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“Yet I Survive”.

Exploring the experiences of the Child in Care process with Black African & Caribbean families.

By
Yvette Anson

Portfolio submitted in fulfilment of the requirements for the
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Department of Psychology
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Declaration of Powers of Discretion

I hereby declare that the work presented in this portfolio is entirely my own, under the supervision of Dr Holly Kahya.

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Preface

This portfolio is organised into three sections, Section A: Doctoral Research that explores the lived experiences of Black African and Caribbean families who have encountered the care process in the UK. Section B: A combined Case Study and Process Report undertaken as part of my clinical training. Section C: A Research Journal Article written for intended publication and reports a section of my research findings. The theme that runs through this portfolio speaks to survival and endurance as stated in the portfolio title.

Section A: Doctoral Research

The qualitative research presented focuses on the experiences of Black African and Caribbean young Care Experienced people and parents who have encountered the ‘Child in Care’ (CiC) intervention. This intervention is a safeguarding procedure that is initiated to protect children from significant harm (Children Act, 2004). However, research has shown that Black children are disproportionately represented in the care system. The Children’s Commissioner for England (2000) reported that 10% of Black children were in care, despite representing around 5% of the overall child population. Studies have also indicated that Black families frequently encounter barriers in accessing support services, due to various socioeconomic disparities. In 2020, 46 % of Black households were living in poverty, in contrast to 24% of White British households (Joseph Rowntree Foundation, 2025). Additionally, Raghavan and Jones Nielsen (2021) identified additional factors that contribute to the racial inequalities that have a direct impact on how Black individuals access health and social care services. These include language barriers, systemic racism and a lack of cultural competency among service providers with regard to varying attachment styles and parenting practices. This further adds to the underrepresentation of Black individuals within mental health services (Mental Health Foundation, 2024) as reports indicate that Black individuals in the UK are more likely to experience severe mental health challenges or be detained under the Mental Health Act (1983) in comparison to their White counterparts. The care process has profound effects on the whole family system, yet there appears to be a gap in the literature that captures the combined perspectives of both the parent and child. My interest in this subject area stemmed from the experiences of a close family member alongside my clinical practice, in which I noticed the impact of intergenerational trauma and how cultural diversity was often overlooked or dismissed by the professional network. These significant experiences led to my objectives in conducting this research, aiming to contribute to and enhance the body of knowledge based on the Black Care Experience and to inform clinical practice.

I have employed a Reflective Thematic Analysis (RTA) and Black Existential Framework (BEF) as a means of inquiry and analysis. The flexible orientation of RTA (Braun and Clarke, 2021) enables research to be conducted and analysed in various ways that continually engage with pertinent theory, data, and overall interpretation. As such my research design differs slightly from most other RTA cross-case designs in that I have explored the single phenomenon of the CiC' process through a Black Existential lens within two heterogeneous groups, young Care Experienced people and parents of a CiC. While I retained an idiographic focus on each case as the unit of study, this design intended to capture multiple perspectives of these two subgroups. The management of this design proved to be challenging due to the large data set, leading to the identification of seven main themes that were organised into three categories to capture the young people, parents and shared perspectives across the two groups. During the research, I remained focused and adhered to my research question: *Exploring the lived experiences of the Child in Care process among Black African and Caribbean families.*

The research findings indicate that within and across the two groups, participants converged on three themes, *'the emotional journey'*, *'fostering relationships'* and *'identity'* as a significant part of their pathway into care as young people and a key part of the parent trajectory. The participants' experiences of loss led to social isolation and highlighted the significance of forging community and support due to the complex relationships they had encountered with family members and professionals. Central to their experiences was the significance of preserving their cultural identities, which was intrinsically connected to their roles as survivors or activists stemming from this and several other life-challenging experiences.

Section B: Clinical Practice - Case Study and Process Report

I present a clinical case study and process report conducted during my counselling psychology training. I have reflected on the key themes that emerged in the context of our collaborative work, which was informed by an integrative framework, incorporating systemic family therapy and cognitive behavioural therapy (CBT). This helped to make sense of how mental health, specifically trauma, emotionally and physically impacted the 'Clark' (pseudonym) family system and how the projection of parental anxiety appeared to mirror similar symptoms of anxiety with the indexed child, 'Jude'. I gained further insight into their attachment styles, further reinforcing the importance of providing a secure base for them all. This in turn established and strengthened the therapeutic relationship, which provided a safe environment for emotional vulnerability and led to an important disclosure. The overarching theme of 'roles' and 'relationships' was apparent in this family's narratives due to failed romantic relationships that had caused significant trauma and the pattern of estranged paternal attachment figures. Resulting in a strong, independent, matriarchal presence intergenerationally, who not only supported and empowered one another but also meant that they had not processed some of their historical relational difficulties. This integrative approach provided a place for them ‘all to be heard’, enabling us to appreciate both their strengths and their ongoing struggles.

