endeavoured to root itself in realism to avoid naïve relativism (Burr, 2015). Moreover, to recognise the palpable factors that may impact on the SG's stories (Sims-Schouten, Riley & Willig, 2007).

2.2. EPISTEMOLOGY

Epistemology focuses on how we can come to know knowledge (Willig, 2016). This project was positioned within a critical realist epistemology. Firstly, to recognise the social-material factors impacting upon SGs, highlighted as a major issue in the literature review. Secondly, to maintain a critical and reflective lens towards the contexts in which these stories were told (Willig, 2016).

2.2.1. Critical Realism

Whilst an ontologically realist position was taken, it was also apparent that what is storied in specific moments is determined also by the interaction between the narrator and listener, as well as other potential imagined audiences and wider

narratives (Plummer, 1995). Therefore, an epistemological relativist stance allowed the researcher to analytically critique the social-material structures (Willig, 2016), and ‘master narratives’¹⁰ (Reissman, 2002) in the stories, and recognise their ability to constrain people’s identities.

Critical realism accepts there is no one truth. Instead, it allows for multiple truths and a consideration of the interaction between researcher and interviewee, within socio-cultural and historical contexts (Burr, 2015). To deem individuals’ stories as being created entirely within social interactions would not take account of the material factors that have been highlighted to impact on their lives. Therefore, the role of language and its use in constructing stories was also of importance to this research, but not at the forefront of the analysis, as it would be in, for example, a discourse analysis (Willig, 2014). Equally, to naively accept the stories as complete factual replications of SG’s experiences would ignore the influence of wider factors in the telling of the stories. This would also reduce the complexity of the stories and the experiences of the SGs (Granville, 2006).

2.3. NARRATIVE ANALYSIS

The stories we tell shape our lives (Rosenwald & Ochberg, 1992). By examining these stories, we can learn how people view themselves and their experiences within context, in addition to what is possible for their future (White and Epston, 1990). Ensuring the context is examined ensures the meaning created in stories can be satisfactorily analysed (Mishler, 1996).

Story telling is commonplace in diverse cultures and countries and across history (Reissman, 2008). In everyday life, hearing and telling stories has the power to shape the way we see ourselves and others (White and Epston, 1990). Narrative analysis (NA) involves examining stories told by individuals and groups. The methods used in NA vary widely; from structuralist analysis of

¹⁰ “‘Master narratives’ are stories, or theories, that are strongly upheld in cultures and societies” (Reissman, 2002, p. 696). Stories that contradict, or contest, master narratives are ‘counter-narratives’ (Squire, 2008).

language, to analysis of content, through to analysis of the narrator's performance (Mishler, 1996).

There are many different 'types' of NA, which vary depending on the ontological and epistemological position of the research (Langdridge, 2009). The researcher is not claiming that NA is the right, or only, way to carry out research with SGs. Readers will see the research through their own lens and, perhaps, would approach the analysis differently (Reissman, 2012).

NA takes the position of allowing the participants to narrate their own stories. This is enabled by greater freedom in the research encounter, often through asking broad, open questions which are not pre-determined or comparable to a 'stimulus-response' style of questioning (Mishler, 1996). This research endeavours to be more like every day storytelling, which is conversational and informal. Subjectivity influences what is storied and how it is storied (Reissman, 1993). Therefore, the research is not claiming the stories will be objective, rather, they are narrative units shaped by the context of the research encounter. Meaning is context-dependent and because the research aims to understand meaning, the context will also be analysed (Mishler, 1996).

To comprehensively analyse the narratives of each interviewee, a small sample size is needed (Jones, 2002). It is acknowledged this research is aiming to tell us something useful about the stories of Special Guardianship. Thus, the stories may or may not connect to stories within the wider kinship population, but it would be unsound to claim that they are generalisable (Reissman, 1993). This is because the population is heterogeneous (Sykes et al., 2002). As such, each person's experience is likely to be unique. Furthermore, a premise of the research is that the interview context will contribute towards the narratives told. Therefore, specific moments and context cannot be replicated in a way that standardised methods aim to. In addition, to sufficiently speak to the complexity of the narratives (Bruner, 1986), NA is typically a more in-depth process than other qualitative methods, outlined below.

Potential alternative qualitative methods considered were:

- Grounded theory (GT) (Glaser & Strauss, 1967). Similar to GT, NA will consider different elements of the participant's narrative but it will not be extracting the content, as codes, from the context (Taylor, Bogdan & DeVault, 2015). However, the analysis will consider the whole text and how the participant uses the story to convey meaning. The project does not aim to generate a theory about the experience of Special Guardianship, but validity will be assessed through how meaningful the analysis appears to be to the participants and readers, which is like GT (Taylor et al., 2015).
- Thematic analysis (TA) (Braun & Clarke, 2006). TA examines the content of qualitative research and selects meaningful codes from the text and compares coded themes across participants. Two key elements of NA, which TA does not utilise, are the study of how the story is told (Taylor et al., 2015), as well as the principle that meaning is lost when content is extracted from context (Mishler, 1996).
- Interpretive Phenomenological Analysis (IPA) (Smith, Jarmen & Osborn, 1999). IPA is similar as it focuses on, and acknowledges, the subjectivity of people's everyday experiences. IPA also considers individual's accounts in detail like NA, but unlike IPA, NA does not attempt to make general claims about those accounts or experiences (Smith & Osborn, 2015).
- Discourse analysis (DA) (Potter & Weatherall, 1987). Like NA, DA analyses how people use language to convey meaning, as well as the performance of identity through language (Willig, 2014). However, this project is also interested in experience and is based on a critical realist epistemology, which assumes experiences have a reality and are not solely constructed through discourse (Willig, 2014).

Although these methods could have undoubtedly contributed to kinship care research, NA was selected based on its advantages over these methods. The specific type of NA will now be addressed.

2.3.1. Personal Narrative

NA involves generating detailed accounts of people's lives, which can help us to make sense of events in our lives (Reissman, 2008). Stories are complex. Thus, the unit of analysis is the narrative itself, not themes from a person's talk (Reissman, 1993). To study stories, one must look to whom and what the stories are connected. Furthermore, there is an assumption that narratives are influenced by subjectivities of the listener and the teller. Therefore, NA does not claim to be an objective method (Reissman, 2002). This is because narratives do not exist in a vacuum. Instead, experience is represented through personal narrative and shaped by the audience, the time-point of the interview, and wider contextual factors (Squire, 2008). This approach engenders a being with, not doing to, in the research encounter (Frank, 2005). This is appropriate for the kinship population who have already experienced much scrutiny. In addition, excluded voices can often be heard in NA (Squire, 2008) and counter-narratives can be told to contest master narratives (Fraser, 2004).

2.3.2. Performative NA (PNA)

Identities are performed when stories are told and meaning-making occurs (Langellier, 2001). These identities are performed because they convey a specific aspect of ourselves to the listener and audience (Smith & Sparkes, 2008). As such, narratives are told with real, and imagined, audiences in mind (Reissman, 2001). The researcher's role is to examine those audiences, to understand how they may have shaped the narrative and the identity performed by the teller (Langellier, 1989). Performative NA speaks to the ideological, wider context level of NA (Murray, 2000).

2.3.3. Dialogical NA (DNA)

Within narratives, many voices are often apparent as people relay other people's talk to convey meaning (Frank, 2005). Bakhtin (1981) referred to this as 'polyphony'. Like performative, there is an assumption that an audience is always present when we talk. This is because there is the presence of the self and at least one other (Hermans, 2001). How people position others and themselves in narratives can be used by researchers to understand their social position and the identity claims they make (Reissman, 2001; Frank, 2012). Also, researchers can identify different, contradictory voices in the talk (Frank, 2012).

Frank (2005, p. 968) uses DNA to interrogate “stories of struggle”, which connect to SGs experiences in other research.

In summary, both PNA and DNA complement each other and were found to fit with the data. NA can be a way to acknowledge the top-down nature of societal systems on vulnerable groups. It can also enable researchers to include context, acknowledge the subjectivity of the research encounter, assess the dominant forms of talk, whilst maintaining and privileging the stories told by interviewees.

2.3.4. Researcher Reflexivity

Researcher reflexivity is an integral part of qualitative research (Shaw, 2010). Hertz (1997) suggests reflexive researchers actively question their interpretations and do not report facts about objective events. In highlighting the active role of the researcher in the interview process, my own subjectivities were examined. To do so required me to be reflexive throughout the process, keep a research journal¹¹ and explicitly discuss pertinent aspects of myself in the construction of the stories told by the SGs (Burr, 2015).

2.4. METHODS

2.4.1. Online Consultation

Considering the power imbalances experienced by SGs, outlined in the literature review, I endeavoured to include the ideas of SGs and kinship carers in the design of this research. As there are several online forums, virtual support groups, and specialist interest groups, I used Twitter to reach out to the online kinship and SG communities in July 2018 and asked:

“Kinship carers/SGOs I’m conducting research into the experience of being a grandparent carer. If you could be asked any question, what would you like to be asked?”

¹¹ See Appendix R.

The responses¹² shaped the research because the analysis will pay attention to SG's position in relation to social services, other types of carers (e.g. foster carers and adoptive parents) and the support offered to them.

The question posed to the Twitter community focused on 'grandparent carers' as the intended population because they are the largest group of kinship carers in the UK (Broad et al., 2001). The consultation, however, made clear there were other carers with stories to contribute who were not necessarily grandparents. In focusing solely on grandparents, I felt the research would miss the voice of these other carers/ SGs and whilst undertaking the literature review, I discovered that there were greater gaps in the SG literature compared to kinship care in general. Therefore, recruitment criteria expanded to include anyone in the role of an SG.

2.4.2. Participants

2.4.2.1. Sample

A purposive sample was used in this research. Four SGs were recruited from peer support groups run by a national charity specialising in supporting kinship carers and SGs. The acceptable sample size in research is contested and thus, it is argued there is no correct number of participants for qualitative projects in general (Baker & Edwards, 2012). Instead, it is dependent on the research questions and the remit of the research. Accordingly, through collaborative discussions with my supervisor and consideration of the research aims, it was concluded within the parameters of the project, four lengthy interviews would be able to answer the research questions in sufficient detail and contribute new information to the field. Further interviews would have generated too much material for analysis, meaning the analysis could not have examined the narratives in sufficient depth (Potter & Wetherall, 1987).

¹² See Appendix I.

2.4.2.2. Inclusion Criteria

Participants were required to meet the following criteria:

- aged 18 years old or older,
- be in the process of obtaining, or have been granted, an SGO,
- caring for at least one child, aged between 0-18 years, due to the child being unable to live with their birth parents,
- caring for the child for at least six months to ensure they had sufficient experience to draw upon in the interview¹³,
- able to speak conversational English so the researcher could competently transcribe and interpret the interviews, and
- living in London, for ease of travel.

2.4.2.3. Source of Participants

The research was conducted in collaboration with a national charity which supports kinship carers and SGs.

I initially met with the CEO and Communications Manager to introduce myself, outline the project aims and timeframe and discuss the possibility of recruiting SGs through their peer support groups. This was subsequently agreed formally in writing (Appendix E). With permission, I contacted the peer support group lead worker by email and arranged to attend three peer support groups in London.

The groups aim to provide a space for local kinship carers and SGs to meet. Attendance is voluntary and individuals are invited by their supporting social workers or they learn of the group through word of mouth or through the charity's website. Roughly, 10-15 kinship carers attend each group, with one to two professional facilitators. Not all attendees had an SGO, but all were kinship carers. In my observations of the groups, all attendees were female, aged between 20 and 70+ years, and a range of cultural and ethnic identities reflecting the London population.

¹³ In line with other research (Selwyn et al., 2013).

2.4.2.4. Invitation to Participate

During the groups' break, I introduced myself and gave a five-minute explanation on the research. I handed out copies of the information sheet (Appendix F) and had individual conversations with those who expressed an interest. After these conversations, I exchanged contact details with seven interested kinship carers. We agreed I would contact them at a specific time. The first four interested individuals were contacted and a suitable time and location was agreed for the interview. As these interviews were successfully completed and there was sufficient data to analyse, the remaining three participants were contacted via a text message and thanked for their interest. They were told I had obtained the required number of participants and therefore did not need any more participants.

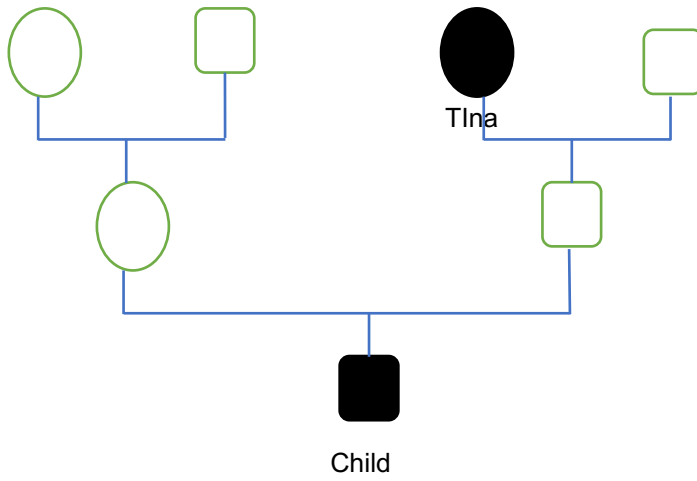
Interviews were conducted with four women in public libraries or cafes, of their choosing. The public environment may have reduced the level of privacy and therefore affected how comfortable the participants felt to share their experiences. Interviews lasted between 52 minutes and two hours 22 minutes.

2.4.2.5. Participant Demographics

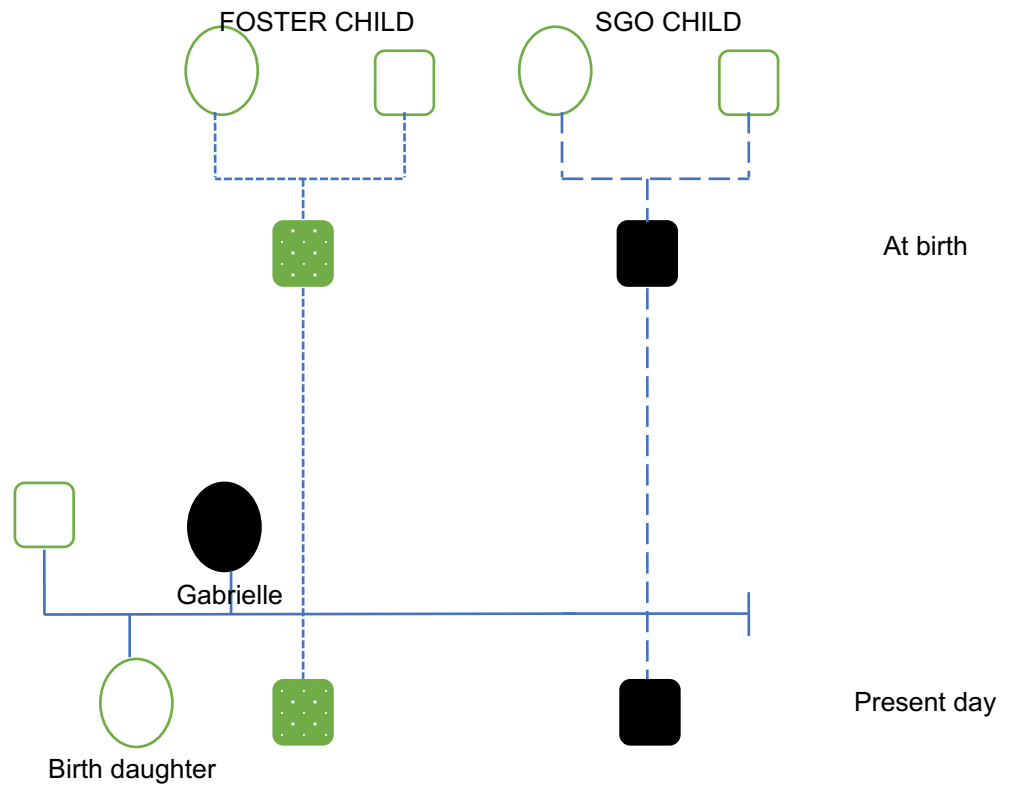
To provide some context to the lives of the SGs who took part, a summary of the participant's relationship to the child(ren) and the nature of their SGO has been provided here, along with a genogram¹⁴. Pseudonyms have been used throughout.

¹⁴ The genograms are to illustrate the Guardians' relationship to the child(ren) for whom they have the SGO. Information that could identify them and their families has been removed and so the genograms are not necessarily reflective of relationships they have with other individuals. The SG and the child(ren) are in bold.

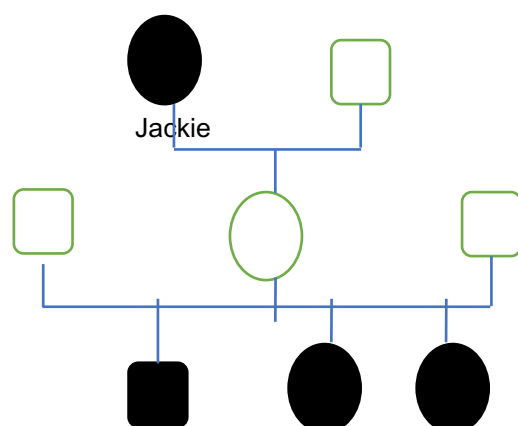
Tina is a single Black African female in her fifties. She is the paternal grandmother, and SG, to her grandson whom she has looked after for six years.



Gabrielle is a single Black Caribbean British female in her forties. She is also a registered foster carer. She has looked after her child for eleven months, since he was a few days old and came into her care as an emergency foster placement. She received the SGO for him one month ago. She has an adult birth daughter and cares for a 16-year-old foster child.



Jackie is a single White British female in her sixties. She has three adult children and is the maternal grandmother for three grandchildren, whose birth mother lives nearby. The eldest child was 18 and about to leave home at the time of the interview. The two youngest children are in primary school and have a different father to the eldest child. Jackie has been their Guardian for four years.



2.4.3. Procedure

2.4.3.1. Informed Consent

Prior to the interview starting, participants were given another copy of the information sheet and asked to read through it. I explained the research was hoping to hear from SGs and all questions were answered before commencing. Participants were asked to read the informed consent sheet (Appendix G) and sign two copies, of which they kept one. I checked they knew they were happy to take part and they consented for me to audio record the interview. All four participants provided consent for the interview to be recorded by Dictaphone.

2.4.3.2. Interview Protocol

I aimed to foster a rapport with each of the participants, asking them about their journey to the interview and following up on conversations we had had at our first meeting. I made clear I was unable to pay them for their time, but I appreciated their meeting me and giving up their time to talk. I offered each of them something to drink and eat, with all but one declining and making their own purchases. We agreed the interview would last approximately one hour, but could take longer if needed. A curious, empathetic, and compassionate

stance was taken, using my clinical skills, developed working with similar families and carers in the field. When asked about my motivation for doing the research, I was transparent about my intentions and beliefs in the area¹⁵ (Finlay & Evans, 2009).

I explained the aim of the research was to hear from SGs about their experiences and I would not be asking lots of specific questions. This was to cultivate a relaxed conversational style of interview and to reflect everyday interactions (Reissman, 2008). In line with NA, a broad opening question was used to start the interview (Jones, 2002). All participants were asked:

“Can you tell me a bit about your experience of becoming a kinship carer?”

Follow-up questions were subsequently used to clarify understanding or direct the participant back to the focus of the research. Although there was no specific set of interview questions beyond the first question, the aim of narrative research is to be led by the narrator and follow their story (Elliot, 2005). Therefore, I did not prescribe the questions that had to be asked, aiming to allow the participants to talk about their life as a kinship carer in a way that felt meaningful to them. I endeavoured to interrupt the participants as little as possible, again to allow their narratives to flow (Earthy & Cronin, 2008).

2.4.4. Ethical Considerations

2.4.4.1. Ethical Approval

Ethical approval was granted by the University of East London Research Ethics Committee (Appendix C).

2.4.4.2. Confidentiality and Anonymity

Confidentiality was outlined to all four interviewees during the consent process. It was explained that their contact details and the interview audio file would be stored in a password-protected file on a password-protected laptop, in accordance with the Data Protection Act (2018). Audio files were uploaded to the laptop after each interview and the original files were permanently deleted

¹⁵ Outlined in Section 1.1.

from the Dictaphone. Only the researcher had access to the password-protected files.

Each participant selected for themselves, or was given a pseudonym, to protect their anonymity. Identifiable information was removed from the transcripts and field notes. The transcript files were stored on password-protected files on a password-protected laptop. In reading the information sheet, interviewees were informed that my Director of Studies (DoS), Dr Maria Castro Romero and Field Supervisor, Dr Karen Treisman would have access to the anonymised transcripts. After the thesis has been approved by UEL, I will delete the audio files and contact details. For publication purposes, the anonymised transcripts will be kept on the password-protected files and laptop for a period of up to three years, as outlined in the information sheet.

2.4.4.3. Right to Withdraw

All participants were informed that they had a right to withdraw from the interview at any point and could have their data removed up to two weeks after the date of the interview. It was explained that after this date, analysis would have begun and it would then be difficult to extract their contribution from the overall project. None of the participants contacted me to say they wanted to withdraw their interview within the two-week window.

2.4.4.4. Safeguarding

Whilst there was minimal risk of physical harm in taking part, I endeavoured to reduce the potential risk of psychological harm which could have occurred after talking about potentially distressing aspects of their lives. As such, a risk assessment was completed (Appendix C). After each interview, using my clinical skills, I spoke with interviewees about their reflections on the interview and was content that all four were not distressed. Nonetheless, participants were also given a debrief sheet (Appendix H) outlining a comprehensive list of national and local support services, adapted to the kinship population. I explained that if they had any concerns, they could contact any of the organisations on the sheet for support.

In case any safeguarding issues arose during the interview, I had identified the contact details for the Local Authority in which the participants lived. I also had the NSPCC helpline number for advice for professionals, in case I needed to raise concerns about a child. If an immediate urgent issue had arisen, I had planned to contact 999. If any concerns had arisen, I would have documented the concern and actions and reported it to my DoS, in line with the BPS's Code of Ethics and Conduct (2009). No concerns for any individual's safety or well-being were raised during the interviews.

2.5. ANALYSIS PROCEDURE

2.5.1. Transcription and Interpretation

Transcription was an integral part of the overall interpretation process and reflective notes were taken throughout. A systematic transcription process was adhered to, meaning all utterances, pauses, interruptions and non-verbal communication from both the story-teller and researcher were transcribed.¹⁶

The types of NA selected were based on the researcher using their extensive reading of the area and immersing themselves in the transcripts through multiple re-readings. This then led to the generation of ideas and further, more detailed appraisal of the NA field, to determine the type of NA which suited the data the most. After this, the specific NA questions¹⁷ were applied to the transcripts¹⁸.

2.5.2. Participant Review of Transcripts

Transcripts are not the sole version of an interview conversation, they are one version (Mishler, 1996). Therefore, it was important to ask the participants to review the transcripts to check the interpretations fit with their experience of the interview and the memories of the stories they told. Each analysis was sent to the SGs and at the time of writing, I was waiting to hear back from them with their feedback.

¹⁶ See Appendix J.

¹⁷ See Appendix L.

¹⁸ See Appendix K.

2.5.3. Evaluating Narrative Analysis

The concepts of reliability and validity are positioned within a positivist epistemology (Tracy, 2010). This research however proposes that the narratives created in the interview contexts were instead representative of an individual's story at one point in time, and therefore it would be unsound to claim the analyses were representative, and therefore generalisable, of the whole of the SG population (ibid). The researcher has instead attempted to be transparent throughout the process. Transparency provides the reader with clarity on the decisions made and steps undertaken, allowing them to effectively evaluate the research process and outcomes (Earthy & Cronin, 2008).

In recognition that narrative research does not claim to be replicable or objective, Riessman (1993) suggested five criteria to be used to evaluate and demonstrate integrity and robustness of narrative research:

- *Persuasiveness*. Does the researcher convince the reader of their interpretation, i.e. is it plausible? Do the participant's narratives connect to theory and previous research? Are counter explanations reflected upon?
- *Correspondence*. This can be demonstrated when the interpretations are given back to the participants and they concur with the findings, which suggests the research is credible.
- *Coherence*. Interpretations must be revised to ensure appropriate connection to the narratives told and the topics included in the narratives, allowing for consistency between what was said and what was interpreted.
- *Pragmatic use*. Can the research findings can be used in the future by other researchers, clinicians and kinship families?
- *Trustworthiness*. How transparent has the researcher been about the research process, justifications for decisions made, the analysis process? Does the reader trust this piece of research?

3. ANALYSIS

This chapter presents the performative and dialogical narrative analyses of the four interviews. The SG's accounts have been presented separately and their key narratives have been highlighted. Brief extracts from the transcripts, illustrative of the analysis, have been included. My comments and questions were removed from the extracts for readability, unless they contributed to the co-construction of the narrative being analysed in the text.¹⁹

3.1. TINA: "...you're supposed to be this super human..."

Tina narrated her story of Special Guardianship with a clear but reserved quality. In my opinion, she maintained a sense of composure that perhaps served to protect the more difficult times she had experienced. This may have also been because she had been an SG for many years and there could have been a distancing of her current self to the one who started the SG journey six years ago. Key narratives for Tina focused on having to be a 'super-human', her relationship to professionals, making sacrifices and learning for the benefit of her grandson.

*[941-992] Tina: ... [birth parents] let feelings come in. The antagonistic feelings that they feel **for** the carer stands in the way of them thinking straight and actually thinking ... 'actually I should put the needs of the child before my own feelings'... That doesn't come in at all... As the SGOs, we've been made to be like some sort of super-humans. ...You're meant to be responsible for this child. But when the other people in the child's life present problems, you're supposed to be there to handle it. And also, the negatives that come with it, you're supposed to be this superhuman that is meant to...still be in one piece. Deal with it. **Deal with [birth mum] Deal with [my son]. Deal with the child and still do your job. And sometimes we feel we're not heard properly [4]***

Georgia: By who, do you think?

¹⁹ See Appendices M-P for example transcripts.

Tina: The professionals I would say. ... People that are actually there to back you up. In ...the positivity you're trying to shape in this child. You expect more support. And you don't get it. It's like 'oh be a mum' 'oh be a dad'. So 'just deal with it.' ... 'yeah, but it's impacting the child in a negative manner'. And you're saying, 'the best interests of the child'. So, if it's in the 'best interests of the child', then why don't you do something about it?

[1011-1013] Tina: Yeah. The self-care How to take time out ... because ... you are also delicate. You are also a human being.

Tina narrates her experience as one that can be overwhelming, in which she feels undervalued and stretched by the demands placed on her. Her story highlights the lack of support expected from the people she felt were meant to be helping her, that is, the professionals involved in her grandson's care and his birth parents. Tina conveys feeling isolated with a sense of weighted responsibility for her grandson that ultimately resides with her. However, she speaks as though she can cope with the responsibility for him, but it is the other aspects of being an SG which are less acceptable to her and these are the aspects that are harder to cope with. For example the lack of the system support and the complexities with birth parents.

Tina's story suggests she is wanting to create a positive experience for her grandson, but this has been difficult at times, due to other people in his life. Interestingly, Tina's use of the term 'best interests' connects to a master narrative. It is used to convey what a child needs and who is best placed to meet those needs, and all work with children and families must focus on the child's best interests (UNCRC, 1989). In using this term, Tina positions herself as more of an expert than the professionals. She appears to be speaking directly to the professionals who have told her to 'be mum', 'be dad', as well as be responsible for the child. Through her narrative, Tina positions herself as feeling like the only adult who can prioritise her grandson's best interests. The very fact that the professionals expected her to do everything and just 'deal' with it, for Tina, means the professionals were not thinking of his best interests.

The implication is that if they were, then they would have provided her with support in managing the difficult aspects.

Furthermore, Tina talks of the 'antagonistic feelings' directed at her from the child's birth parents, indicating others make her role as his carer harder. Again, this indicates she has been positioned as a 'super-human', who must remain in 'one piece' for the sake of her grandson. But this does not speak to Tina's own vulnerability and it misses her feelings as a human. At one point, Tina is silent for four seconds. Perhaps she was using the silence to convey just how unheard and undervalued she felt. Additionally, her loss of voice may have also been a way to engage me as a listener, to ensure I was listening to her at that point in time, even if others had previously not been listening to her. I wonder if the impact of Tina having to be 'super-human' has meant she has felt stretched in having to provide everything for her grandson and being unable to rely upon others for support in his care. Child rearing is stressful and challenging in general, but this must be compounded for Tina and her grandson. It is unfortunate that others cannot uphold her grandson's 'best interests'. Perhaps this means in turn he does not seek support from others and relies on Tina, influencing his relationship to help (Reder & Fredman, 1996).

Tina resists the 'super-human' position she feels she has been put in by professionals. She does not call herself a 'super-human' because she does not believe she should be doing everything without support from professionals. She feels it should be a team effort. In quizzing this label, she is resisting how the professionals have positioned her and other SGs. She speaks on behalf of other SGs, indicating these are notions she has encountered in her contact with other SGs in the support groups. The use of the label has been disguised as a compliment by professionals because it covers up the lack of support carers receive, also indicated in previous research (Mervyn-Smith, 2018). Thus, there is a discrepancy between how Tina identifies as an SG, and how SGs are seen by professionals through her narrative. This is of concern because she indicates many SGs also feel unsupported and this is likely therefore to be impacting on many children in their care. Any increase in caregiver isolation and stress is likely to impact negatively on the children they care for. The 'super-human' identity is not taken as a compliment, in fact, it is resisted by Tina. In being

deemed a 'super-human', Tina conveys this as invalidating of her experiences and it does not speak to the challenges she is left to cope with by herself, or recognise her human-ness, which she subsequently goes on to acknowledge.

[684-699] Tina: Or she would just signpost you "why don't you see ... tell this person or call maybe the council and ask if you can maybe speak to somebody."

Georgia: So you're still having to do that yourself?

*Tina: Oh yeah. Oh yeah, yeah. Oh yeah. I mean the whole process is a self, mainly **DIY**. To be honest with you. Sometimes they will even say "oh when you need the support, call." Sometimes you call and the help and the support will not be forthcoming. So, it gets to a point, you have to look for the thing yourself. Or the advice yourself. Seek somebody else to ask. It's not always forthcoming.*

This further connects to the idea that it has been difficult for Tina to be a human as an SG, because the 'super-human' position ignores her needs and more vulnerable feelings. Tina emphasises her human-ness when she speaks of not-knowing and having to find things out for herself, emphasising this in calling it 'mainly DIY'. The term also denotes a mechanical and non-human approach, which contrasts with how Tina performs her identity. The 'super-human' position has also served to isolate her from professional support because she has been expected to be knowledgeable about the various processes involved in Special Guardianship, as well as being pro-active in finding the support she needs. This was conveyed in a frustrated tone, which perhaps suggests Tina had internalised the need for her to be 'super-human' because she knew the support would not be forthcoming. Furthermore, there were conflicting and mixed messages which seemed to have contributed to her not being able to trust services. This double bind can lead to patterns of not asking for help because one does not feel emotionally safe to ask, which results in less requests for help and ultimately, less support.

In general, Tina did not talk favourably about the professionals, processes and systems involved in becoming an SG.

[605-624] Tina: I remember it was stressful. I remember you know the whole assessment process? It's like somebody removing your clothes off your back. It was that stressful.... having professionals coming in and out of your life.... them probing your lifestyle, probing you. it's one of the most horrendous things I've ever done. But I know along the line they will say 'you can pull out at any time' it's been one of the most, it was a really really daunting experience. You know? ... you would think ... "I don't want ...to go through that again." It wasn't a pleasant experience at all.

[634-639] Tina: Yeah it was one of the...it was like somebody that you don't know just coming and just removing off layers of clothing from off your back. It was really really invasive

The assessment process, which was her first impression and the start of her relationship with professionals, was used by Tina to highlight the exposing nature of her journey as an SG. It was experienced as 'stressful', 'probing' and 'invasive'. The comment from others, presumed to be professionals, suggests Tina did not have many options, she either had to endure the process or give up, which did not appear to be an option for her. Tina's metaphor of having her clothes removed from her back is hard-hitting and her use of repetition of the word 'really' suggests she is wanting to convey to the listener how difficult and distressing it was for her. The metaphor conjures images of being left with nothing, being laid bare, being exposed, and being unable to protect oneself. Her use of the word 'daunting' indicates she might have felt overwhelmed and unprepared for the Guardianship process, again highlighting the lack of information and support she received. I imagine at this point in time most of Tina's psychological focus and energy was consumed by the assessment process. This makes me wonder about the impact of such gruelling processes on the relationship between caregiver's and children if the caregiver's resources are expended elsewhere and the child is also going through the same process. Her grandson's experience of the assessment is not discussed and is therefore perhaps a silenced story.

Tina is also narrating this as an experience in which she felt alone, it was her lifestyle that was probed and her clothes that were removed, nobody else's. Although there was much emotion when Tina was talking in the interview, she did not convey a sense of resentment about her experiences, which one might expect given how tough they sounded. This may be due to the length of time since these events occurred enabling Tina to come to terms with the unpleasantness and pain. Or Tina not wanting to connect to the pain at that point in time because she did not feel comfortable in the interview situation. Alternatively, Tina's resignation towards the professional system could also help to explain this.

[735-744] Tina: ... Because sometimes [laughs] from experience, ... when we go for the support groups you see new people come in. ... they're asking, 'oh I need this information.' And then you see people 'oh, call this one' and I'm sitting there thinking 'ohhh you will call, but you might not get what you want.'

Tina's years of experience as an SG differentiate her from newcomers in the support group. She talks from a resigned, knowledgeable place which conveys a sense that she has seen the newcomer's request for information many times before, and things have not changed since she was assessed. Tina says she thinks they won't receive the support, but she did not voice this in the group in the story. Perhaps her resignation also extends to not getting involved in other people's lives, because she must keep her energy reserved for herself and her grandson. This is poignant as it speaks to how one's relationship to help might develop and some of the negative discourses around feeling alone, undervalued, and not supported, might be reinforced and echoed. These repeated experiences seem to have contributed to Tina's lack of trust and reliance in services.

Even at her most animated, when Tina appeared frustrated, she remained respectful towards those who had frustrated her. The reservation in Tina's story may also indicate there were aspects of her story, or other key narratives, that Tina felt unable to speak about in that context with myself. My role being linked

to the peer support group may have meant she felt she had to hold back from critiquing unfair processes and other professionals.

Through this adversity, as well as a desire to improve her knowledge for the benefit of her grandson, Tina's story has also involved learning and re-learning for the benefit of her grandson.

[11-22] Tina: ... I have to sort of... re-learn some things to make sure that I can give him the best of... You know, in terms of school, socialisation, helping him to develop properly and all that... And it's also helped me to grow as well. Because I see, with my own children, I didn't put as much in as I am putting in with him, which is very strange. [Laughs]. Very strange. I see I am doing a lot more with him than when I was bringing up my own children. ... and it's very interesting, I don't know why ...that's how it is...

*[45-70] Tina: Relearning in the sense of ...academics. For instance, would I be able to help him with his homework? And also relearn, ... when you're bringing up your own children, **you**, doing it from maybe what ...you've learnt growing up and because they are your own responsibility. I think sometimes like looking after somebody else's, there is a bit of a difference. I don't know if everybody is like that, ... I feel with him, I've put more into him than I feel I have done with my own children. Because it's like ...I have to ... sort of ...be accountable to another person instead of ...my own children, be, myself be accountable to myself. I don't know if you know if you understand what I mean yeah? So, it's different in that way*

Georgia: Who is that person that you are accountable to?

Tina: I feel I'm accountable maybe to him, and then maybe the birth parents you know. And also the, maybe the...council that is involved also. Because of circumstances.... That to me makes the difference for my own ...experience.

Tina situates herself as someone who values learning on behalf of her grandson and she also draws the listener into the ways in which her grandson

has benefited her life. It has been a collaborative process whereby they have enhanced each other. She speaks with pride when talking about helping him with his homework and 'academics'. She is indicating that she wants him to do well in school, perhaps better than she or her own children did. She conveys a sense that she wants his environment to be stimulating, nurturing and enriching, which would certainly aid her grandson's development. To provide him with these essentials, Tina has therefore been motivated to learn. She has noticed new aspects of herself that have grown, through the learning process, including a different approach to parenting.

Tina was surprised in the difference between her parenting now compared to parenting her own children. Often the changes in schooling between generations mean caregivers must re-familiarise themselves with shifts in expectations (Wellard, 2011). She may also have been looking for validation from the listener, which could indicate she may have felt some guilt about her parenting. Having a second chance with her grandson could be a way to rectify this. This connects to stories from other carers whose children could not look after their own children due to mental health and substance misuse issues. Narratives questioning their own parenting ability, given their children have difficulties, lead carer's themselves and those around them, as well as the wider public, to ask whether they are then able to care for their grandchild/ younger relatives appropriately (O'Brien, 2012).

Tina's reason for motivating herself to learn, in part, comes from her sense of accountability. She recognised that bringing up her grandson has been different from raising her own children and she expresses she is doing more for her grandson than own children. Her reasons for this could be multiple, but the story suggests Tina has a second chance with him and perhaps due to his early difficult experiences, she is wanting to prevent further difficulties for him in the future, and compensate for some of the past ones. As a Grandma, she is likely to have more time and can consider her parenting choices further, than when she was a parent. She also has more life experiences to draw on. Tina is accountable to her grandson, his birth parents and children's services. The involvement of these people would likely be different to when she was a parent and so the extra monitoring from services may have also motivated her to learn

more and contribute to the increased responsibility she has for her grandson's progress and achievement. In addition, the fear that he may go into care if she is unable to provide for him may have influenced her drive to learn more and ensure his needs are met. This said, putting his needs first has also inevitably meant that Tina has had to make some personal sacrifices.

[23-28] Tina: ...It's impacted on my time obviously, so I need to be like, rushing, rushing [smiling]. And it's like... sacrificial...Because basically it's like... not as strict to put my life on hold, but the child makes me, the priority. I work myself around him and his schedule. So, I find [inaudible], big sacrificial

[86-91] Tina: The sacrifice in terms of... for instance, if he wasn't around me, or I didn't have to look after him, I would just pick up and go and do my thing. But because of him, I have to... think carefully, organise myself properly...

[234-239] Tina: You know ...and it's my main focus anyway. So, I have to make sure he's alright, then once he's alright other things can...move also.