Section C: Publishable Journal Article

I intend to submit my article to the Cultural Diversity and Ethnic Minority Psychology journal. They publish research and clinical articles that focus on the psychological aspects of cultural diversity, ethnicity and race, applying psychological issues related to developmental processes, family and intergroup relationships, mental health, education/employment, treatment and intervention. All of which are pertinent to marginalised groups that have historically faced subordination, underrepresentation or been underserved. These are the same significant themes highlighted within this research. I appreciate the diverse range of empirical and qualitative publications welcomed by this journal, more so the structure and descriptive approach that it also provides.

I summarised my research findings for this article and concentrated on a similar theme identified in both groups as the central topic of discussion. The findings indicated a transition from passive to active recipients at various stages of the care process, reflecting *‘A Sense of Agency’.* The BEF (Vereen et al, 2017) confronts the Black struggle and is grounded in liberation, acknowledging the significance of agency in the face of oppression. This aligned closely with the participants’ decision-making capacities and the ability to confidently maintain their cultural identity and values. Notably, this was connected to their vocational identities, which facilitated opportunities in their newly defined roles as 'survivors' of this event or as ‘advocates’ for others who faced similar challenges. The cross-group design and ‘experiential’ approach derived from the use of RTA and a BEF has enabled me to achieve a deeper understanding of the intervention’s effects and variations across parents and the young Care Experienced individuals.

The research findings are relevant to social care and psychology but may also benefit disciplines such as social work, cultural anthropology, education, and healthcare, considering the diverse challenges encountered by this Black community and the significance of a holistic, family-centred approach. I hope that the dissemination of this paper’s findings will benefit service providers and policymakers, thereby informing those who support the Black Care Experienced and parents of a ‘CiC’ across various services and communities.

These three pieces of work all share a common thread of ‘*survival and resilience in the midst of adversity’* due to the relational loss and trauma linked to their challenging experiences. My research and clinical work have demonstrated the rich diversity of the human experience. The significance of client readiness and the necessity for a flexible approach that tailor’s interventions to support the individual rather than enforcing predetermined plans. As I transition and evolve in this career as a counselling psychologist, I will continue to appreciate the importance of a strong support system that assists many of us on similar journeys. This has undeniably been a critical aspect for me throughout this rigorous training.

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Section A: Doctoral Research

Abstract

Background: Racial disproportionality has resulted in Black families being overrepresented within the social care system in Britain (Bernard, 2020), which may be due to cultural differences, varying attachment styles and parenting practices. Unfortunately, those who have encountered the care process frequently report a sense of judgment, failure, guilt and shame. The intersectional identities of Black Care Experienced individuals have highlighted multiple vulnerabilities that have resulted in double discrimination. The disconnection from family, cultural heritage, and experiences of developmental trauma have demonstrated adverse effects on individuals in this community. Moreover, disconnections affect these individuals learning, development, relationships, physical and mental health. This research aims to understand how Black African and Caribbean parents and young people experience the care process.

Method: Ten participants were recruited, 5 parents and 5 Care Experienced young people of Black African and Caribbean heritage. Semi-structured interviews were conducted online and analysed using Reflective Thematic Analysis (Braun & Clarke, 2022) and Black Existential Framework (Gordon, 1997).

Findings: The analysis developed seven main themes which were divided into three categories (1) ‘The parent trajectory’ having a child placed in care. (2) ‘The young person’s ‘journey and pathway into care’. Joint themes that explored their (3) ‘identity’, ‘emotional journey’ and the importance of ‘fostering relationships’. The research found shared experiences that illustrated hope, resilience, growth and healing for both groups. However, despite these life-changing experiences of adversity, it provided a sense of belonging that was closely linked to their cultural heritage and community. Methodological considerations and prospective research areas were outlined, along with future recommendations for health and social care practitioners to consider the sociopolitical and familial context associated with the cultural heritage of the individuals they serve.