For Tina, making sacrifices has been a part of being an SG. These sacrifices have been her own time, having to adapt her life to be more organised, and putting her grandson's needs before her own. Tina clearly expresses that her grandson is her focus. She does not talk with resentment or regret about having to make these sacrifices for him. Instead, she speaks as though this is what is expected of an SG and as something that she has chosen. This may have been because she was thinking her grandson might read this in the future and perhaps, she did not want him to feel hurt if she had expressed frustration. Alternatively, making sacrifices may be a part of having to be 'super-human.' Tina could have internalised the need to make sacrifices because she knew the support was not available or forthcoming and therefore if she did not do things for her grandson, no one else would. Thus, these sacrifices are motivated more by necessity. Indeed, sacrifices involve loss and having to mourn the imagined life, which is common in the kinship population (Barratt, 2006).

Furthermore, the societal 'master narrative' that mothers make sacrifices in their own lives to benefit their children, that they need to put their children first and be selfless could be influencing Tina (Chase & Rogers, 2001). In narrating her story in this way, perhaps Tina was trying to convey her legitimacy as a parent. Tina's role as her grandson's parent contests another 'master narrative' that biological mothers are the main caregivers for their children (Ranson, 1999). Even Tina uses this in her story to highlight her belief in the importance of the mother-child relationship.

[904-908] I know that they should have that... relationship, I know. That's why initially I allowed her because it was important for me that he experienced like all that all-rounded...supports, natural and the wider family

Tina's use of the word 'natural' here suggests the strength of biology in determining family relationships is a 'master narrative' upheld by Tina. She believes in this so much that she tries to ensure her grandson has a relationship with his birth mum, despite the questions she has about his mother's ability to put his needs first, which she questioned earlier on. This perhaps explains why Tina is respectful and patient with his birth mum, because she believes her grandson should have a relationship with her, as this is a 'natural' thing to do. As Tina does not talk in further detail about her grandson's relationship with his birth mother, I wondered what the impact of maintaining this relationship has been on him, given it has been sustained in part due to the 'naturalness' of it, as opposed to the potential benefits evident to her grandson. Given research has shown difficult contact with birth mothers can detrimentally affect children, it is a big undertaking to maintain contact based on narratives of 'naturalness'.

Although Tina positions his birth mum as his 'natural' mum, Tina does not then say what mum she is. Of course, she is his grandmother, but she is also his primary carer and has PR for him, but she does not tell the listener what her grandson calls her or how she views herself. This may be because she does not want the audience to know, perhaps it is too personal for her. It may also be a complicated issue that Tina did not want to speak about to someone she had

only recently met. In keeping this silence, the listener did not learn of Tina's feelings in relation to the situation, which perhaps served to uphold her 'super-human' identity. Although she contests this identity, by not elaborating on this aspect of the story, Tina's feelings were not heard and her human-ness was once again ignored. Furthermore, as the interviewer, I could have been complicit in this by not asking her more about her feelings in relation to his birth mum and the challenges involves in this complicated relationship.

3.2. GABRIELLE: "...But then I don't feel like I'm being honest if I say 'yes he's my child.' Because he is, but he isn't..."

Gabrielle's story was one of battling to protect her identity as someone who was capable of caring for the baby. The focus on the recent granting of the SGO and the ongoing court appeal led to a context in which Gabrielle was uncertain whether the baby was going to stay with her, so she was in a place of limbo and uncertainty, which most likely influenced the narrative and emotions created in the interview. The unfolding of Gabrielle's story throughout the interview was reflective of the unfinalised nature of her Special Guardianship journey.

*[138-150] Gabrielle: He should have been ... moved from my care around May... then he would have gone to where they wanted him to go. And ...the process obviously switched and now he's staying with me and he's been granted, I've been granted the SGO. I've received the order. They've still got his passports and everything, which I **want**, but I think they're holding onto it because they're appealing, they're hoping that the decision will change. But really I should, I should have all of that because I'm his Guardian but I've not even been able to even celebrate or even...embrace the role because I'm still on tenterhooks of what will happen if the appeal goes ahead or is successful? Admittedly...I can't see any reason why it would be overturned. It seems to me, obviously, I haven't got a legal background, but the judge considered all the evidence and even the evidence was biased against me, and still considered me the person worthy to be his Guardian.*

Throughout her journey, Gabrielle has had to adapt to the requirements of the system, highlighting the unexpected turn of events, which she did not plan for. This is also an example of the complex system which people must navigate. Her transition from foster carer to SG has altered her identity, which she has felt has been scrutinised by others in the system. Although she says she is his Guardian, there is a hesitation and her story suggests the appeal and not having the items she's entitled to, such as his passport, have undermined her legitimacy as his Guardian. She is in a transient phase and still has not been able to fully process or transition to her new identity. Gabrielle uses the credibility of the judge, who holds professional expertise, to confirm she is the rightful Guardian to him, even if others, and perhaps herself, question this. Thus, she is conveying to the audience that she is his valid caregiver. Undoubtedly, this uncertainty would have impacted on the baby and their relationship. Babies are attuned to their caregiver's behaviour and emotions (Perry, 2004). Thus, if Gabrielle was unsettled due to external demands and challenges, it is likely the baby would also be too. Throughout Gabrielle's narrative, her various identities were questioned by others and she endeavoured to demonstrate her legitimacy.

*[1120-1132] Gabrielle:.. I mean this is what everyone is saying initially was that 'you can't, a foster carer doesn't get it. Especially if there's family members involved.' And I think there's always a first in everything. I mean I don't think I'm the first but... there is always a first for **absolutely** everything that I mean. There was a time when it wouldn't be seen that a white woman sitting the same restaurant and eating together like this you know? And here we are. 2018. So why not? Nothing doesn't start without a*

Georgia: First.

Gabrielle: Yeah.

[1061-1073] Gabrielle: ...I think obviously I've said to them there's different things, there's kinship and there's adoption and there's fostering. I said but one you don't hear about is the SGO. ... obviously a part of that is because it's still so new but definitely it needs to be out there that it's available because I think there's a lot of people that would

be good at it and would want to do. But I think that it's something that they definitely seem to save for grandparents or just family members. And I think that's one of the things with the LA that they're scared it's going open the floodgates.

In bringing historical racist divisions into her narrative, Gabrielle positions herself as a trailblazer. She may also be speaking to the justice of the situation, feeling oppressed and lacking in power. She appears to be alone in her identity as a foster carer, then as an SG, but is content in being one of the few to have made this transition. She uses myself, a white woman, and herself, a black woman, sitting in a restaurant to convey this would not have happened at one point in time, but it was now happening, without protest, and so perhaps the same would be true for foster carers becoming SGs in the future. There is always protest and unrest when social changes occur, but many years later, situations which were once unheard of can be unquestioned and ordinary. Gabrielle suggests this is her hope for the future of foster carers applying for SGOs, but also indicates that there may be a battle to get there. In addition, there is a sense that Gabrielle is in survival mode, similar to survival modes of trauma.

Gabrielle's identity as foster carer meant she was not considered for the role of his Guardian initially. She conveys this as a questioning of her capacity to care for him by the system and professionals, that a foster carer does not have a strong enough relationship with a child to be able to care for them permanently and that birth family are always the first option for SGOs. Although it is understood there may be other reasons why the LA did not support her application. Whilst Gabrielle understands this, she contests the notion that foster carers are unable to be SGs. Instead, she believes others should also be assessed for SGOs, because they have the capacity to be successful in the role. Gabrielle positions the LA as not wanting to put forward foster carers, and keeping SGOs hidden from common knowledge, because the LA would potentially lose their foster carers as a resource, denoted by her use of the term 'floodgates.' This suggests she views the LA as not being able to cope with foster carers being encouraged to apply for Special Guardianship, which serves to question the political motivations of the LA. Gabrielle's identity as a foster

carer is further questioned by professionals and the birth family over deciding whether the baby can call her mum.

[578-609] Gabrielle: And what's unusual about being a guardian. Is people asking me 'is he your son?' Because I don't know what to say. Because I think people would understand if I said 'I'm his foster carer or carer.' ... I don't think they'd maybe understand if I said 'a guardian.' I think it would prompt more questions. And then some people say 'well don't say anything because he's yours now.' But then I don't feel like I'm being honest if I say 'yes he's my child.' Because he is, but he isn't. So, I don't know.

Georgia: So, what do you say?

Gabrielle: ...So far, when I have met people who like... I met this lady in the week, but I didn't feel comfortable to because I think to myself, it's a bit more information than I wanted to share... also I think as he gets older he won't want me having to explain that every time. So, I'm having to work out as I go along, what's gonna be best. I remember in court they asked me what would I expect him to call me. And I thought 'I don't know' because I haven't had a chance to think about it. And it's always been natural that a child calls you either mum because, or aunty or everybody else calls you that. So, I don't know what he's going to hear or what he would assume.... I really really don't know what to say. And obviously the opposing argument say the family don't want him to call you mum. So, I said 'I'm not asking him to call me mum.' And there's variations of mum, especially in the African Caribbean culture there's 'nana', 'mumma'. And they said, 'they don't want him calling you any of that.' So, I said 'well I'll leave it to him', they said 'you're going to leave it to your baby?' So, I said 'well let's see how we progress with...' 'Oh, so you're not thinking...' And I was like 'oh my god!'

The importance of a name is highlighted because it shows how we convey the meaning of our connection to others. There are multiple, competing voices restricting Gabrielle in what she can call herself in relation to the baby. There is a sense that Gabrielle is unable to get it right by the professionals in court, the birth family, the baby himself and strangers she meets, and is therefore left not

knowing what to call herself. The narrative also suggests there is a conflict in the time frame of having to decide, which perhaps suggests the system does not have room to allow Gabrielle time to consider her options. She has recently become his Guardian, which denotes a more permanent relationship, but perhaps she is still adjusting to this, which is why it is difficult for her to call herself his Guardian. This may also reflect her uncertainty and worry about what he will call her, especially when she is still in limbo. Although the child cannot yet talk, I wonder whether this issue will be resolved in time for him to be certain of what to call Gabrielle.

Gabrielle's narrative conveys how other people are expecting her to make decisions, but hurrying her and criticising the suggestions she has made. This positions her in a place where she can only use less traditionally meaningful terms, such as foster carer or Guardian. Gabrielle is not able to use a culturally significant name by the birth family, which suggests they disagree with her being his Guardian. In families where children live with their biological parents, parents do not have to negotiate what their children call them because names such as mum and dad, are used unquestionably. However, Gabrielle's experience is different because she is in a non-biological caregiving relationship. The importance of a name is further highlighted in Gabrielle's story about her own childhood experiences, which may link to her current uncertainty of what the baby should call her.

[611-642] Gabrielle: ... I didn't call my mum 'mum', I called my mum 'G'. ... I called my Grandma 'mum' because when I was young, ... my mum came to London ... and until she found a place, I stayed with my Grandma. And at that age, all my aunts and uncles were saying mum and dad, so I called them mum and dad. And when I came to my mum in London when I was about 4... she kept saying 'call me mum, call me mum.' But it was already too late, I'd already started saying. So, I called her 'G'. She used to be upset, but then we just got used to it. But whenever I would refer to her, I referred to her as mum. And I remembered that I knew she. It is so funny, that's why I say about things that are in your memory...

The master narrative that biology determines who is and who isn't a mother is questioned by Gabrielle. The main caregiver for Gabrielle was her grandmother. Thus, her role as a foster carer and an SG are in-keeping with her early experiences of the main caregiver being someone other than her biological mother. In this way, she arguably has some similarities to the baby's experience. She is using this story to support her legitimacy as his caregiver, to contradict those who say that, because she is not biologically related to him, she cannot be just as good. Master narratives around parenting and families mean this is often viewed as the best for children, which gives little appreciation for stories of other types of families. Furthermore, in using her own experiences as evidence that children do remember, Gabrielle is highlighting why she does not want to pressure the baby to call her mum. She experienced the pressure and it did not change who she viewed as her mother, which suggests she believes the baby will also decide who his mother is for himself.

[644-656] Gabrielle: ... Which is probably why... doing this with you, might be actually helpful to me, just talking through it because you know. When they say ... 'children don't remember' I mean I know I was young when my mum was trying to get me to call her mum ... just because they're so little, in fact I read up. And this is reading up to prepare myself for the court case, it said that, separation from a child for a child that's been through what he's been through, separation and experience of loss at his age is akin to removal of the relationship, that's how deep it will be. When all the local authority are saying 'he won't remember, he's too young to remember.' Yes, he might not remember me but there's a smell, there's a feeling that he will remember you know?

Gabrielle contests the professional narrative that infants do not remember their early experiences. She is certain the baby will remember her, even if it is through his senses. Gabrielle positions herself as someone who informed herself through reading of expert knowledge and uses master narratives/theories around attachment and loss, to bolster her argument that she will be remembered. This stands to undermine the professional's narrative, but also may serve to mask a more difficult thought for Gabrielle: what if he does not remember me? She wants to be remembered by him and therefore wants the

counter-narrative to be true. In addition, there is a sense of the uncertainty in their situation here. If Gabrielle was confident she would continue to be his Guardian, then there would not be any question whether he would remember her or not, because he would be in her care. Perhaps at this point she was looking for reassurance from the listener, as a professional who works with children, to agree with her that babies do remember. As this did not come from myself, I wonder if Gabrielle was left feeling uncertain about the prospect of him remembering her.

Through the example of not being able to call herself his mum, Gabrielle also demonstrates the battle she has had to care for the baby with the LA and the birth family.

*[987-1007] Gabrielle: ...And they were literally laughing that I'm representing myself... And it was when the people **for** me started questioning me that I started to cry. And I don't know what it was, I think that I was so hammered ... that when I was getting, somebody being nice to me. It just made me cry. And literally I saw the LA and family laughing that I was crying. And I thought 'how do you even do that? I've actually just left, you know, your grandson, I'm going to pick him up after that? How can you laugh when somebody is crying?' That shows me a lot about who you are. And then they said I was putting it on because of the judge and I'm thinking 'the judge is not going to rest her professional reputation on [laughs], on whether I cry or not.' It's just. I've seen another side of social work that, I'll be honest with you, if it didn't happen to me, I didn't think it was possible. If social worker gave me a report and said 'this is the report on' I would say 'well a social worker wrote it, it's true.' But now I think [disapproving face], yeah!?*

Gabrielle indicates she felt alone in the SGO process, having to represent herself and to battle against professionals in court. She portrays herself as someone who is shocked by the way she was treated and as someone so worn down, 'hammered' by the process, that she is surprised when someone showed her kindness. Gabrielle's narrative conveys one of change in which she previously would have trusted social work professionals, but now does not,

suggesting the process has led her to lose faith in those around her; and made her see social work in a negative light. She now does not believe professionals, which has left her in an isolated position, and unable to seek support from those in the network. Gabrielle also speaks to the birth family and questions how they can treat the person caring for their grandson with such hostility. Gabrielle demonstrates how shocked she was at the treatment by other people, suggesting this is not how she would respond to other people and thereby positioning herself as someone who has compassion and empathy. The battle with the LA narrative situates Gabrielle as someone who cannot win, despite working hard and informing herself to put her in a more credible position. Alongside the breaking of Gabrielle's values, her relationship to the child has also been undermined.

[748-751] Gabrielle: I think that they... would like to dismiss it as ... attachment, an unhealthy attachment, because obviously, attachment is natural. But I think they would like to see it as an unhealthy one when I think that it isn't.

The master narrative of the attachment theory is used in Gabrielle's story. The voice of the LA has used it to challenge Gabrielle's relationship with the baby, saying it is 'unhealthy'. This connects to another narrative that there is an ideal, secure, attachment that foster carer's can develop with LAC (Gribble, 2016). Gabrielle's story is suggesting she has overstepped this boundary and has become too involved, which has led to an 'unhealthy attachment.' Gabrielle does not question the master narrative of attachment, but does challenge how it has been used to undermine her relationship with the child, and perhaps her professional integrity. This also leads one to question how we view relationships, what is natural, healthy and how much of that is linked to biology or nurture. If Gabrielle was biologically related to the baby, would her attachment be labelled as 'unhealthy'? Certainly, secure, loving relationships are vital for healthy children's development and overall well-being (Perry, 2004). It is recognised that the reasons behind the LA's decision-making are unclear to Gabrielle and therefore are not conveyed in her narrative.

Throughout Gabrielle's narrative, not only have her identity and relationships been questioned, but so has her social standing and life choices.

[668-689] Gabrielle: Yeah... we are a modern blended family, we really are. We were laughing yesterday: [Caribbean], [African], [Eastern European] you know? And ... this is the whole argument they had against us, it was just sooo ridiculous that... in modern day Britain. One of the things they were saying also is that I am a single person. And I'm thinking ... it makes no sense, the fact that I'm a single foster carer and yet you still place children with me and ... one of the arguments was that there's not a man in my home and I'm thinking this is 2018 modern Britain and they're still using that argument. Supposing I was in a same sex relationship and furthermore, he is going to have male role models in his life. Because in modern London there's, he's going to have teachers, he's going to have my friends, my daughter's friends who are guys. You know? So... it is ridiculous. And I actually think that some of the arguments were so desperate that it actually bordered on discrimination, it really was. They actually said that the area we live, knife crime, gun and knife crime, people growing up in, which is true, but at the same time, there's young black boys graduating from university with very good jobs in this area you know? Not everyone's dying ...

Gabrielle talks with pride at forming a 'modern blended family' and locates herself as someone who is forward-thinking. Here again, Gabrielle talks of discrimination from professionals and how outdated narratives are held about family composition. The voice of the LA in Gabrielle's narrative uses master narratives of single parents, knife and gun crime, and the trajectory for black boys growing up in London, to undermine her capacity to effectively care for the baby. Fundamental aspects of her identity have been criticised to position her as someone who is unable to raise a black baby boy in a healthy, safe and positive way. Gabrielle uses her position as a foster carer to counteract the LA's narrative, and demonstrate that she is capable by saying she could be a 'single foster carer' without difficulty, so why would it matter now that she is an SG? It points to professionals using arguments against Gabrielle that do not make sense to her. Furthermore, Gabrielle gives evidence of counter-narratives of

'black boys graduating from university with very good jobs' to indicate to the listener that this is what she hopes for the baby, and that she is confident that the master narratives held by others, especially the media (Hirsch, 2019), are not the truth for all black boys in London. In addition, aspects of Gabrielle's intersectionality (Crenshaw, 1989) are not conveyed as being appreciated and a lack of cultural humility is suggested.

3.3. JENNY: "...you're just food, board and lodging..."

Jenny's narrative focused on her life since the SGO was granted. At the time of the interview, she was involved in a custody battle with her ex-partner, which involved professionals whom she felt were uncaring and discriminatory. Jenny's story highlights the complexity of Special Guardianship in relation to family dynamics, which still have to be managed after the granting of an SGO.

[4967-500] Jenny: ... it's all their opinions. And this is what's really dangerous with what you do as a Clinical Psychologist. They're doing and saying things that's not backed up by evidence. So when you've got a criminal, criminal's all about fact... social worker's is about probability.

[528-529] Jenny: And all it comes down to, who tells the better lies. That is a line you can quote in your paper.

Through Jenny's narrative, I was positioned as a professional who had the power to make claims based on my opinion. Having explained to her that I was a trainee Clinical Psychologist, I experienced her story as Jenny warning me to not replicate injustices she had experienced. I was also aware that perhaps in the interview context I represented a generic professional, as she had conflated social work with clinical psychology. This may have been because in her SG journey both professions made decisions that negatively impacted on her. Furthermore, in telling me what to quote, Jenny positioned me as a professional with authority to have their voice heard, which may be suggestive of her motivations for participating. Perhaps she recognised the potential for a wider audience to learn of her narrative, and this was the tag line she wanted to

promote. Jenny expanded on her beliefs about professionals, based on her experiences, in her narrative.

[1069-1077] Jenny: It's just not a level of professionalism. How these people talk to you and what they say. And when they want to fit their narrative, they're not listening to you and they don't ask for your opinion. That's the main thing, they don't ask you 'well what have you got to contribute?' 'what do you want to say?' ... Not interested, they've just got their caseload... I don't know how many they get, and that's all they're on about, getting through their caseload and doing all their visits. They're not good people, the system needs to be torn down and restarted again.

[454-457] Jenny: But it's just the fact of pure frustration that you're not included in the process... you're just food, board and lodging, that's the way I'm viewed.

Jenny's story about the system is one that depicts it as procedural, transactional and lacking in humanity. Jenny perhaps feels like her voice and opinion have not been heard, valued or welcomed. That she feels processes have overtaken people and that she didn't receive the time she needed or wanted. Jenny also positions herself as someone who lacks agency in relation to the system, someone who has something to offer but is not listened to or valued by professionals. Her narrative conveys to the audience someone who feels used by the system to simply provide the basic requirements for the child. It is suggested that her identity and the unique value she brings, do not matter, and all that is needed is for her to fulfil the job of caring for the child. Jenny's agency is also restricted in the narrative because she talks of not being privy to the process, which may have limited her access to information and potential available support. It is suggested that Jenny lacks power and is not involved in the team around the child, as she should be.

Jenny suggests the system is broken and unsalvageable. In fact, for her the only way for things to improve is for it to be re-built. However, she does not talk of wanting to be involved in this change. I wonder if this is because she is so worn down by not being heard, that she does not have the will, hope or energy

to prolong her involvement with professionals. A lack of partnership is expressed, as Jenny talks of having to work to meet the LA's requirements and yet she conveys a sense that the LA have not met her needs. Through her narrative, the relationship is positioned as one-way, with Jenny having to jump through hoops. She attributes this to the staff not being 'good people', rather than people trying their best within an overstretched, under resourced system, thus drawing on societal narratives that social services are malevolent (Rowe, 2016). The personalisation of blame sits in contrast to her dissatisfaction at the lack of personalisation for herself in the process. Jenny's resignation with professionals and the process is further evidenced when she talks about how exhausted she feels.

[1048-1052] Jenny: And it's almost relentless. You know pretty much, it's been something like this for 10 years. And mainly it just makes you so battle worn and weary and exhausted. You know you just want to lock yourself in a dark room, you don't want to talk to anyone, you don't want to see any professionals, you don't want to talk to any professionals.

Jenny's story portrays herself as someone who has been pervasively undermined by professionals and the battle to prove herself capable of caring for the child. This has left her in a position where she does not have anything more to give the process and does not want to have any further interaction with them. It also portrays a sense that she has felt invaded and her wish is to be rid of them. Although Jenny does not discuss her relationship with the child here, I imagine the stress and exhaustion she describes would have placed a strain on their relationship and reduced her parenting capacity (as it would for anyone in her position). Thus, the system and professionals not only negatively affect the SGs, but also the children they care for as well.

Once again, Jenny's narrative suggests it is the individuals that she has had to do 'battle' with, a somewhat faceless workforce, that have fatigued her. Blame is not placed in the whole system, but in individual professionals. Could this limit Jenny's willingness to be open to any new professionals who may be able to offer her support in the future? Jenny extends her critical narrative of the system

by positioning professionals against her and suggests there are political motives for their siding with other family members over her.

[212-234] Jenny: ...It's just been evident that they've believed everything the other side have said, which is not backed up by any evidence. So, the grandparent 'I'm worried that she's been brought up [does not say but indicates her Black ethnicity]' Now I thought to myself 'now what a load of tripe.' ... You know in my head I'm just thinking 'what brings you to that? To the point that you can actually say that, have it written down in various reports, police statements?' And yet nobody has actually asked you what makes you believe that.

Georgia: Questioned that?

Jenny: Nobodies questioned it, nobody has even said 'well where's your evidence?' Everything that I've turned round and said to them, everything I've got evidence for. Text messages, voice mails, emails, 'oh they're not interested'. So, this is what I'm saying about the whole thing you're dealing with, institutionalised on every level, institutionalised everything, right across the board.

Georgia: So racism?

Jenny: Everything levelled at me and there's no way and there's nothing that I will be able to do that will turn the tide. The only the person that can turn the tide is the child. She's the only one.

[266-270] Jenny: And it's a cheaper way, cos it is cheap because you get money from the LA for the SGO but it's not that much. If you compare it to fostering, this is why they've rolled it out, so let's not get things twisted. They're selling this to make people think 'well you've got to do it, it's a really good thing for you.' And it's not.

Jenny uses an example of racism to highlight the injustice in her narrative. The suggestion is that even when she has 'evidence', she is still less credible than the other family (who are white or of dual heritage). Here Jenny is positioned by other's actions as someone who is not believed, even when she has multiple sources of 'evidence'. Furthermore, racist comments can be recorded officially, replicated and left unquestioned by those involved, due to white privilege

(McIntosh, 2003). The implication is that she will never be believed because her ethnicity precludes her from being a reliable person, according to the voices in the story. This highlights how important it is for services to demonstrate cultural humility and responsiveness to inequalities in work practices.

Politically, the narrative locates SGs as inferior to foster carers, who receive more money. Jenny portrays this as a further injustice and discrimination against an aspect of her identity as an SG. She represents SGs as not being entitled to the same level of financial remuneration as they are suggested to be the 'cheap' option. There is a sense that she perhaps feels fooled by the LA, who have intentionally led her, and others, to believe that an SGO was the best option for the family, when in fact the LA's motivations were financially driven. She suggests things have gotten 'twisted', signifying a suspicion that the LA were not honest about their motives to cut costs and the oppressed aspect of the narrative is further emphasised. In addition, Jenny expresses that she has no hope of winning the case, which is perhaps why she is resigned to the process. Some hope is located in the child however. Jenny highlights the power she has to contest the claims made against Jenny and to somehow speak a truth about the situation. This thread is picked up elsewhere in the narrative.

[436-439] Jenny: And the thing is that nobody can stop a child from growing up and nobody can tell them what they did or didn't experience and go through. And if you put in what you get out, so I think I've just put the best I have in and ... if it goes tits up, she'll come back later.

Whilst there were elements which focused on the child, Jenny's narrative mostly emphasised the injustice in practice and the system. This may mean that the child has been somewhat lost in the system and politics. The view suggested here is that in the long-term, Jenny's care for the child will pay off because she will be able to decide for herself who has had the positive input in her life. Jenny talks with confidence that the child will be able to decide for herself, even if in the short term, Jenny's fears may come true and PR for the child is lost. However, Jenny does not convey the child's perspective and her story is therefore lost in Jenny's narrative of her battle with the LA and birth family.

Jenny extends the value she places in the nurture master narrative by using it to justify her confidence in her caregiving.

[199-203] Georgia: So she sees herself as very much a part of you?

Jenny: Yeah you are a reflection of the person who you are with you know? ... I think that's about the best way, so it's the person who has input, that has a positive input...

By using the nurture narrative to convey that living beings are the products of their environment, Jenny is indicating, but not directly expressing, that the child is a product of her. Perhaps she was imagining professionals and other family members, who have contested the quality of her 'input', listening to her at this point. The use of the nurture narrative here allows Jenny to validate her caregiving qualities and dispute those who may have used the nature master narrative to suggest she would not be the best caregiver for the girl, because she is not the biological mother (Ranson, 1999). Jenny's narrative, in defending her competence, is further represented when she talked about the benefits of the child remaining in London.

[417-423] Jenny: And there's a lot more stuff to do down here ... so she can be stimulated on many levels, get to see all the sites, I took her to Buckingham Palace...Up there you've got to travel somewhere in your car, or you've got to pay money to go somewhere. You can't really do a lot the things we can do here for free. Be stimulated, the richness, the culture, the vibrancy and all the people.

In constructing her narrative in this way, Jenny questions whether the other family would be able to meet the diverse range of needs that the child has, because they live in the north. Perhaps the metaphor of London may represent Jenny herself, in that the child would be better served by remaining with her. She can stimulate and provide the richness of culture that would not be available in the north, with them. Thus, Jenny is wanting to maintain cultural and identity links for the child, which connects to previous research (Hegar, 1999).

Given Jenny has already emphasised the racism she has experienced from the family who live in the north, I wonder if there is also an undercurrent of fear about the potential racial discrimination that the child might experience if she was placed in the north, by her use of the words 'culture' and 'vibrancy'? The child's dual heritage is also replicated in her dual identity of being connected to the north and south of England. This aspect of the narrative highlights the split in allegiances that children can face when their family dynamics are complex. Unsurprisingly, this can then lead to confusion in their own narratives about their identities (Denborough, 2014).

3.4. JACKIE: "I am their protector"

Jackie's story centred around the responsibility she feels for her three grandchildren and her identity as their 'protector'. In looking back on the events that led to her becoming an SG, Jackie's narrative highlighted the complexity of managing the psychological impact of Special Guardianship.

[1057-1064] Jackie: People need to know that there is somebody out there watching them, somebody is out there that isn't going to allow anything to happen to them. And it may be a bit over the top, at the end of the day, they're my princesses. I have to look after them. I am their protector. Who is going to protect them? You never get over drugs. Nobody can say 'I am cured' because they're always in recovery. Anyone that's been on drugs or drink, they always tell you 'you don't get over it, you're always in recovery, it's one day at a time.'

Jackie portrays her grandchildren as being vulnerable and in need of protection. She positions herself as their 'protector' and implies she is the only person who can safeguard them. There is also a sense she is fearful of what might happen to the children if she can no longer care for them when she asks, 'who is going to protect them?', which may connect to her age. Furthermore, this may link to a wish to have protected the children earlier, and a sadness at what they have experienced.

As a listener, I understood her use of the Alcoholics Anonymous/ Narcotics Anonymous master narrative to indicate she believed her daughter would not be capable of caring for the children, because, following the narrative, she has a 'disease' that would mean should would always be in 'recovery' (Narcotics Anonymous, 1986). The use of the master narrative suggests there is perhaps little hope for her daughter's future self to regain custody of the children. Thus, the responsibility for the children is located solely within Jackie, forever. This may connect to other aspects of her story in which she highlights her age and a fear for the children's future.

[1051-1053]. That is the worry. I'm getting old. I know it sounds a bit out there... Grooming gangs are everywhere; will people see my girls as vulnerable and target them? It's hard, it really is hard.

Here Jackie conveys how her age may limit her future self from being able to protect her grandchildren from outside threats. Again, her fear speaks to Jackie being responsible for safeguarding them, without the support of others to rely upon as a safety net. It is also suggestive that the girls are vulnerable and will not be able to protect themselves, even when they are older. Perhaps this connects to the notion that they are somehow disadvantaged because of their early experiences.

[272-282] Jackie: ... I just tell them 'you're the best, there's nobody better than you', you know? Because I want them to be... proud of themselves...

[146-147] Jackie: ...they've already had a rough start in life.

In attempting to demonstrate how much she wants the children to do well, Jackie is perhaps silencing a concurrent story of fear for the children's futures. This may connect to her daughter's drug use and the narrative that children follow their parent's footsteps (O'Brien, 2012). In her attempt to engender confidence in them and boost their self-esteem, Jackie may be trying to mitigate against the feared negative impact of the loss of their mother and the effect of the mother's drug use on the children. She is acting as a counter influence to

lessen potential feared consequences for the children. This is also indicated when she talks of not wanting a social worker to disrupt her grandson at school. Perhaps she feels responsible to counteract early negative experiences, so gives her all to her grandchildren.

[229-237] Jackie: ... 'you're making him different, the class are going to know... And she says 'oh well..'... I said 'I don't want you going in' ... and I thought I couldn't care if I come across aggressive, I'm here for these children, I'm not here for you. And I said, 'Look don't make him different from his friends, he's got enough to live with without that.' You know, thirteen, he could have gone any...

The narrative indicates her grandson 'could have gone any' way, which has been interpreted as him having the potential to go off the rails due to how much he must 'live with'. Teenage years can be challenging for many children, especially if they are experiencing prolonged familial difficulties. Therefore, Jackie's concerns for her grandson are not unfounded. Furthermore, making him different to his peers could possibly trigger him to slip-up and end up like his mum. This connects to the master narrative in research which shows LAC often have difficult adulthoods due to their experiences (O'Higgins et al., 2015). Once again, a grandchild is positioned as being vulnerable and in need of protection, with others as having the power to undermine this. It is also possible that Jackie wants to prevent her grandchildren from facing the stigma that her daughter and herself have encountered from others.

[370-376] Jackie: it's hard because [inaudible] you've got to live with the fact that the court has turned around and said to you 'your daughter's not fit to look after her own children.' So, you think 'well what did I do that my daughter?' ... And what have you done that your child is like this? And living with that.

Jackie maybe risking stigmatisation further in telling her story to others. Having to live part of her life in the public may have forced Jackie to question her daughter's motives and actions, as she feels distant from, and confused by,

them and she would not have chosen to speak about private matters publicly. By interrogating these, Jackie also questions herself.

These narratives underline how difficult it has been for Jackie to understand her daughter. Whilst she suggests she is moving closer to accepting the situation, there is a resounding sense that it has not yet happened, if at all possible. Her daughter's drug use, and the resulting removal of the children from her care, have possibly led Jackie to question her own parenting, and what, if anything, she contributed towards the events. This is common in other kinship carers (Barrett, 2016), as there is a societal narrative that in some way an individual's own parenting experiences must contribute towards them taking drugs. Perhaps becoming an SG pressed Jackie to reflect on her own actions as a parent to her daughter, which may link to feelings of blame and guilt. This sits in contrast to the judge's decision to award her the SGO, based on her ability to successfully care for the children. This may be a confusing position for her to inhabit. The emotional impact of becoming an SG is alluded to in Jackie's narrative.

[646-654] Jackie: ...then... [daughter]'s test came back in the January saying she'd relapsed, and that's when I got the phone call basically 'pick up your grandchildren by six o'clock or we will.' So, you lot can finish your days' work but, your mind's not, especially I'm dealing [lists important tasks]

Georgia: Yeah, you've got to have your head in that.

Jackie: It's different to stacking shelves at Tesco's, it doesn't affect anyone.

In telling the story of the catalyst for the children moving to her care, perhaps Jackie wanted to convey the unexpected nature of the transition for herself and the children. She was expected to prioritise the children and step into a different life which she had not planned for, and this impacted on her psychologically. She found it difficult to concentrate at work due to the shock and not having time to process the news. She tells a story in which there was frustratingly little flexibility in the demands placed upon her by the professionals, and she seemed concerned that she would not be able to do her job properly as a result. The story positions Jackie as conscientious, but also as someone who has had

to adapt her life to meet the needs of the children, which has involved making sacrifices.

[878-889] Jackie: 'you know what, walk a mile in my shoes will you? Walk a mile in my shoes.' 'Why are you so upset?' 'Do you know how isolated I feel?' 'Why do you feel isolated?' 'Are you for real? Are you really for real? How many women in their sixties do you know that have two little girls or two children attached to them 24/7? Where I go, they have to go. I wanted to go into to London to look at the sites, I've got to take my grandchildren with me. How many other? It's not because I'm taking them on a day out, it's because they're with me. How many other women my age does that? People want to go for a meal, I go see if [other family members] will have the girls. I can't just go off and do anything. ... Where is everyone, where are my so-called friends gone? ... that is... the hardest bit.

The narrative conveys a strength of emotion that portrays the reality of Special Guardianship for Jackie. As the children's main caregiver, she does not have the freedom to do as she wants, as she once previously did. She must consider the children before she does anything and there is a sense she cannot escape them, as they are with her '24/7'. The emotion appears to be directed at the voice of someone questioning why she might be upset, rather than the children themselves. Jackie suggests that people are unable to comprehend her situation unless they 'walk in her shoes'. She is living a counter-narrative to expectations of people in their sixties.

Furthermore, Jackie demonstrates the impact of having to care for children at a later stage of life. Her peers do not have the responsibilities that she does. The narrative of what is expected of people in their sixties has been disrupted for Jackie, which is suggested as one of the 'hardest bits'. In addition, the story positions Jackie as someone who has had to adapt her life to meet the needs of the children and along the way, has lost people she thought she could rely on, leaving her isolated. The challenge of the role was further stressed in the narrative's comparison of SGs to foster carers. Perhaps Jackie is also looking for validation of the sacrifices she has made; recognition that she has had to let

go of another life that fitted with master narratives about the expected stages in the life cycle.

[860-874] Jackie: I don't think they realised... we've got the emotional attachment. We're not a foster carer, not putting foster carers down, but it's different. You're taking on a stranger's child, we're taking on family. ... And I don't think the government or any health care people, social services, don't take that into consideration... When it's all going on and all the drama, social services are coming in, everyone... 'we'll come and see you don't worry.' And of course, when it's all died down, you're not going to these meetings, you've got them, there's nobody there... Even family And you are left to get on with it. Deal with it.

Whilst Jackie endeavours to remain respectful of foster carers, her narrative serves to highlight a distinction, for her, between herself and foster carers. The 'emotional attachment' may be suggestive of the more general bond that relations have with one another and the importance of this for Jackie. Due to the professional nature of the foster care relationship, Jackie is expressing her belief that foster carers could not feel the same as SGs do, that there is something specific to Special Guardianship which means professionals need to take note. I wondered if this might be the expectation for SGs to 'deal' with their situation, meaning they must cope with the impact on the children, family members whose children have been removed, as well as their own emotions. All of which can be complex and confusing. Furthermore, Jackie implies that she was promised support that did not materialise, by professionals and family. The narrative positions her as someone who was leading a hectic life until the people faded away and she was left to negotiate the future for the family by herself. Politically, the narrative alludes to professionals being unaware of the extra challenges faced by SGs, positioning them as unable to understand or provide for SGs, leaving them feeling let down. The comparison of SGs to foster carers in another thread of the narrative indicates they are overlooked.

[130-166] Jackie: ... started up a [LA] support group for SGs and on the first day it was packed out the first night... Run by the local authority. And it was packed out. And they just got ripped apart, literally ripped apart,

about how people had been treated by social workers, and there must have been about 30 people there. And I think about maybe two or three with positive feedback. ...They say to you... you get [amount] a week. But ... child benefit and child tax credit, they deduct that out of your money. So, these children are living on the bread line, and they've already had a rough start in life. We don't get holiday money, we don't get clothing allowance, we don't get birthday allowance, we don't get Christmas allowance, we don't get respite care either. And they said if you want respite care, you can't cope ... whereas foster parents can take a break... they get all the perks....

The account positions social services as having been bombarded by dissatisfied SGs in a misguided attempt to provide a supportive space. Ironically, this shows the overwhelming need for such a space. Perhaps it was not delivered in the most helpful way or at the optimal time for the SGs. The professionals were suggested to be misaligned with SGs and providing a service that very few were pleased with. In discussing services and foster carers in the same conversation, there is possibly an indication that Jackie views foster carers as favoured by services. They are the ones who receive multiple allowances and respite, but SGs are not afforded the same. In narrating the story in this way, it could be understood that Jackie feels SGs should receive the same rights and entitlements as foster carers, but they do not, because services do not understand the experience of SGs. This connects to the argument that SGs have added responsibility due to their 'emotional attachment'. She goes on to suggest why this might be.