Statement of Positionality

As a Black British woman of Ghanaian heritage, born and raised in the UK, my identity is shaped by my culture, history, and faith. These elements form the foundation of my ‘Black British and Ghanaian’ identity and provide a sense of belonging within a community of shared characteristics.

From an early age, I was aware that my Black identity might require me to work harder than my White peers to overcome systemic challenges. This awareness deepened through personal and educational experiences, and continued into adulthood, where I encountered widespread feelings within the Black community of being ‘invisible’, ‘overlooked’, or ‘unfairly treated’. These experiences can foster both a sense of connection and alienation in certain environments.

In my roles as a parent, practitioner, and researcher, I became acutely aware of the lack of representation of Black individuals and families in psychology, health, and social care literature despite the UK’s cultural diversity. This motivated me to use my doctoral research to amplify Black voices and explore the complex histories of a specific Black community. I aim to highlight the ‘Child in Care’ process experienced by Black African and Caribbean families in the UK, beyond academic contexts.

My ethnicity and professional background may provide an insider perspective, but I acknowledge the individual differences among participants. I approached the research with openness, striving to set aside personal biases throughout. I use the term ‘Black’ to describe the population studied, as it aligns with my identity, while recognising that others may prefer terms like Black Indigenous People of Colour (BIPOC), which I discuss further in Chapter One

List of Abbreviations

BAME	Black, Asian and Minority Ethnic
BEF	Black Existential Framework
BIPOC	Black Indigenous People of Colour
CE	Care Experienced
CiC	Child in Care
CIN	Child in Need
CL	Care Leaver
C-PTSD	Complex Post-Traumatic Disorder
CPS	Child Protection Service
CRT	Critical Race Theory
CO	Care Order
EoC	Edge of Care
GM	Global Majority
ICO	Interim Care Order
LA	Local Authority
LAC	Looked After Child
PA	Personal Advisor
PR	Parental Responsibility
PTMF	Power Threat Meaning Framework
RTA	Reflective Thematic Analysis
SGO	Special Guardianship Order
SW	Social Worker
TA	Thematic Analysis
UK	United Kingdom
US/USA	United States/ United States of America

Glossary of Terms

This glossary of terms provides an understanding of the children's social care terminology and its significance within the U.K. legal framework that is defined by the Children Act (1989/2004). **With the exception of BIPOC & GM, which refer specifically to race and cultural heritage.*

*Black Indigenous People of Colour (BIPOC)

A unifying term that refers to people of Black and Indigenous heritage. It is widely used in North America but is less common in the U.K., where terms such as *Black* or *Global Majority* are preferred. It is an important global discourse that still acknowledges collective experiences of racism, colonial histories, and systemic disadvantage.

Care Experienced (CE)

Refers to anyone who has spent time in the care of a local authority. This includes children and young people who have lived in foster care, residential care homes, kinship care, or those who were supported at home under a supervision order. The term recognises that ‘Care Experience’ is not limited to childhood but may impact identity, wellbeing, and outcomes across a person’s life. It has become an important identity marker for advocacy groups and research, ensuring that lived experiences of care are acknowledged beyond statutory definitions.

Care Leaver (CL)

A term used to describe a young person aged 16-25 who has been in the care of the local authority (e.g., foster care, residential care, kinship care under local authority supervision) for a period of 13 weeks or more, spanning their 14th birthday. Care leavers transition from local authority care into adulthood and are usually supported to live independently from the age of 18. This is often earlier than their non-care-experienced peers and therefore, Care leavers are legally entitled to ongoing support up until the age of 25.

Care Order (CO)

A court order made under the *Children Act (1989)* which grants the local authority parental responsibility (PR) for a child. This means the local authority can make decisions about the child’s upbringing, although parents retain some limited rights. Care Orders are one of the primary legal mechanisms by which children enter the care system.

Child in Need (CiN)

Defined under Section 17 of the *Children Act (1989)*, a CiN is a child who requires additional services to achieve or maintain a reasonable standard of health or development. This does not necessarily mean the child is at risk of harm, but that support is required. Services might include family support, respite care, or access to specialist provision.

Child Protection Plan (CP)

A formal plan made when a child is assessed to be at risk of significant harm (physical, emotional, sexual abuse or neglect). It outlines the steps that professionals and the family must take to keep the child safe, including monitoring and interventions.

Children (*Leaving Care)* Act (2000)

This legislation outlines the duties of local authorities towards Care Leavers, ensuring support with accommodation, education, training, and employment. It also introduced Personal Advisors (PA) for care leavers up to age 25.