[367-369] Jackie: But I feel sorry for these kids because they have this thing... 'every child matters', but to me it seems every child matters unless they're on an SGO order...

At this point, the implication is that SGs are forgotten once the legal order is granted. Jackie contests the policy 'every child matters' by suggesting some children do not matter, namely, SG children because they are treated worse or differently, and do not get the support they are entitled to and need, which will impact directly on the children. Building this concern around differential

treatment, Jackie also expresses that the financial remuneration for being an SG does not materialise to being enough for the family, leaving them on the 'bread line'. Thus another experience which contributed to Jackie concluding that professionals must not care about SG children. In conveying her experiences in this way, Jackie perceives Children's services as inadequate and as making empty promises. She is portrayed as credible and confident because she is sharing the collective voice of other SGs, who were also unhappy with their treatment in the LA support group.

In addition, the voice of social services has been employed to undermine SGs needing a break. Jackie does not express that she needs respite, but that may be because she has internalised the narrative from services that needing a break indicates a carer cannot 'cope'. I wondered if in imagining an audience, Jackie held back from saying she would like a break because she did not want to be judged, as she may have previously been, by those who hold power over her capabilities as a caregiver. Following on from the identification of gaps in the system, Jackie presented ideas about how it could be improved.

[1071-1083] Jackie: ... I find they need to strip it right back because the ... social workers have been to university and they know it all, but they don't. I said '...a social worker, she had to spell 3-4 times what this drug was, and she should know.' She should know these drugs. ... they need to look at the drug associations.... I think my daughter was given 12 weeks or something, after 8 years... I would like to speak to social workers and ministers and say 'you haven't got a clue about us'...

Jackie expresses an assumption professionals should have expert knowledge in specific areas, such as drug use and rehabilitation from drug dependency. The implication is that perhaps with greater expertise, staff would be better informed and therefore able to meet the needs of SG families, like her own. Going further, perhaps this originates in Jackie feeling that her family have been let down by services because of the suggested lack the knowledge and life experience. The recommendations for change politicises the narrative. Her use of the phrase 'stripping it right back' denotes there are fundamental changes that need to occur. Perhaps her motive for taking part was to be able to convey

her narrative to an imagined audience of health and social care professionals and the government. This leads me to question how Jackie viewed myself, possibly as a vehicle to promote the voice of SGs to a wider audience through my position of power as a trainee Clinical Psychologist, with access and potential to make changes through the research.

4. DISCUSSION

Although the interviews were analysed separately, there were commonalities across the participant's narratives. These shared stories will be used to address the research questions whilst attending to previous literature. Subsequently, the project will be evaluated, providing recommendations based on the implications.

4.1. RESEARCH FINDINGS AND LITERATURE

The findings and literature review will be examined in relation to the research questions:

- *How do SGs make sense of becoming a carer through their own narratives?*
- *How do SGs make sense of being a carer through their own narratives?*
- *How does the wider context impact on SGs' own narratives?*

I will cover the benefits of SGOs, followed by the emotional impact, assessment process, comparison to foster carers and the wider professional systems.

4.1.1. Benefits of SGOs

Overall, the SGs demonstrated a commitment to the children, enabling them to persevere through difficult situations, which tested their identity and values. The benefits of caring for children, identified by Broad (2004), were corroborated. For example, Tina talked of how much she had grown as a person. All four carers talked fondly of the children and expressed, in my opinion, an undeniable dedication to ensure the children's needs were met. Interestingly, the participants did not talk about any difficulties relating specifically to the children's behaviour or wellbeing. This contrasts with Mervyn-Smith's (2018) research, which showed many children have complex needs. Although not directly addressed in the interview, this may have been because these did not exist. Or possibly, because SGs did not want to share them with me. Thus, they may be silenced narratives. I will now address the challenges, starting with the assessment process.

4.1.2. The Assessment Process

The process of becoming an SG was discussed by all. The experience of the assessment task was criticised for many reasons, including, demands placed on carers by professionals with no notice and being unclear about the stages of the process. This led to an overall feeling of uncertainty, which was found in Wade et al.'s research (2014). Furthermore, the DfE's (2015) advocated for an improvement in the assessment process, particularly during the tricky transition period.

The intense nature of the assessment, with professionals coming 'in and out' of their lives, led carers to feel exposed and invaded. This was compounded by a sense that the SGs were left to manage by themselves, with little information or clarity about processes, a consistent finding across research (Warren-Adamson, 2009). This process drained the carers and it is therefore likely that their parenting capacity will have been affected due to the strain on their psychological well-being and emotional resources. Thus, if caregivers are affected by a gruelling assessment process, then it is highly probable that the children they care will be too.

Carers also described false representation of their experiences, being negatively judged and treated harshly by professionals. A further antagonism was the perceived inequity between SGs and foster carers.

4.1.3. Comparison to Foster Carers

The sentiment that SGs were worse off compared to foster carers, evidenced in research, was echoed throughout (McSherry et al., 2016). Comparisons were made to the entitlement foster carers receive, such as financial allowances and respite care, by Jackie and Jenny. The positioning of foster carers indicated SGs were less important, leading to the inequality in provision of resources to sufficiently care for their children. Selwyn & Nandy's (2014) research substantiates these narratives, summed up by Jackie with 'every child matters unless they're on an SGO order'. These narratives contest policy, which determines support should be offered based on need, rather than legal status (DfE, 2011). However, it has been shown elsewhere that there is variability of

payments offered to SGs, even within one borough (Broad, 2004), suggesting the approach is unstandardised and in breach of policy.

Although 54% of the DfE's (2018) participants were foster carers, this was not the case here. In general, there is a lack of research with foster carers who become SGs, but useful insights were gained from Gabrielle's dual-identity. Her narratives demonstrated foster carers can indeed become kin to a child (Pitcher, 2014). Thereby contesting master narratives that one must be related to the child. Of note, through Gabrielle's transition, she had been shocked at the treatment by professionals, suggesting SGs and foster carers may be handled in different ways. The comparisons emphasised the experience of professionals, which had implications for their psychological wellbeing.

4.1.4. The Psychological Impact of SGOs

The demand from being an SG was expressed in all four interviews and has been demonstrated previously (Hartnett et al., 2014). Some narratives focused on complex family dynamics, having to make sacrifices for the children, having to let go of an imagined life and transitioning to a new role with multiple complexities. Other aspects included having their parenting capability and lifestyles questioned, reflecting on their own childhoods and worries for the children. Furthermore, difficulties did not stop once the SGOs had been granted.

The SGs talked of having to adapt their lives to prioritise the child(ren). Disruption to the expected life cycle can be hugely difficult for individuals and families (Carter & McGoldrick, 1989). For Jackie, this meant giving up the freedom of her previous life. The loss of their previous identity, and transition to a new self, was hugely testing for carers. SGs also had to adapt to changes in education and social systems, which had progressed since they were parents (McHugh & Hayden, 2011), often requiring them to navigate unfamiliar systems but without any support. This left Jackie and Tina feeling out of touch.

A key feature in all the narratives was the SGs defence of their ability to care for the children, which was pervasively undermined by professionals and master narratives, which suggested the best caregiver was the biological mother

(Ranson, 1999). Carers contested this by demonstrating how they were worthy carers who protected and prioritised the children's 'best interests'. However, Gabrielle and Tina may have internalised this master narrative, because they also questioned their parenting privately. Narratives such as "the apple doesn't fall far from the tree" (O'Brien, 2012, p. 140) were used in the narratives, by others, to question Jackie's caregiving competence and imply she had contributed to the removal of her daughter's children. Feelings of guilt and blame connect to this, which may be more apparent for grandparents.

The sense of isolation was pervasive across the narratives and did not end once the SGO had been granted. In fact, Jackie highlighted after the court hearing, she became more isolated, because she felt SGs in general were forgotten about. Mervyn-Smith (2018) recognised a tailing off of support after the conferring of the SGO. Broad (2001) found family complexities persisted. Due to feeling unsupported and isolated from services, the SGs felt they were left to 'deal' with the situation. For them, this appeared to be one of the most demanding aspects of their role and described elsewhere (Selwyn et al., 2013). Tina talked of having to be 'super-human' and Jackie described herself as her grandchildren's 'protector'. They also felt they were responsible for the children because there was no one else to rely upon. After attempting to get support and failing, Tina summarised the process as 'DIY'. Furthermore, the 'needing a break means you cannot cope' narrative (Barratt & Granville, 2006) seemed to be used by services to prevent SGs from asking for help, through fear they could be considered incompetent. It is to the professional system that the discussion will now turn.

4.1.5. The Professional System

All the narratives discussed having to 'fight' and 'battle' with professionals and the system, to defend themselves and access resources. This had left them 'battle-worn' and 'hammered', which can resemble how some people feel after experiencing trauma (Lawson-Te Aho, 2017). Consequently, it was unsurprising the SGs then had little energy left for themselves after caring for the children. Furthermore, they did not want further involvement with professionals, as documented in other research (Munro & Gilligan, 2013). This may mean their future selves would not be open to professional involvement, even if it could

give them the support they need. There was also a sense the children got somewhat lost in the battles, meaning their 'best interests' were not necessarily forefront for the network or other family members. Feeling alone in upholding the children's 'best interests' may mean it is difficult for SGs at times to meet all of the children's needs, as it would be for anyone experiencing a similar situation. We need therefore to be thinking about the impact of the process on the carer, because their well-being inevitably effects their children's.

A sense of resignation at the unforthcoming support from professionals had perhaps led them to stop asking for support. This can lead to a vicious cycle in which potential assistance may not be offered because SGs have become so jaded by the system, they do not make their needs known. Moreover, being single carers may have led to increased isolation, which has been under-researched.

Warren-Adamson (2009) found, in research with Children's services, a task focused culture. Thus, the positioning of services by the SGs as de-humanising and lacking in compassion fits with this research, giving the impression of process over people. Within the narratives, this framework has meant SGs felt unheard and exploited, for 'food, board and lodging' which meant their unique characteristics and strengths were unrecognised. These narratives indicate there is a need for trauma-informed, humanised systems, where those involved can work together, focused on the child. Furthermore, better recognition for the emotional toll on carers, as well as the specific aspects of the process which make their role tougher, is needed because it effects their well-being and ultimately the children they care for.

Tarrant et al. (2017) showed professional systems were unclear and daunting for carers, which was certainly corroborated in the SG's narratives. They were confused about rationales for decisions made and timelines not fitting with the family's needs. Thus, there is a need for clear, accessible information, provided in a timely manner so carers can be informed and prepared. Furthermore, Jenny conflated the role of a social worker with a Clinical Psychologist, which suggests carers need the roles and responsibilities of professionals explained in jargon-free terms.

Worryingly, the SGs talked of poor practice and injustice. Inadequate reporting included inaccuracies and 'lies'. Of most concern, were the stories of discrimination and racism from professionals, upheld by the system. Both Gabrielle and Jenny gave examples where they felt aspects of their identity, such as their relationship status and ethnicity, had been used against them, to undermine their case for custody of the child. It was also apparent there was no consideration of the intersectional nature of their experiences by the system (Crenshaw, 1989). This is unacceptable and recommendations will be provided accordingly.

In addition, research has shown that when individuals within organisations find the emotional burden of the work too anxiety provoking, they resort to psychological defences to protect themselves (Menzies-Lyth, 1960). Thus, turning away from people's difficulties could be the result of the pressures placed on the wider system. Nevertheless, humility and compassion are desperately needed by families from professionals to ensure they can provide the healthiest environment for children to grow up in.

4.1.6. The Wider Context

All SGs felt unsupported, which speaks to a system in which they are undervalued. In the narratives, there was discussion of SGOs being kept quiet on purpose, to keep the numbers of applications low. SGs attributed the secrecy to a fear from services the 'floodgates' would be opened, implying the demand could not be managed. Munro & Gilligan (2013) corroborated this by suggesting the demand placed on services would increase if the support carers were entitled to was provided. This narrative may originate in the government's austerity policy, which has drastically cut public funding (Partington, 2019) and was alluded to in Jackie's statement of children living on the 'breadline'.

All SGs made political statements and wanted the system to change. They felt used, exploited and secondary to foster carers, which are long-standing problems (DfE, 2015). This speaks to the injustice kinship carers continue to experience and suggests services are not set-up to assess, manage and support carers in the ways that they need. Change is urgently needed.

4.2. CRITICAL REVIEW

The limitations of the research will now be explored by appraising the research design, methodology and analysis.

4.2.1. Evaluation Criteria

The research demonstrated NA can be a useful and respectful method for research with people who face disadvantage and can satisfactorily grasp the complexity within SG's lives.

To evaluate the research, Riessman's (1993) five criteria were considered:

1. *Persuasiveness*. By providing direct quotes, it is hoped the arguments presented were convincing. The interpretations were plausible because they either complimented previous research or presented new ways of understanding SG experiences.
2. *Correspondence*. It is acknowledged the participants did not provide feedback on the interpretations. However, it was attempted, and hoped they will provide their comments in the future.
3. *Coherence*. I made clear, through outlining the process, how interpretations were considered in relation to the narratives, and revised to uphold consistency to the interviews.
4. *Pragmatic use*. The research should be judged by its impact, which is currently difficult to comment on. However, I will be writing a research summary for the collaborating charity to disseminate to their members and I aim to publish to ensure it can be useful for other audiences.
5. *Trustworthiness*. Transparency has been demonstrated at each stage of the process by outlining and justifying decisions made. Reflexivity has made clear my role and potential biases in the research.

4.2.2. Research Design and Methodology

4.2.2.1. Sample

Although the charity collaboration enabled me to recruit, this route could have biased the research towards those carers accessing support groups (McCutcheon, 2008). They may be more in need of support than non-attenders. Equally, participation in the group could mean they were more supported.

Ultimately, the recruitment process meant non-attending carers were not accessed and thus, were not involved in this research.

All participants were single, female carers. Whilst female carers represent most kinship and SG carers, single carers do not (Mervyn-Smith, 2018). Thus, the narratives generated, especially around feeling unsupported, may have been influenced by their relationship status because they could have been more isolated than others. As such, it may be hard to draw conclusions about SGs in relationships from this research. Furthermore, male carers were not present in the groups, so an understanding of their narratives is lacking, and could be explored in future research.

In addition, three of the four participants identified themselves as Black. Previous research has not always detailed the ethnicity of the participants; however, it is likely most of them were White. Therefore, it has been beneficial to hear from carers of other ethnicities. This was highlighted when Gabrielle and Tina talked of discrimination and racism, stories not previously heard in kinship research. This finding demonstrates the importance of cultural humility and people's intersection of identities, which must be considered in assessments and interventions offered by professionals.

It is recognised that three other carers were interested in participating, but were not interviewed. In hindsight, I should have made clear that it would be a 'first come, first served' process, to avoid carers potentially feeling rejected. In addition, the small sample size is acknowledged, but this was vital (Jones, 2002) given the volume of data generated by the interviews and the level of depth accomplished by the analysis.

4.2.2.2. Procedure

As outlined, context can influence stories (Riessman, 1993). The interviews were completed in busy cafes, selected by participants because they were convenient to them. However, there was less privacy due to the public setting, which may have increased the risk of telling their stories. Perhaps riskier stories remained silenced. Furthermore, due to noise, there were many inaudible words on the recordings, which may have changed the overall understanding of the

narratives. However, it is hoped through the feedback from the participants that if there were any discrepancies, these can be amended.

4.2.2.3. Analysis

Carrying out four lengthy interviews and analysing them using NA meant there was an abundance of material to consider. The process of deciding on the most important stories invariably left out others, which unfortunately could not be told due to academic requirements. Morally, I feel uncomfortable, because all stories were worthy and carers had taken risks to tell me their stories (Langellier, 1989). In the future, I would set a maximum interview time limit.

Moreover, the process of selecting stories for the write-up was determined by myself and it is acknowledged a different researcher could have selected alternate narratives (Riessman, 2008). However, I did attempt to select stories based on their salience, repetition and the carer's emotion during delivery. In sum, there are stories which could not be presented here. Thus, future research should ensure there is sufficient room to analyse each interview.

4.3. RECOMMENDATIONS

Based on the issues raised in the discussion, recommendations for future research and practice will now be summarised.

4.3.1. Research

This project spoke with three Black carers whose narratives highlighted untold stories of discrimination and racism. This needs exploring further to address how an SG identity intersects with other disadvantaged identities, such as ethnicity or age (Crenshaw, 1989). Furthermore, an understanding of SG men is also needed.

Alongside this, it would be beneficial to carry out research with professionals. Up-to-date perceptions of SG families could be gathered and compared to Warren-Adamson's (2009) research. Specifically, SG families and their allocated social workers could be interviewed to examine how their experiences of each other are constructed in their stories. This could build on the current

project by adding the perspective of the professionals, who were frequently voiced in the narratives, but unable to speak for themselves.

Finally, Gabrielle's narrative was illuminating, but there remains a lack of research with foster carers who become SGs, even though the DfE (2018) found over half of SGs were previously foster carers. Their unique experiences need to be understood in greater depth to inform practice with carers with dual-identities.

4.3.2. Practice

4.3.2.1. Individual level

The SGs felt stigmatised, devalued and lacking the support they needed. Thus, having a trauma-informed, therapeutic space with someone who has an understanding and respect for SGs, to acknowledge the loss and transition, could be helpful to them. Participants appeared to find talking and narrating their experiences beneficial. Therefore, Narrative Therapy may be particularly useful (White & Epston, 1990) because it regards individuals as experts in their lives, is collaborative and problems as seen as separate from people (Morgan, 2000). These features speak to carer's feeling invalidated and powerless. Furthermore, some of their narratives limited their future selves, but Narrative Therapy could help to thicken alternative stories, thereby creating opportunities for the future, rather than restricting them (Morgan, 2000). Finally, clinicians could encourage carers to reflect on their own experiences of parenting. Wanting to 'cope' has perhaps prevented carers from accessing support. Thus, examining individual's relationship to help could be useful in therapy and wider contexts (Reder & Fredman, 1996).

4.3.2.2. Professional and service level

The analysis suggested that the children were not at the centre of the work or the system, which needs to be addressed. Clinical Psychologists need to be working alongside social work colleagues to make meaningful, sustainable changes to ensure children's 'best interests' are at the core of all work. An evaluation using case files could help teams and managers to determine how widespread the issue is, giving ideas about how to address it. Furthermore, it is important the current provision for SGs is assessed across services, to

ascertain what is provided, to whom, based on what rationale because it is variable (Broad, 2004) and not following guidance (DfE, 2011). Ideally, SGs could re-design SGO/kinship services, as highlighted by Jackie and Jenny, paying attention to the assessment process, as it was incredibly challenging for them all.

Funding for specialist SG teams needs to be ring-fenced to ensure LAs can provide effective services for those who need it. Practitioners in these teams will need to provide written, visual and spoken information in a timely manner that helps carers to understand processes, terminology, timelines and potential outcomes because these were identified as gaps for the SGs. Professionals may need to undertake outreach work given data suggests there are many more carers than we are currently aware of (Saunders & Selwyn, 2008).

Furthermore, clarity around professional roles is needed to ensure SGs are aware of their responsibilities and can then hold them accountable. Entitlements to financial support must be made clear from the outset, as should stories of other SGs who have gone through the process, so people entering it can make informed decisions. These steps may move the focus of services away from procedure to people (Warren-Adamson, 2009).