Children Act (1989/2004)

A foundational piece of child welfare legislation in the U.K., centred on the principle that 'the welfare of the child is paramount.' It outlines duties for local authorities, courts, and other agencies to safeguard children and promote their upbringing within their families where possible. Its key sections (17, 20, 31, 38, 47) govern much of the practice around care and protection.

Edge of Care (EoC)

Refers to children and families where there is a high risk of the child entering the care system. Interventions at this stage are designed to prevent escalation to care, through family support, crisis interventions, or intensive parenting support.

Family Court

The court is responsible for hearing cases relating to family law, including care proceedings, adoption, and contact arrangements. Family court decisions shape whether children are removed, reunited, or permanently placed outside the family.

Foster Carer

An individual approved to provide care for children when their birth parents cannot. Foster carers may be short-term or long-term carers, and they sometimes provide care beyond age 18 (staying put arrangements).

***Global Majority**

A collective term describing people of African, Asian, Indigenous, Latin American, and mixed heritage backgrounds. It challenges deficit framings of ‘minority’ that are usually associated with racialised when statistically they are the majority globally and make up 85% of the world’s population.

Kinship Care

An arrangement where a child is cared for by relatives or close family friends (also known as ‘family and friends care’). Kinship care may be informal (a private family arrangement without local authority involvement) or formalised through legal frameworks such as Kinship Foster Care, Child Arrangements Orders, Special Guardianship Orders, or Adoption by Relatives.

Looked After Children (LAC)

Children in the care of the local authority, either through a Care Order or voluntary accommodation under Section 20. LAC reviews are held regularly to oversee the Care Experienced child’s welfare. Although this term LAC is widely used in practice, many argue that it labels children in a stigmatising way.

Multi-Agency Safeguarding Hub (MASH)

A centralised team where professionals from social care, health, police, and education share information and assess safeguarding concerns. MASH aims to ensure quicker, more informed responses on how best to protect vulnerable children and young people.

Personal Advisor (PA)

A statutory role introduced by the *Leaving Care Act 2000*. PAs provide practical and emotional support to care leavers up to the age of 25, helping them access housing, education, employment, and benefits. The relationship between a PA and a care leaver can be crucial in determining positive outcomes, but inconsistent provision means not all care leavers receive the same quality of support.

Parental Responsibility (PR)

The legal rights, duties, powers, and responsibilities that parents (or those with PR) have in relation to a child, including decisions about education, healthcare, and religion. When a Care Order is made, PR is shared with the local authority.

Private Fostering

An arrangement where a child under 16 (or under 18 if disabled) is cared for by someone who is not a parent or close relative, for more than 28 days. Many private fostering arrangements are not reported to authorities, which can raise safeguarding questions.

Reunification

The process of returning a child from care to their birth family, once it is deemed safe and appropriate. It is considered the preferred outcome under the *Children Act (1989)*, provided the child's welfare is not at risk.

Sections of the Children Act (1989)

- **Section 3** – Defines parental responsibility and enables local authorities to apply for a Care Order.
- **Section 17** – Places a duty on local authorities to provide services to Children in Need.
- **Section 20** – Voluntary accommodation: parents can consent for their child to be looked after by the local authority without a Care Order.
- **Section 34** – Governs contact arrangements between children in care and their parents or others with PR.
- **Section 38** – Interim Care Orders (ICO) where courts believe a child is at risk but proceedings are ongoing.
- **Section 43** – Child Assessment Orders, permitting removal for the purpose of assessment.
- **Section 44** – Emergency Protection Orders (EPO), allowing immediate removal if a child faces imminent risk.
- **Section 46** – Police Protection Powers, enabling police to remove a child for up to 72 hours without a court order.

- **Section 47** – Duty on local authorities to investigate if a child is suffering or at risk of significant harm.

Social Worker (SW)

A trained professional employed by the local authority to safeguard children and support families. Social workers are often the main point of contact between families and the care system. Their role is critical but contested as they can be seen as both advocates and agents of LA surveillance.

Special Guardianship Order (SGO)

An order providing long-term stability for a child by placing them with a special guardian (often a relative or family friend). The guardian has PR, though parents retain some limited rights. SGOs are often used where adoption is not appropriate.

Supervision Order (SO)

Allows a child to remain with their parents while the local authority supervises their care. Parents retain PR, but the local authority has a duty to monitor and support the family. This can be less intrusive than a Care Order but still represents significant LA involvement.