The SGs themselves wanted professionals to have more expert knowledge of the issues they faced, which suggests more training and support for professionals is needed at multiple levels. Clinical Psychologists would be well placed to do this and provide follow-up consultations to ensure learning has been embedded (Madsen, 2014). To address issues of discrimination and racism, equality polices and complaints procedures must be utilised, as well as a space for conversations to think about difference. Reflective practice groups for professionals could be offered, using Smith (2016) as guidance.

4.3.2.3. Wider level

National and local data on kinship and SG families must be collected by government and LAs to allow those in authority to effectively assess and plan services according to need. In not knowing how many carers there are in the UK, we are conveniently ignoring their need and leaving them unsupported, as

outlined by the narratives. Concurrently, LAs should evaluate whether their service provision meets the needs of their population of kinship families.

As Tarrant et al. (2017) outlined, austerity has increased carer stress, which was shown to be compounded by other social circumstances. Clinical Psychologists have a role in formulating the complexity at the individual, family, collective and systemic levels (BPS, 2011). From working to support families to feel heard, to consulting with professionals working in complex, challenging environments, to advocating for changes in policy to ensure SGs receive what they need, and are entitled to. It is not about blaming social workers and other professionals, although poor practice should be held to account. Instead we need to ensure the system is fully equipped to deliver a fair and respectful approach to working with families, so that caregivers can provide the best care to kinship children. We must remember, as Jenny said that 'these are people's lives'.

5. CONCLUSION

Special Guardianship is a positive placement option for children who cannot live with their birth parents and research has shown they often have good outcomes. Carers also benefit from caring for the children. However, it has been argued that SGOs are not being delivered in the way they were intended. Guardians should have access to information and support based on need, but this was not found for the four participating SGs.

During times of family crisis and emotional upheaval, those charged with assessing carers, should be able to work within a system that enables them to provide a compassionate, empathic service. The NA showed carers expended much energy in battling with professionals to maintain their identity as a carer. Whilst also coping with the emotional impact of the complex circumstances and ensuring the children were protected. It was also worrying to learn of the discrimination faced by carers.

A healthy carer means healthy children. Thus, we need to support carers, so they can support the children. This will reduce placement breakdown, increase stability and ensure better outcomes for children, because, ultimately it is them that we must hold at forefront of our minds.

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APPENDICES

APPENDIX A: Glossary of Terms

Cafcass: Is the Children and Family Court Advisory and Support Service. Its role is to support children when their family is going through a court proceeding by ensuring their voices and wishes are heard (CAFCASS, 2017b).

Care Order: It enables a Local Authority to take a child into care and can be applied for in court when a child is at risk of, or is, suffering from significant harm (GOV.UK, 2019).

Child Arrangement Order (CAO): Determines whom a child is to live with on a permanent basis and falls under the Children Act 1989 (CAFCASS, 2017a).

Formal kinship care: When a child lives with a kinship carer who has either legally obtained the right of Parental Responsibility through a legal order or who does not have the legal right of Parental Responsibility for the child but has engaged with Children's services (Selwyn & Nandy, 2014).

Foster care: A family home environment that is intended to support and nurture the Looked After child to meet their needs (The Fostering Network, 2016).

Foster carer: An adult who is paid to provide a foster care placement for a child by a Local Authority or an independent fostering agency. They work alongside Social Workers to support the needs of the children they care for (The Fostering Network, 2016).

Informal kinship care: When a child lives with a kinship carer and they are unknown to Social Services, the caregiver does not legally have Parental Responsibility for the child and the arrangement has been made privately (Selwyn & Nandy, 2014).

Kinship carer: When a child can no longer be cared for by their birth parent(s) and a relative, friend or someone known to the child or family takes over the everyday care responsibilities of the child.

Kinship foster care: When a known adult has been assessed by their Local Authority and approved as a foster carer to care for a child who has a Looked After status. They do not have Parental Responsibility for the child, as that remains with the parent and/or Children's services (Selwyn & Nandy, 2014).

Looked After Child (LAC): According to the Children Act 1989, a child is officially Looked After if they are i) provided with accommodation, for a continuous period of more than 24 hours, ii) subject to a care order, or iii) subject to a placement order.

Parental Responsibility (PR): is the legal right to make decisions on behalf of children in one's care. For example, where they go to school. Birth parents automatically obtain this right when a child is born. However, Local Authorities may need to make a Care Order to remove the parents' rights legally if they are

unable to provide appropriate care for their child. A Local Authority can hold the PR for a child and it can also be conferred to other adults through a legal order when they have been assessed and approved as permanent caregivers for the child (Citizens Advice, 2019).

Permanence: The idea that children have long-lasting relationships with their caregivers and the professionals involved in their lives (Lindsey, 2006), which comes from emotional, physical and legal factors that create a secure environment for the child (DfE, 2004).

Placement Order: is "...a court order which gives a local authority the legal authority to place a child for adoption with any prospective adopters who may be chosen by the authority. Only local authorities may apply for placement orders. The order continues in force until it is revoked, an adoption order is made in respect of the child, the child marries, forms a civil partnership or the child reaches 18." (DfE, 2018, p. 7).

Residence Order: It legally determines who the child is to live with and gives the caregiver PR for the child, as outlined in the Children Act 1989. As of 2004, this was replaced by a Child Arrangement Order.

Special Guardian (SG): A term commonly used to indicate a person who has been granted a Special Guardianship Order.

Special Guardianship Order (SGO): A private law order which recognises the right of a SG to parent a child who can no longer live with their birth parent(s) and needs a stable, permanent family home. It confers Parental Responsibility to the Special Guardian but does not terminate the relationship the child has with their birth parent(s) and was introduced under the Adoption and Children Act 2002 (Family Lives, 2017).

APPENDIX B: Literature Search Papers with Inclusion and Exclusion Criteria

Paper	Author(s) and Date	Title	Journal	Outcome
1	Cooper, K. (2017)	Displaying the 'professional self': the impact of social workers' performance and practice on kinship carers' own children.	Child & Family Social Work, 22(2), 914-922.	Included.
2	McSherry, D., Fargas Malet, M., Weatherall, K. (2016).	Comparing long-term placements for young children in care: Does placement type really matter?	Children & Youth Services Review, 69, 56-66.	Included.
3	Saunders, H. & Selwyn, J. (2008)	Supporting informal kinship care.	Adoption & Fostering, 32(2), 31-42.	Included.
4	Farmer, E. (2009)	Placement stability in kinship care.	Vulnerable Children and Youth Studies, 4(2), 154-160.	Included.
5	Tan, J-P., Buchanan, A., Flouri, E., Attar-Schwartz, S. & Griggs, J. (2010).	Filling the parenting gap? Grandparent involvement with U.K. adolescents.	Journal of Family Issues, 31(7), 992-1015.	Excluded because the paper did not focus on kinship carers or SGs or children living in kinship care.
6	MacDonald, M. & McLoughlin, P. (2016)	Paramourncy, family rights and contested adoption: Does contact with birth relatives balance the scales?	Child Care in Practice, 22(4), 401-407.	Excluded because the paper focused solely on Looked After Children, care leavers, foster carers, adopters, or adopted children
7	Selwyn, J. & Nandy, S. (2014)	Kinship care in the UK: Using census data to estimate the extent of formal and informal care by relatives.	Child & Family Social Work, 19(1), 44-54.	Included.
8	Munro, E. & Gilligan, R. (2013)	The 'dance' of kinship care in England and Ireland: Navigating a course between regulation and relationships.	Psychosocial Intervention, 22(3), 185-192.	Included.
9	Bauer, E. (2016)	Practising kinship care: Children as language brokers in migrant families.	Childhood: A Global Journal of Child Research, 23(1), 22-36.	Excluded because the paper did not focus on kinship carers or SGs or children living in kinship care.
10	Selwyn, J. & Nandy, S. (2012)	Sibling kinship carers in England: Evidence from the 2001 UK population census.	Children & Youth Services Review, 34(1), 194-199.	Included.

11	Butler, J. (2006)	Review of Relative benefits: Placing children in kinship care.	Child Care in Practice, 12(2), 191-193.	Excluded because it is a book review.
12	Brown, L. & Sen, R. (2014)	Improving outcomes for looked after children: A critical analysis of kinship care.	Practice: Social Work in Action, 26(3), 161-180.	Included.
13	Farmer, E. (2010)	What factors relate to good placement outcomes in kinship care?	British Journal of Social Work, 40(2), 426-444.	Included.
14	Farmer, E. (2009)	How do placements in kinship care compare with those in non-kin foster care: Placement patterns, progress and outcomes?	Child & Family Social Work, 14(3), 331-342.	Included.
15	Lernihan, U & Kelly, G. (2006)	Kinship care as a route to permanent placement.	The child's journey through care: Placement stability, care planning, and achieving permanency.	Excluded because it is a book chapter and the book was not able to be accessed.
16	Valentine, K., Jenkins, B., Brennan, D. & Cass, B. (2013)	Information provision to grandparent kinship carers: Responding to their unique needs.	Australian Social Work, 66(3), 425-439.	Included.
17	Broad, B. (2004)	Kinship care for children in the UK: messages from research, lessons for policy and practice.	European Journal of Social Work, 7(2), 211-227.	Included.
18	Tarren-Sweeney, M. & Hazell, P. (2006)	Mental health of children in foster and kinship care in New South Wales, Australia.	Journal of Paediatrics and Child Health, 42(3), 89-97.	Excluded because the paper did not focus on kinship carers or SGs or children living in kinship care.
19	Spence, N. (2004)	Kinship Care in Australia.	Child Abuse Review, 13(4), 263-276.	Excluded because the paper focused on the policies/laws of non-UK countries and therefore was not applicable to the UK context.
20	Tarren-Sweeney, M. (2010)	Concordance of mental health impairment and service utilization among children in care.	Clinical Child Psychology and Psychiatry, 15(4), 481-495.	Excluded because the paper focused solely on Looked After Children, care leavers, foster carers, adopters, or adopted children.

21	Tarren-Sweeney, M. & Hazell, P. (2005)	The mental health and socialization of siblings in care.	Children and Youth Services Review, 27(7), 821-843.	Excluded because the paper focused solely on Looked After Children, care leavers, foster carers, adopters, or adopted children.
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The following inclusion and exclusion criteria were used to select papers for the narrative review.

Inclusion Criteria

- The paper focused on kinship carers and/or Special Guardians.
- The paper focused on professional's experiences and views of working with kinship families and/or Special Guardians.
- The paper focused on the experience of children or young people living in kinship care and/or with Special Guardians.
- The paper focused on legislation, research or clinical practice relating to kinship care and/or SGOs.
- The paper was in English.

Exclusion Criteria

- The paper focused on the policies/ laws of non-UK countries and therefore was not applicable to the UK context.
- The paper did not focus on kinship carers or SGs or children living in kinship care.
- The paper focused solely on Looked After Children, care leavers, foster carers, adopters, or adopted children.

APPENDIX C: Ethics Application

UNIVERSITY OF EAST LONDON School of Psychology

APPLICATION FOR RESEARCH ETHICS APPROVAL FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

SECTION 1. Your details

1. **Your name:** Georgia Glynn
2. **Your supervisor's name:** Maria Castro Romero
3. **Title of your programme:** (e.g. BSc Psychology) Professional Doctorate in Clinical Psychology
4. **Submission date for your BSc/MSc/MA research:** May 2019
5. **Please tick if your application includes a copy of a DBS certificate**
6. **Please tick if you need to submit a DBS certificate with this application but have emailed a copy to Dr Mary Spiller for confidentiality reasons**
(Chair of the School Research Ethics Committee)
(m.j.spiller@uel.ac.uk)
7. **Please tick to confirm that you have read and understood the British Psychological Society's Code of Ethics and Conduct (2009) and the UEL Code of Practice for Research Ethics (See links on page 1)**

SECTION 2. About your research

8. What your proposed research is about:

Please be clear and detailed in outlining what your proposed research is about. Include the research question (i.e. what is your proposed research investigating?)

Working title: "Becoming And Being: Grandparents Stories Of Kinship Care"

The study aims to understand the ways in which grandparent kinship carers narrate their experiences of becoming and being a grandparent kinship carer in the UK today.

The researcher intends to consult directly with grandparent kinship carers to further shape the research. The consultation may generate new questions, but previous research indicates the following questions may be areas to gain greater insight into the unique experiences of grandparent kinship carers.

- What narratives do grandparents share about becoming a kinship carer for their grandchild(ren)?
- What narratives do grandparents share about their experiences of being a kinship carer?
- What narratives do grandparents share regarding stability in kinship care placements?
- What narratives do they feel unable to share?

Please note these research questions are not set and instead will be shaped through the consultation process with grandparent kinship carers.

9. Design of the research:

Type of experimental design, variables, questionnaire, survey etc., as relevant to your research. If the research is qualitative what approach will be used and what will the data be?

This is a qualitative piece of research that will use a narrative methodology and narrative analysis. The methodology entails consulting with participants prior to conducting the research to co-create the research focus and specific questions. During the data collection stage, open-ended interviews will be carried out with grandparents to explore their experiences of kinship care. In line with the methodology, there will not be a set interview schedule. The data generated will be grandparent's stories of kinship care, obtained in an interview format. The audio files will be transcribed to produce written texts.

10. Recruitment and participants (Your sample):

Proposed number of participants, method of recruitment, specific characteristics of the sample such as age range, gender and ethnicity - whatever is relevant to your research.

Recruiting 4-5 kinship carers through the XXXX charity and, if needed, online via Twitter and Facebook. Written and word of mouth advertising will go through the organisation to their peer support groups and email subscribers, to recruit willing participants and will be informed by the Participant Information Sheet (Appendix F). Confirmation of [charity] involvement can be found in Appendix E.

The research will not be restricted by demographic characteristics such as gender, or ethnicity. However, participants will need to be grandparents and have been caring for their grandchild or grandchildren for at least six months due to the child's parents being unable to. They will also need to speak fluent English.

11. Measures, materials or equipment:

Give details about what will be used during the course of the research. For example, equipment, a questionnaire, a particular psychological test or tests, an interview schedule or other stimuli such as visual material. See note on page 2 about attaching copies of questionnaires and tests to this application. If you are using an interview schedule for qualitative research attach example questions that you plan to ask your participants to this application.

In line with the methodology, there will not be a set interview schedule created,

because the aim is to hear from the participants about the stories they want to tell and not the stories I guide them to tell with a list of set questions. Therefore, there is no interview schedule to attach to this ethics application form.

12. If you are using copyrighted/pre-validated questionnaires, tests or other stimuli that you have not written or made yourself, are these questionnaires and tests suitable for the age group of your participants?

N/A

13. Outline the data collection procedure involved in your research:

Describe what will be involved in data collection. For example, what will participants be asked to do, where, and for how long? If using online surveys what survey software will be used, e.g. Qualtrics?

All participants will be provided with an information sheet (Appendix F) by [charity], so they can consider the information and decide whether to participate or not. If they decide they would like to, then they will be asked to contact me directly to inform me of their decision or to ask XXXXX staff to pass their details to me.

Once they have contacted me, I will respond by thanking them for their interest and invite them to provide me with their available times and dates for an interview, as well as their preferred medium (face to face, telephone or skype). If they prefer face to face, then they will also be asked to provide a suitable location that is convenient for them to travel to. If they prefer Skype or telephone, then those details will also be requested. A copy of the information sheet (Appendix F) will be included in this response, as well as the opportunity for a verbal explanation and asking any questions they may have.

The interview will last around one hour, but may take longer depending on the stories they voice and the time they have available, which will be pre-agreed before commencing the interview. At the start of the interview, all participants will be given the information sheet (Appendix F) and I will ask them again if they have any questions regarding their participation or the research project. They will also be given an informed consent sheet (Appendix G) and asked to sign if they agree to participate. Confidentiality and anonymity will be explained verbally at this point.

All interviews will be audio recorded and I will explain what will happen to the audio file once the interview has finished. I will then commence with the interview after their questions have been answered and informed consent has been provided.

After the interviews, when a substantial analysis of the narratives from the interviews has been generated, the participants will be contacted again and asked if they would like to read or discuss the analysis of their interview. In narrative analysis, the idea is to allow the participant to reflect upon the stories they voiced during the interview and the researcher's interpretation, to help shape the final analysis write-up. However, this is optional and participants will be made aware of this at the interview stage and asked for their preference.

SECTION 3. Ethical considerations

14. Fully informing participants about the research (and parents/guardians if necessary):

How will you fully inform your participants when inviting them to participate? Would the participant invitation letter be written in a style appropriate for children and young people, if necessary?

All participants will be provided with an information sheet (Appendix F) or be verbally told about the research, by [charity] staff, who will summarise the aims of the study and details of participation. If participants express an interest in the research, I will then again provide them with the information sheet by post or via email when arranging the interview time. At this point, participants will have the opportunity to ask any questions prior to agreeing to arrange the interview.

15. Obtaining fully informed consent from participants (and from parents/guardians if necessary):

Is the consent form written in a style appropriate for children and young people, if necessary? Do you need a consent form for both young people and their parents/guardians? How will you gain consent if your research is collecting data online?

All participants will be provided with an information sheet (Appendix F) and will have the opportunity to ask the researcher any questions prior to taking part. Confidentiality and anonymity will also be explained verbally prior to the start of the interview. Participants will be asked to read and sign the consent (Appendix G) form if they agree to participate.

16. Engaging in deception, if relevant:

What will participants be told about the nature of the research? The amount of any information withheld and the delay in disclosing the withheld information should be kept to an absolute minimum.

Participants will be told that they are taking part in a research study looking at the experience of kinship carers, with the aim of developing our knowledge and understanding around grandparent kinship care. There will be no deception involved in the project because the researcher's aim is for the participants to speak about their own experiences. All participants will be aware of the research aims through reading or speaking through the information sheet (Appendix F). Any questions will be answered prior to the interview taking place, so that full informed consent will be obtained prior to any active participation.

17. Right of withdrawal:

In this section, and in your participant invitation letter, make it clear to participants that 'withdrawal' will involve participants being able to decide to not continue with participation in your research and the right to have the data they have supplied destroyed on request. It is advised that you tell participants on your participant invitation letter that you as the researcher reserve the right to keep and use all data after the point at which you begin your analysis of data or giving them a three week window in which they can withdraw their data, for example. Speak to your supervisor for clarification if necessary.

All participants will be told they have a right to withdraw from the interview at any time, without having to give an explanation or any disadvantage or consequences. They can also withdraw their data from research up until two weeks after the date of their interview. Beyond this point, it will be difficult to separate their data from the analysis process, which will commence straight away after the interview. If a participant requests their information to be withdrawn from the study, their interview transcript and contact details will be deleted by the researcher.

18. Will the data be gathered anonymously?

This is where you will not know the names and contact details of your participants? In qualitative research that involves interviews, data is usually not collected anonymously because you will know the names and contact details of your participants.

NO

19. If NO what steps will be taken to ensure confidentiality and protect the identity of participants?

How will the names and contact details of participants be stored and who will have access? Will real names and identifying references be omitted from the reporting of data and transcripts etc? What will happen to the data after the study is over? Usually names and contact details will be destroyed after data collection but if there is a possibility of you developing your research (for publication, for example) you may not want to destroy all data at the end of the study. If not destroying your data at the end of the study, what will be kept, how, and for how long?

Confidentiality will be outlined in the information sheet (Appendix F) and verbally by the researcher, prior to starting the interview. All participant contact details and separate interview audio files will be kept confidential and stored on a password-protected laptop. Apart from the researcher, no-one else will only have access to this confidential information.

The researcher will explain the limits of confidentiality, that is, if the participant discloses information that indicates they or someone else, is at risk of harm, then the researcher will have to break confidentiality by informing their DoS and any relevant services, if appropriate. If this does occur, the participant will be informed that confidentiality has been broken and who their details have been given to.

Immediately after the interview, the audio file will be uploaded from the Dictaphone to the password-protected laptop and deleted from the Dictaphone.

When transcribing, participants will be assigned a pseudonym and all identifiable information will be removed from the transcripts. The transcripts will be stored in a separate file on the same password-protected laptop.

Participants will be informed that my Director of Studies (DoS) Dr Maria Castro Romero, Dr Karen Treisman, and examiners can request access to the anonymised transcripts but will not have access to participant's personal information. Participants will be informed that extracts from their transcripts may

be used in the thesis write up, summary to [charity] and academic journal article.

After the final thesis has been successfully examined, I will delete the original audio recordings and contact details from the password protected laptop. As the interview transcript data will be anonymous, these will be kept on the password protected laptop in a computer file for up to three years after the interview, for publication purposes.

20. Will participants be paid or reimbursed?

This is not necessary but payment/reimbursement must be in the form of redeemable vouchers and not cash. Please note that the School cannot fund participant payment?

NO

Participants will be made aware in the information sheet (Appendix F) that there will be no financial incentive to take part in the research study. They will also be told that any travel to conduct interviews by the researcher will be paid for by the researcher. Participants will, however, be verbally thanked for their time and contribution and given a copy of the research summary written for XXXXX.

If YES, why is payment/reimbursement necessary and how much will the vouchers be worth?

N/A

SECTION 4. Other permissions and ethical clearances

21. Research involving the NHS in England

Below is the link to the UEL document you must read if you plan to seek HRA (Health Research Authority) ethics approval for research involving the NHS in England. The document details the procedure to be followed so that you submit a correct and complete HRA application.

<https://uelac.sharepoint.com/ResearchInnovationandEnterprise/Pages/NHS-Research-Ethics-Committees.aspx>

PLEASE NOTE that HRA approval for research involving NHS employees is not required when data collection will take place off NHS premises and when NHS employees are not recruited directly through the NHS. This means that NHS staff can participate in research without HRA approval when a student recruits via their own social or professional networks or through a professional body like the BPS, for example.

If you are employed by the NHS and plan to recruit participants from the NHS Trust you work for, it would be courteous to seek permission from an appropriate person at your place of work (and better to collect data off NHS premises).

PLEASE NOTE that the School Research Ethics Committee does not recommend BSc and MSc/MA students designing research that requires HRA approval for research involving the NHS as this can be a demanding and lengthy process.

Is HRA approval for research involving the NHS required? NO
If YES, please go to the above link for important information

Will the research involve NHS employees who will not be directly recruited through the NHS and where data from NHS employees will not be collected on NHS premises?

N/A

If you work for an NHS Trust and plan to recruit colleagues from the Trust will permission from an appropriate member of staff at the Trust be sought?

N/A

22. Is permission required from an external institution/organisation (e.g. a school, charity, workplace, local authority, care home etc.)?

You need to have written permission from external institutions/organisations/workplaces if they are helping you with recruitment and/or data collection, if you are collecting data on their premises, or if you are using any material owned by the institution/organisation.

NHS ethical approval is NOT required for research involving staff. However, approval IS required if recruitment and/or data collection takes place on NHS premises.

Is permission from an external institution/organisation/workplace required? YES

If YES please give the name and address of the institution/organisation/workplace:

Please see Appendix E for email confirmation from XXXX of their involvement in the research project.

[Contact details]

COPIES OF PERMISSIONS (LETTER OR EMAIL) MUST BE ATTACHED TO THIS APPLICATION

In some cases you may be required to have formal ethical clearance from the external institution or organisation or workplace too.

23. Is ethical clearance required from any other ethics committee?

NO

If YES please give the name and address of the organisation:

N/A

If NO why not?

If YES, please attach a scanned copy of the ethical approval letter. A copy of an email from the organisation confirming its ethical clearance is acceptable.

Ethical approval from the School of Psychology can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committee/s as may be necessary.

SECTION 5. Risk Assessment

If you have serious concerns about the safety of a participant, or others, during the course of your research please see your supervisor as soon as possible.

If there is any unexpected occurrence while you are collecting your data (e.g. a participant or the researcher injures themselves), please report this to your supervisor as soon as possible.

24. Protection of participants:

Are there any potential hazards to participants or any risk of accident or injury to them? What is the nature of these hazards or risks? How will the safety and well-being of participants be ensured? What contact details of an appropriate support organisation or agency will be made available to participants in your debrief sheet, particularly if the research is of a sensitive nature or potentially distressing?

The support organisation or agency that you refer participants to in your debrief letter should be appropriate. That is, is there a more appropriate support organisation than the Samaritans, for example (i.e. anxiety, mental health, young people telephone support help-lines)?

There are no foreseeable hazards to participants taking part in this research. There is potential that participants may become upset or distressed when talking about topics that involve family and challenging experiences, however, they will all be provided with a debrief information sheet (Appendix H) and this will be discussed following the interview. The debrief information sheet has been created with grandparent kinship carers in mind, so it provides a comprehensive list of supportive organisations.

25. Protection of the researcher:

Will you be knowingly exposed to any health and safety risks? If equipment is being used is there any risk of accident or injury to you and how will you mitigate this? If interviewing participants in their homes will a third party be told of place and time and when you have left a participant's house?

If interviews occur face to face, the researcher will let a colleague know the time and location of the interviews. The researcher will send a text message to their colleague once the interview has finished, letting them know that the interview is over, they are safe and on their way home.

26. Debriefing participants:

How will participants be de-briefed? Will participants be informed about the true nature of the research if they are not told beforehand? Will contact details of a support organisation be made available to participants via the debrief letter.

Participants will be directed to the debrief information sheet (Appendix H) when their interview has finished. This includes details of local and national organisations who provide support for a range of people. The researcher will ask the participant if they have any concerns or questions before ending the interaction.

27. Other: Is there anything else the reviewer of this application needs to know to make a properly informed assessment?

N/A

28. Will your research involve working with children or vulnerable adults?*

NO

If YES have you obtained and attached a DBS certificate?

N/A

If your research involves young people under 16 years of age and young people of limited competence will parental/guardian consent be obtained.

N/A

If NO please give reasons. (Note that parental consent is always required for participants who are 16 years of age and younger)

* You are required to have DBS clearance if your participant group involves (1) children and young people who are 16 years of age or under, and (2) 'vulnerable' people aged 16 and over with psychiatric illnesses, people who receive domestic care, elderly people (particularly those in nursing homes), people in palliative care, and people living in institutions and sheltered accommodation, and people who have been involved in the criminal justice system, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak to your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible. For more information about ethical research involving children see:

<https://uelac.sharepoint.com/ResearchInnovationandEnterprise/Pages/Research-involving-children.aspx>

29 Will you be collecting data overseas?

NO

This includes collecting data while you are away from the UK on holiday or visiting your country of origin, and distance learning students who will be collecting data in their overseas country of residence.

If YES in what country or countries (and province if appropriate) will you be collecting data?

Please click on this link <https://www.gov.uk/foreign-travel-advice> and note in the space below what the UK Government is recommending about travel to that country/province (Please note that you MUST NOT travel to a country/province/area that is deemed to be high risk or where essential travel only is recommended by the UK Government. If you are unsure it is essential that you speak to your supervisor or the UEL Travel Office – travel@uel.ac.uk / (0)20 8223 6801).

SECTION 6. Declarations

Declaration by student:

I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor.

Student's name: Georgia Glynn

Student's number: u1622867

Date: 20.02.18

Supervisor's declaration of support is given upon their electronic submission of the application

I confirm that, in my opinion, the proposed study constitutes an ethical investigation of the research question. Declaration of supervisory support of an application is confirmed once an application is submitted via the supervisor's UEL email account.

APPENDIX D: Ethical Approval Letter from Research Director

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants
BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Alex Lloyd

SUPERVISOR: Maria Castro

STUDENT: Georgia Glynn

Course: Professional Doctorate in Clinical Psychology

Title of proposed study: Becoming And Being: Grandparents Stories Of Kinship Care

DECISION OPTIONS:

- 1. APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
- 2. APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.
- 3. NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

APPROVED

Minor amendments required *(for reviewer):*

Major amendments required (for reviewer):

Confirmation of making the above minor amendments (for students):

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name (*Typed name to act as signature*):

Student number:

Date:

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

ASSESSMENT OF RISK TO RESEACHER (for reviewer)

Has an adequate risk assessment been offered in the application form?

YES / ~~NO~~

Please request resubmission with an adequate risk assessment

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

MEDIUM (Please approve but with appropriate recommendations)

LOW

Reviewer comments in relation to researcher risk (if any).

Reviewer (*Typed name to act as signature*):

ALEX LLOYD

Date: 1.3.18

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

RESEARCHER PLEASE NOTE:

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

APPENDIX E: Anonymised Agreement Email from Collaborating Charity

Email confirming collaboration with Charity

From: **XXXX**
Date: 29 October 2017 at 09:36
Subject: Re: Research update
To: Georgia, Karen Treisman

Hi Georgia

Great to hear from you and to hear about your progress.

XXXXXX is a national charity with expertise in supporting grandparents and other family members who are raising a relative's child as 'kinship carers.' We are delighted to support your research as we understand that you will generate new understanding and knowledge that can influence policy and practice. We will help with the recruitment of participants and we are also keen to act in an advisory capacity. In return we would ask that you prepare an easily accessible summary of the research for XXXXX that can be shared with kinship carers and kinship care practitioners.

Happy to keep talking.

XXXXXX

APPENDIX F: Information Sheet



Participant Information Sheet

You are being invited to participate in a research study. Before you agree, it is important that you understand what your participation would involve. Please take time to read the following information carefully. I am happy to answer any questions you may have about the research study and what taking part may involve for you.

What is the research?

I am conducting research into grandparent's stories of becoming and being a kinship carer in the UK.

This research has been approved by the UEL School of Psychology Research Ethics Committee. This means that the research follows the standard of research ethics set by the British Psychological Society.

Who can take part?

You have been invited to take part because I am looking to hear from grandparents who have experience of caring for a grandchild. You may identify yourself as a 'kinship carer' or 'family and friends carer' but this is not necessary to participate. I am looking to speak with grandparents from all walks of life, who have been caring for a grandchild or number of grandchildren, for at least six months full-time and can speak fluent English. I am collaborating with XXXXX, and as you have accessed the charity for support in the past, they have sent you this information on my behalf.

You are free to decide whether or not to participate, and your decision will not affect your involvement with XXXXX.

What will happen if you agree to take part?

If you would like to participate, you will be asked to speak with me in an interview, for approximately one hour. It may be that the interview takes longer, but we can agree upon the amount of time you are available at the start of the interview. It will be like having an informal chat but the interview will be audio recorded with a Dictaphone.

The aim of the interview is to hear about your experiences of being a grandparent kinship carer. I am interested in what you have to say about the transition to becoming a kinship carer and what it has been like for you since

you took on this role permanently. I want to hear from you and what you have to say, so there will not be lots of questions from me. Instead, I may give some brief prompts to guide us.

After the interview, I would also like to discuss your views on the findings, to help shape what is written up in the final thesis. The aim of this would be to check-in with you about what you said in your interview and see whether my interpretations are in line with your experiences. It is up to you whether you want to participate in this second stage. There is no obligation, even if you have already participated in the interview stage. It is likely that this second stage would take place a couple of months after your first interview.

Where will the interview take place?

If you choose to complete the interview face to face, I will meet you somewhere that is private and convenient to you. Ideally, this will be in your home or a local quiet, meeting place. Alternatively, you may want to complete the interview over the phone or via Skype. It is up to you and you can choose the option you feel the most comfortable with.

Will you get paid to participate?

Unfortunately, I will not be able to pay you for participating in the research. However, your participation will be incredibly valuable in helping to develop knowledge and understanding of kinship care. However, you will be reimbursed any related travel costs.

How do you get involved in the research?

If you would like to participate in the research, you can contact me directly by emailing my UEL email account, found at the bottom of this document. Alternatively, you can let XXXXX know you want to participate and they will pass your details to me. I then will get in touch with you to organise a time and date for the interview. XXXXX will not pass your details to me unless you contact them to say you want to participate.

Your taking part will be safe and confidential.

If you agree to participate, all the personal information you provide will be kept anonymous and confidential. To ensure anonymity, when I write up your interview, you will be given a 'pseudonym,' which is like a false name. This will be used instead of your real name and you can choose the pseudonym used if you like. Using a pseudonym means you will not be identifiable when the thesis is written up or presented to others. I will only be discussing the anonymised interviews with my UEL and field supervisors (Dr Maria Castro Romero and Dr Karen Treisman), who are helping me with the research project.

You will not have to say anything you do not feel comfortable discussing and you are free to stop the interview at any time. If you feel you would like further support after the interview, you will be given a leaflet of local and national services that have helped others.

The only time I will need to share information with people outside of the research team is if you say something that indicates you are at risk of harm, or someone you know may be at risk of harm. I will let you know in advance if this was something I was going to do.

What will happen to the information that you provide?

All personal contact details given to me to arrange the interviews will be stored on a password protected laptop. Once the interview has taken place, I will transfer the audio file from the voice recorder straight to my laptop and delete it from the voice recorder. I will also store all audio files and interview documents securely on the same laptop.

After the final thesis write-up has been approved, I intend to present the results to the XXXXX and also write a short article, which I hope will be published in an academic journal. The aim of this is to promote the experience of kinship carers and improve the lives of grandparents and the children they care for. The research will be available to kinship carers and those practitioners who work with them.

How long will you keep my data for?

After the final thesis has been approved by UEL, approximately in September 2019, I will delete all the original audio recordings and contact details from the password protected laptop. As the interview transcript data will be anonymous, these will be kept on the password protected laptop in a computer file for up to three years after the interview, as they may be needed for publication purposes.

What if you want to withdraw from the research?

You are free to withdraw from the research study without explanation, disadvantage or consequence. If you withdraw after the interview has taken place, you must make this clear within two weeks from the date of your interview by contacting me directly. Beyond this point, it will be difficult for me to remove your contribution from the analysis process. If you withdraw, all information will be removed from the research.

Involvement of [charity]

Please note, by taking part in this research, it will not affect the service you receive from XXXXXX, currently or in the future.

Contact Details

If you would like further information about the research or have any questions or concerns, please do not hesitate to contact me.

Georgia Glynn, u1622867@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisor [Dr Maria Castro Romero, Senior Lecturer UEL]. School of Psychology, University of East London, Water Lane, London E15 4LZ. Email: m.castro@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: to Dr Mary Spiller, School of Psychology, University of East London, Water Lane, London E15 4LZ. Email: m.j.spiller@uel.ac.uk

Thank you,

Georgia Glynn.

APPENDIX G: Informed Consent Sheet



UNIVERSITY OF EAST LONDON

Consent to participate in a research study

“Grandparent’s stories of kinship care”

I have the read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent, I understand that I have the right to withdraw from the study up until two weeks after the date given on this consent form. You must make clear if you would like your interview data to be removed from the research by contacting the researcher within two weeks of your interview date.

Participant’s Name (BLOCK CAPITALS)

.....

Participant’s Signature

.....

Researcher’s Name (BLOCK CAPITALS)

.....

Researcher’s Signature

.....

Date:

APPENDIX H: Debrief Information Sheet

Debrief Information Sheet



Thank you for taking part in this research. Your contribution is incredibly valuable and the results will enhance our understanding of the experience of grandparent kinship carers in the UK.

If you feel upset or distressed by what you talked about in your interview, there are several organisations who can provide you with support.

Kinship care and grandparents support

- Grandparents Plus

Grandparents Plus is the only national charity (England and Wales) dedicated to grandparents and their role in the care and development of their grandchildren.

0300 123 7015

<https://www.grandparentsplus.org.uk>

- Family Lives

Parenting and family support

0808 800 2222

<http://www.familylives.org.uk/advice/>

- Carers UK

Expert advice, information and support for carers

<https://www.carersuk.org/help-and-advice>

Mental Health support

- Samaritans

"We offer a safe place for you to talk any time you like, in your own way – about whatever's getting to you."

116 123 (Freephone, available 24/7)

<https://www.samaritans.org/>

- MIND

"We're here to make sure no one has to face a mental health problem alone."

0300 123 3393

<https://www.mind.org.uk/>

- Let's Talk

Let's Talk Improving Access to Psychological Therapies (IAPT) is a free NHS evidence-based talking therapy service for people 16 years old and over, who are worried or have low mood.

Barnet: 020 8702 5309

Brent: 020 8206 3924

Enfield: 020 8342 3012

<http://www.lets-talk-iapt.nhs.uk>

- Talk with your GP or take yourself to your local A&E department if you have immediate concerns.

Finances, housing and legal support

- National Debtline

Free help and advice on dealing with your debt in England and Wales.

0808 808 4000 (M-F 9am-8pm, Sat 9.30-2pm)

<https://www.nationaldebtline.org/EW/Pages/default.aspx>

- Shelter

"We help millions of people every year struggling with bad housing or homelessness through our advice, support and legal services."

0808 800 4444 (M-F 8am-8pm, Sat & Sun 9am-5pm)

<https://england.shelter.org.uk/>

- Citizens Advice Bureau

"We provide free, independent, confidential and impartial advice to everyone on their rights and responsibilities. We value diversity, promote equality and challenge discrimination."

Haringey: <https://www.citizensadvice.org.uk/local/haringey/>

Enfield: <https://citizensadviceenfield.org.uk>

APPENDIX I: Twitter Consultation Transcript

All identifiable information has been anonymised.

The question posted by the researcher on Twitter was:

“Kinship carers/SGOs I’m conducting research into the experience of being a grandparent carer. If you could be asked any question, what would you like to be asked?”

Tweets in response to the above question:

1: How has becoming a special guardian changed your life?

2: Sorry, I’m not a grandparent carer (one of the 49%) but I’ll ask around!

3: Why are rules for kinship carers the same as mainstream foster carers

4: Why is it such a difficult process to look after your own flesh and blood your life is dissected one week I was nana the next playing mum my world turned upside down.

5: What support is needed for kinship carers and children and how can this be achieved? I’m not a grandparent carer though but I am a kinship carer.

6: What information and support did you get from social services pre and post the ‘special guardianship’ order?

7: Why are we not automatically made party to the proceedings when ss have put us forward for sgo so we can have our say and input.

11 responding to 7: Because they do not want to give kinship carers or the children they care for the support they NEED!

8: Why do children that have pre CLA status have better support services than those who don’t, regardless of the order

11 responding to 8: Discrimination!

9: Why can I not access play therapy for my lo through Adoption Fund because a residence order with ss supervision prior to sgo isn’t classed as looked after?

11 responding to 9: The very point I raised with the adoption board, I believe every child in kinship care, with what ever order SHOULD be treated equally. They all have had similar trauma, so why discriminate?

10: Why are we not fully informed about the issues left to deal with them with no support and then blamed for the self same issues

11: Things need to change and we are trying to raise awareness, I for one have had enough.

8 responding to 11: These children can experience parallel trauma and abuse as children with CLA status, but their trauma and abuse is deemed as less important as far as funding services and support is

concerned. These children are the forgotten few that aren't counted in statistics!