The Child Protection System in England: Safeguarding is an active process to protect children from significant harm (Children Act, 2004). The professional network explores several categories and thresholds of harm, resulting in investigations and interventions being initiated. Here is a summary (in Figure 1) that explains the various safeguarding pathways for children and young people.

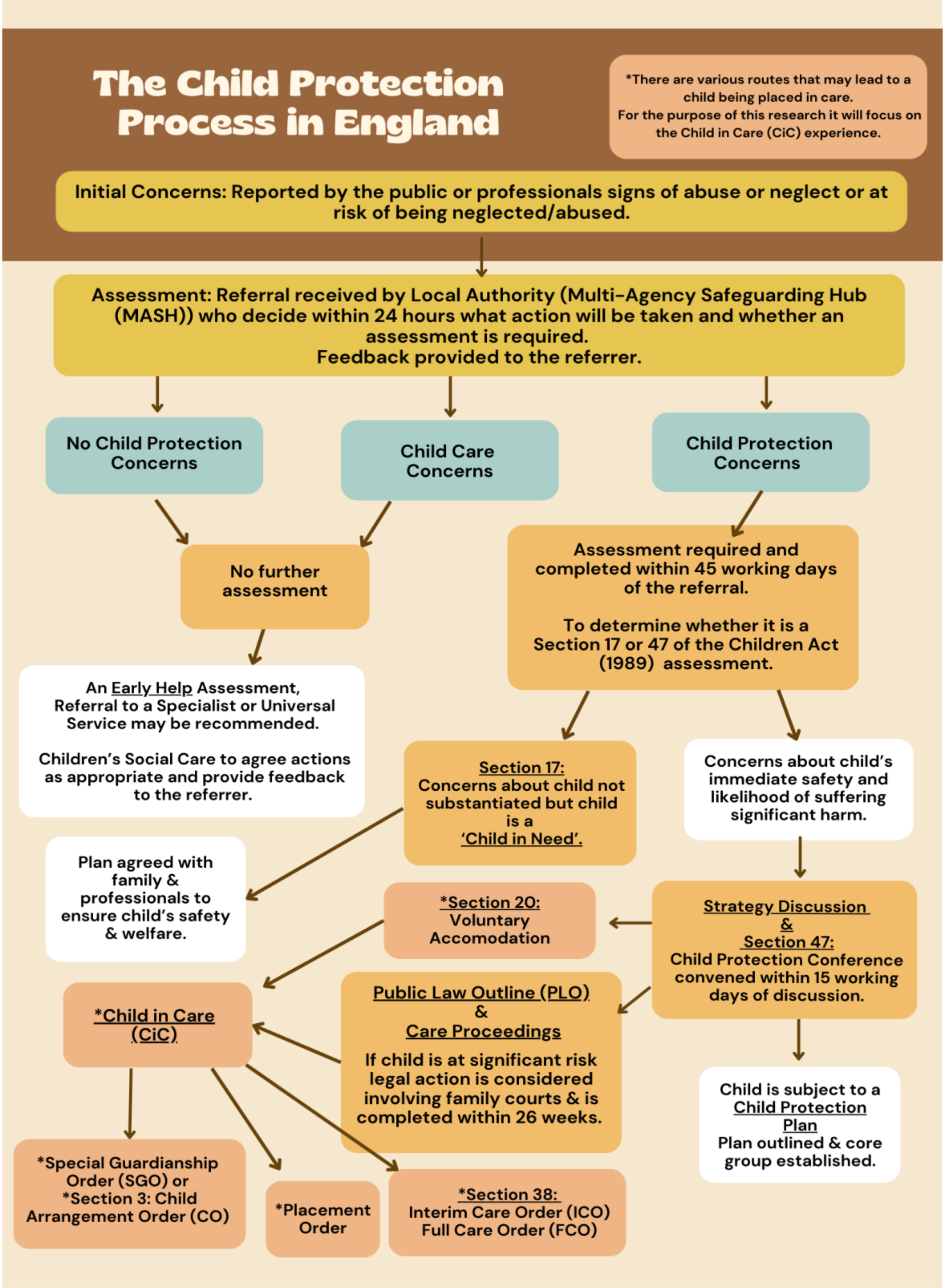


Figure 1: Flow Chart – The Child Protection Process in England

Chapter 1 – Literature Review

Overview of the Literature Review

The lived experiences of Black families who encounter the care process are crucial to understanding the broader implications of race, culture, and systemic inequities within the child protection system. This research seeks to illuminate these experiences, as they often remain marginalised in discussions surrounding child welfare. By examining the unique challenges faced by these individuals, this study seeks to address this gap in research and promote more equitable practices within mental health and social care services. Therefore, it will explore the lived experience of Black African and Caribbean families who've encountered the 'Child in Care' (CiC) intervention. This chapter is divided into two sections, offering a theoretical introduction and insight into the critical literature review that follows.