11 responding to 8: We need to keep raising awareness until they are so ashamed of neglecting these vulnerable children.

12: Informal care means ignored and not counted. This helps the government hide the forgotten thousands. If they're not counted in statistics they don't exist??!

12 responding to 8: Good observation. Caught in a sane trap. Take govt to court?

8 responding to 12: Maybe so 12 my dissertation showed stark contrast in how the law is written and interpreted. The little loop holes mean the practice can continue.

13: Our CAFCASS representative condescendingly dealt with me as a kinship carer, implying I was less than a foster carer or adopter. Often our main road block was CAFCASS. I'm not a grandparent but youngish single uncle who's taken on 2 children and the support from the LA is ZERO.

13: So my question is, how do they justify no support?

11 responding to 12: There is no justification!

1 responding to 12: Non at all.

11 responding to 1: Disgusting yet to be honest that is what most kinship carers feel dispu do our your best, giving up your life to keep these children out of care.

APPENDIX J: Transcription Key

34	Line number
Name:	Person speaking
...	Short pause, less than three seconds
[4]	Pause length in seconds, over three seconds
[inaudible]	Speaker inaudible and not transcribed
[not transcribed]	Talk from another person who hasn't provided consent to participate.
[gesture/ laughs]	Gesture or non-verbal communication expressed
Bold word	Speaker emphasised their tone

APPENDIX K: Analysis Procedure

1. Transcribe the interviews according to the transcription key (Appendix J).
2. Read each interview thoroughly, noting ideas about the SG, the stories they are telling, why they may be telling them to me in that way at that point in time (Riessman, 2008).
3. Re-read the transcript, referring to the ideas previously generated. Apply the personal, dialogical and performative narrative analysis questions (Appendix L), noting additional ideas and changes to previously held ideas about the SGs narratives. Identify key narratives through repetition and emphasis.
4. Write up the analysis section for each participant, based on having identified the key narratives for each participant in the previous steps.
5. Discuss each participant's analysis with them directly and note their feedback.

APPENDIX L: Narrative Analysis Questions

1. General narrative analysis

- Why are they telling you this story at this point in time?
- What “master narratives” are being used to tell the story? Are there any counter-narratives being told? (Riessman, 2008)

2. Performative narrative analysis

- What is the social position of the speaker? (Reissman, 2003).
- Who is their audience in mind? (Smith & Sparkes, 2008)
- How are you positioned as a listener/ interviewer? (Riessman, 2002)
- What self is represented given the audience and why? (Riessman, 2001)
- What is the risk in telling the stories? (Langellier, 1989)
- How do the narratives shape the potential future for the storyteller? (ibid).
- What political function do the stories serve? (ibid).

3. Dialogical narrative analysis

- What multiple voices can be identified? “...how do these voices merge, and when do they contest each other?”
- “...what stakes does the storyteller have... telling this story, at this time, to these listeners?”
- How does the narrator “... sustain the value of one’s self or identity in response to whatever threatens to diminish that self or identity”? (Frank, 2012, p. 33).

APPENDIX M: An Excerpt from Tina's Transcript

Tina: I am, I am over-protective of him. I think mainly because of his situation and his circumstances. So it's like err I try to...erm minimise err the effects on on him or or his life you know? So...I do, that one I will admit, I am over-protective

Georgia: yeah?

Tina: Yeah I am. Mmm.

Georgia: And has that always been the case?

Tina: Err, you mean with him? Yeah it's always been the case. Um...err [5] And also for instance, if I see that um...my, some of my rules that for him...err must be in place is not adhered to, then of course I move in to try and erm ... and make sure that erm erm he's alright, you know? Because young people have the tendency to say 'ohhh [higher pitch], it's alright, this and that' but...with maturity and experience you learn a lot of things. So, sometimes things that the younger people find alright, are not, a mature person or experienced person, **to you**. Because you, you sometimes can tell 'no no' if I you know, it doesn't stop here, I can see it going there. Them, they see the...just round the corner sort of thing. So there are times yeah, I have to step in and you know, "no no no, you shouldn't because I can see that happening if..." so...

Georgia: So you have a lot of experience and

Tina: uh hmm

Georgia: that allows you to sort of have an idea about how situations might turn out

Tina: **Yes**, yes

Georgia: And therefore you might step in

Tina: Yeah

Georgia: and say 'actually I can see

Tina: uh hmm mmm

Georgia: it's going this way, we need to change things a bit?'

Tina: yeah yeah...For instance erm...if for instance one of the examples maybe a parent want to take him to a party for instance and I'm like 'oh? He's going to school tomorrow so I would rather he is home by this time' and they be like 'yeah, but it's not often that he goes to parties, just one off' [higher pitch]. And I'm like 'yeah, routine is routine. So one off can still upset...routine.' So to me. But the younger ones they don't see it like that. So that's one of those things because [Tina's phone vibrating on table] that one day, going over the time they will go to school the next day, they're tired. And it will affect their performance you know? And some of them, they will even play up the **whole** day because of that small change. But to a younger person 'ah what is it?' But you ask an experienced person who knows 'yeah it might be small, but the impact can be quite big.' you know? So it's one of those things that you know, sometimes...we err **differ** in terms of...

Georgia: Right. In terms of, is it style of parenting or experience of parenting or? What's the difference?

Tina: I think it's both. Yeah. I think it's both. I think it's both. Because some people feel "oh", some people think "oh leave it, it will not..." but especially when dealing with kids in this situation...they have a lot of err...excess baggage that come with the err circumstances... So you, you have to be err, careful when with structure and routine and consistency and everything yeah.

APPENDIX N: An Excerpt from Gabrielle's Transcript

*Georgia: Erm, could you talk a bit about your experience of **becoming** his carer and what that was like for you?*

Gabrielle: Yeah. Well... err... I've been a foster carer for three years with the borough [location omitted] and I didn't ever expect or planned or dreamed of being in this position it wasn't in my erm. I mean, I couldn't have imagined it. And err, but I am a respite emergency carer and he came to me. He was meant to go to another foster carer and she became ill. And so the emergency, coz he was due to be put in care as he was born and in an emergency they asked me and I said yes, thinking I was for the short term

Georgia: Okay.

Gabrielle: as emergency suggests.

Georgia: Yeah.

Gabrielle: Erm, anyway as it turns out because of his age, erm he didn't, it wasn't ease, it wasn't, it's not even the procedure to change him after a couple of weeks. They'd rather he remained with me until he was going to be placed permanently. So erm my understanding would be that once he's placed, then he would move on. But what happened is that I found out that he was going to be leaving his family that are here and going to another country. So I said 'ooo' so the family and myself all spoke and said 'oh let him stay in the country.' I said 'oh I don't mind.' And you know, I actually then thought I would have the support, that even if it wasn't something I had planned for at this age, erm maybe they would have, with the support of their family and mine we could be something beautiful and the [inaudible] I would do. But as things transpired, it took a switch and everything else and erm in the process it suddenly became very hostile, it was very emotional, very intense err because the local authority didn't want me to, to be his SGO and the family suddenly didn't want me to be the SGO and err it became a court hearing that I wasn't expecting and in the process, erm there was a lot of miscommunication, misinformation and erm it just became fraught with emotions and erm... and legal, legal considerations that would never entered my **mind** at all. And err, there were a lot of sleepless nights and all in that time having to love and care for him, keep up it. Because as a baby in care he already needed a lot of love and cuddling, so you know, I had to make sure that I separated what I was going through from the time I'm spending with him, caring for him. Because he's, he's very sensitive to other people's feelings and err energies as well, I find.

Georgia: Okay.

Gabrielle: So if you're feeling quite anxious, or you're having a conversation even then your voice is getting irritated [inaudible] and he'll start to cry, start to get stressful. So I have to be mindful of that at **all** times. So while you know, whilst feeling emotional, upset and anguish even at, sometimes. When I, I try to always separate that, that with him and all stay calm because what he needs, he had quite a difficult birth err, if that's the word I should use yeah [smiles]? Coming into this world was difficult, he literally was fighting on arrival, fighting to survive. So erm...erm I really needed...and he was deprived of oxygen as well and he had an infection, and so erm he needed a lot of calm, a lot of love, a lot of cuddles erm. So I would often take him like to the park, anything that would nurture him you know?

APPENDIX O: An Excerpt from Jenny's Transcript

Georgia: And just to start off with I'm going to ask you a broad question, so what was your experience of becoming an SGO?

Jenny: Erm... it's a long process to start with because I think it's something similar that you go through erm that's similar to if you're going to adopt, but not as, maybe not as in-depth and not as long. And erm it was a mixture of apprehension, it was a mixture of not having everything explained. By the time I put my and my partner's... names forward we having to [inaudible]... and to take one of the siblings because one had already been in their care for about a year and the second one, they'd been in foster care twice so, then I put myself forward. And then the process from there is about, nearly... little over a year. And social workers came to interview us and assess us and there was quite a lot of those kind of visits. But when that kicked in, then we were put forward then they started to have us to meet the little one and erm that was quite a, you know, [inaudible] experience. And the contact centre we used they were really nice, professional. But erm the, very much when we were being talked to by the social workers, it was almost like they've just got their tick boxes and sheets and they go through that. And I felt that rather than... pick you for you let's say or something, it was more, they were just kind of in a way they were trying to steer you to the right answer. They'd ask the question in a different way maybe to facilitate the answer that they needed to check their forms. But nobody actually wrote down to us, at any point you know, what the process will be from here beyond. So from you know, explaining it form the...the assessing, the next steps, the next steps, the next steps, the next steps. What would happen at each of those steps, positive or what would happen if there was a negative at each of those steps as well.

Georgia: Okay

Jenny: And how long the actual process would take. So when we were ways through and we were then going up and down to see the little one. Then it was about maybe more than half way through. And I think after the first or the second court hearing where they turned around and said that you know, the social worker said they would be looking to be having a [inaudible] let's say April/May, but that didn't happen because then we had something... erm we had another hiccup and it wasn't from our part, it was from the birth mum's part. So then from then that delayed things. So then when we actually gained, sorry to say it in this way. But gaining [child] was a lot of work and we then we were to be the supervision order, which would is like for 6 months or a year, and then that was it, we were the carers. Having had a week to sort everything, erm because of my partner working, so they couldn't take that much time off work. So because I'd done the bulk of the travelling to see her, cos then it increases from once a week to then twice a week

Georgia: Aah so your contact with her increased?

Jenny: Yeah in increments. And then it's getting used. And then as the time's getting closer to when they're going to do the placement, then what they like to do is do a block where you're around for, well depends with different people, but my understanding that they tell you, is that it's half of that maybe two weeks to three weeks. You're around to see what the routine is, where they are before you take them and all that. And there's obviously how you are with the little one.

APPENDIX P: An Excerpt from Jackie's Transcript

Jackie: And my daughter at the time, cos she had both of them at home until January. She had my oldest granddaughter my [child's name] in the pram and she had the baby in one of those horrible sling things, and I said 'I'm not walking with a'. Because they said 'we could help you for a little while getting' because [child] had to go to nursery. And with [child] getting into nursery and that, and I said 'I'm not putting that...'

Georgia: Sling thing

Jackie: 'Sling thing on, no.' I don't like them. I just, I just don't like them. And I think it is an age thing

Georgia: Yeah?

Jackie: You know. So um, I said to them, you know about the pram 'oh you know we're doing this, we're doing that.' Any way I went out and bought a pram. I walked into Toys R Us and I said to my daughter, 'I can't do this no more' I said 'we're going in and getting the pram.' So I went Toys R Us and bought the pram, and then they said 'we'll give you so much towards it.' And I'm thinking [inaudible] the baby should have got more, the baby got more than

Georgia: Did she get more than a bit more than..?

Jackie: And then the other one gets a bit more, and then the older one doesn't get so much. The money didn't really bother me that much, it was the principle of it, this was what they're selling you, like, you know? And we have to put so much money away each month, but apparently not all of them do, I do, it's in my...

Georgia: For them?

Jackie: For my grandson, it used to be £40 until he was over ten, for my two grandchildren its £20 a month

Georgia: right

Jackie: So um

Georgia: And do they get that when they're eighteen? How does that work?

Jackie: Well, I tell you, my grandson when he got to fifteen, or fourteen and a half, you know he was a big boy and um, he was in man size clothes and he wanted Levi's. He didn't want, he wouldn't wear clothes out of Primark, you know maybe teenage girls do but teenage boys don't. You know, they have this fit. And then I phoned them up one day and I said 'Look, he wants to go out shopping with his friends but I'm not in the position to give him a couple of hundred pound. Is he allowed to take it out of his money?' 'Oh not really.' I said well 'it's his money.' 'It's there for when he's older.' I said 'when he's older he's got this family behind him all the way, he's got this family behind him.' And I says 'I'm gonna give it to him, if I can get it back in, I can get it back in, if he wants to go out, but I'm not making him too different from his friends. He wants to take it out of his savings, he's a sensible boy um.' So, but like with the girls,

Georgia: Yeah they can't manage it in that way

Jackie: Yeah they can't manage it. But he's a really switched on kid you know, but social worker we had... she was just [inaudible]. And I had an argument with her, I said 'why do you keep going to his school?' 'Well we have to see them.' I said 'you're making him different, you're pulling him out of lessons, you're interfering with his education.'

Georgia: Is that to sort of monitor how he's doing?

Jackie: Yeah just

APPENDIX Q: A Worked Example of Tina's Analysis

Here is a short worked example of Tina's narrative analysis.

<p>10 Tina: Erm...[4] Obviously it took, it's added onto my responsibilities. And 11 erm...erm...financially, energy wise because it's a little boy. And erm... also 12 it's like, I have to sort of like, re-learn some things to make sure that I can give 13 him the best of... You know in terms of school, socialisation, helping him to 14 develop properly and all that. So, er, I would say. And it's also helped me to 15 grow as well.</p>	<p>Georgia GLYNN Starts in a positive way, challenges mentioned but <u>no detail</u>, she talks of positives of caring for her grandson. Is she telling this story <u>at this point in time</u> because she has been caring for him for 6 years and has moved passed earlier difficulties outlined in the literature? Does she want to present a positive story to me because she is aware he may be an audience to this story in the future?</p>
<p>16 GG: Um hmm 17 Tina: Because I see, with my own children, I didn't put as much in as I am 18 putting in with him, which is very strange. [Laughs]</p>	<p>Georgia GLYNN Assumptions about what it takes to bring up a 'little boy' go unquestioned by interviewer and Tina.</p>
<p>19 GG: Yeah? 20 Tina: Very strange. I see I am doing a lot more with him than when I was 21 bringing up my own children. You know, and it's very interesting, I don't know 22 why, but it's like...that's how it is, and that's how I feel. So I'm 23 doing...erm...err. It's impacted on my time obviously, so I need to be like, 24 rushing, rushing [smiling]. And it's like, um, sacrificial, so...</p>	<p>Georgia GLYNN Re-learn, growing as a parent to him.</p> <p>Georgia GLYNN Why is she putting in more with him than her own children? His early experiences, having more time as a grandma, feeling responsible as an SG, guilt from being a parent, involvement from services adding to responsibility? Something she did not expect as it is 'strange' to her.</p>
<p>25 GG: Okay. 26 Tina: Because basically it's like um... not as strict to put my life on hold, but 27 the child make me, the priority. I work myself around him and his schedule. So 28 I find [inaudible], big sacrificial, you know. I am happy to do it because er, he 29 fulfils me as well.</p>	<p>Georgia GLYNN Tina does not question this aspect of her story, but is accepting and resolute about it. Perhaps this suggests she does not want to think about why she is putting in more with her grandson than her children as it is painful-guilt?</p>
<p>30 GG: mm-hmm 31 Tina: Yeah...And erm, you know, it's nice. It's a nice relationship between 32 grandson and grandma. And everybody sees it, school, friends, family 33 members. You know, so... I think it's er... I would say he's bettered my life.</p>	<p>Georgia GLYNN Sacrifices. He is her priority and she puts his needs before her own. Her tone is upbeat and she appears to revel in this aspect of her identity as his <u>carer</u>. She does not allude to resentment at having to put her own life on hold and instead explains that she is happy with the responsibility and prioritising his needs.</p>
<p>34 GG: Okay. 35 Tina: Yeah. 36 GG: Yeah.</p>	<p>Georgia GLYNN What she is rewarded by, her motivations for caring for him. How she is <u>able to</u> continue, despite the challenges and sacrifices.</p>
<p>37 Tina: Yeah. He has. I mean if we...sort of take out a bit of the negatives from 38 the...erm...birth mother and all that. He's, he's, he's a joy to have 39 around...Mmm.</p>	<p>Georgia GLYNN Others can verify their relationship. Not just a feeling, but evidenced by others. Adds credibility to her story as others have witnessed in different aspects of their lives.</p>
<p></p>	<p>Georgia GLYNN The learning and rewards from caring for him, enriching.</p>
<p></p>	<p>Georgia GLYNN July 30, 2019 Introduction of birth mum. Alludes to difficulties. Suggests everything is good, apart from issues with birth mum. But no detail about this, Georgia does not ask more. What got in the way of expanding this part of the story? Perhaps there was too much of a risk to go into detail at this early point in the interview as she does go on to say more later on. At this point she could still be weighing up the risks in speaking about difficulties with the interviewer, with whom she is unfamiliar.</p>

APPENDIX R: Reflective Diary Excerpt

Written after Jenny's interview

Jenny's interview took place in a large, busy café of her choosing. We sat apart from the cluster of customers, but were approached by members of staff at various points throughout the interview. I wondered about privacy and how much Jenny felt she was able to share in such an environment? Will the Dictaphone have picked up the audio?

It feels as though Jenny is talking to me as if I represent the professionals ("you lot") she has encountered. Is this why she talks with such conviction and emotion in the interview, because I am a proxy to the professionals in her network and therefore the interview is an opportunity to convey the injustices she has experienced to someone who is listening? What is it about me, apart from my professional role, (GRRRAAACCEEESSS; Burnham, 2012) that might mean I appear to be more like the professionals than other potential audiences? Jenny talks of race and discrimination and I wonder what it is like for her to convey her narrative to a white female? How has my white privilege influenced what she has felt able to say and what she has felt unable to say?

Furthermore, I wonder about the ethnicities of the social work professionals and whether they were also white, or not. If so, for Jenny as a black female, are these experiences with social work professionals replicating colonial processes in which white people within powerful systems hold authority over black people. And how is the interview similar to or differ from this?

Jenny also spoke directly to me when she talked about clinical psychologists. I experienced this as a warning. Make sure you do not harm anyone in your role as a psychologist, because you have the power to do so. I wondered if, for Jenny, giving me this message was part of her motivation for taking part. Did she want to ensure that someone at the start of their career knew about injustices so that they did not perpetrate them themselves? This came from a knowing, experienced position, which placed me in the more 'junior' role. Jenny had expertise over me, the professional and researcher, in the situation.

Written during the transcription and analysis of Jenny's interview

My personal context will have affected her narratives and I wonder whether the stories I privileged reflected my own interests and experiences. Conversely, the consistent corroboration of previous research suggests this not to be the case because similar themes were found elsewhere.

As a reflective researcher, I recognised the uncomfortable, painful emotions that arose for me during the interview, when issues of discrimination and racism were raised. As a white woman, despite my privileged (McIntosh, 2003) position I chose to stick with the difficult emotions, to try to understand her experience. However, through the open approach to the interview questions, I wondered if perhaps I could have used my power more, to probe them about these incidents and validate them more.