Part one will outline the essential language, terms, and definitions pertinent to the Black Indigenous People of Colour (BIPOC) experience, establishing a contextual framework for understanding the complexities of race and identity. A brief historical overview will trace the socio-political developments that have shaped the BIPOC child and community, particularly relating to systemic inequalities. The exploration of Black cultural parenting practices and perspectives will highlight the strengths and values inherent in these traditions, while also contrasting them with Western perspectives that may misconstrue or undervalue them. The principles of African (Black) Psychology will be incorporated to emphasise culturally relevant frameworks, alongside critical race theory, which will provide a lens for examining the systemic biases that Black families encounter. Intersectionality will further enrich the discussion by illustrating how overlapping identities influence the lived experiences of these families.

Part two will focus on a critical review of the literature, including an overview of the current state of child protection services as they relate to BIPOC families in the U.K. This section will delve into the perspectives of Black families, specifically the young Black Care Experienced revealing the nuanced realities they face within the system. By synthesising existing research, this part will highlight persistent themes of bias, cultural misunderstanding, and resilience. Ultimately, the rationale for this study will be articulated, emphasising its significance in advancing counselling psychology. Understanding the lived experiences of Black children and families in care is essential not only for informing practice but also for fostering a more inclusive and responsive child protection system that honours diverse cultural backgrounds.

Use of Language, Terms and Definitions

There appeared to be a narrow research field, dominated mainly by the racial disparities within the American children's welfare system. While these disparities are present in numerous Westernised populations, they offer a comparable context and insight into the issues faced in the UK.

The literature 'search' and terminology used to describe children's social care interventions varies considerably across international contexts. In the United States, Canada, and Australia, terms such as '*child maltreatment'*, '*child protection services (CPS)'*, '*welfare'*, or *child removal* are commonly employed. By contrast, within the United Kingdom, the language reflects its own policy and practice frameworks, with expressions such as '*children's social care'*, '*child at risk'*, '*child in need* (CIN)', '*looked after child* (LAC)', '*child in care* (CiC)', '*Care Leaver*', and '*Care Experienced'* are widely used. These terms carry distinct legal definitions that shape how young people are categorised and supported.

A *child in care* (CiC), also referred to as a *looked after child* (LAC), is a child placed in the care of their local authority (LA) for more than 24 hours. The Children *(Leaving Care)* Act (2000) subsequently introduced the category, *Care Leaver* which is defined as a young person aged 16-25 who has been in the care of the LA or provided with accommodation, with statutory duties placed on LAs to provide ongoing support until age 25. Within this legislation, care leavers are further distinguished into categories of '*eligible*, *relevant*, and *former relevant children'*, as initially outlined in the Children Act (1989). An '*eligible child'* is aged 16 -17 and remains in care, having been looked after for at least 13 weeks since the age of 14, including at least one day after turning 16. A '*relevant child'* is aged 16-17 who has left care but was previously an eligible child, while a '*former relevant child'* is aged 18 - 25 and was previously either eligible or relevant. While the Children and Social Work Act (2017) extended statutory support to age 25 and introduced the local offer of services to aid transition into adulthood (Mannay et al., 2019).

More recently, the term Care Experienced has gained prominence, reflecting a broader understanding of lived experience. Recognised as a protected characteristic, it includes anyone who is or has been in the care of a LA, encompassing adopted children, unaccompanied asylum seekers, and those in foster care, kinship care, residential care, or semi-independent provision. For this reason, the terms *CiC*, *care experienced*, and *care leaver* will be used interchangeably throughout this thesis.

Children’s social care in the UK is, however, a devolved policy area, with England, Scotland, Wales, and Northern Ireland each operating under distinct legislative and practice frameworks (Bilson & Martin, 2016; Featherstone et al., 2018). For example, Scotland utilises the Children’s Hearings System under the Children *(Scotland)* Act (1995) and the Children and Young People *(Scotland)* Act (2014), while Wales is governed by the Social Services and Well-being *(Wales)* Act 2014, and Northern Ireland by the Children *(Northern Ireland)* Order (1995). The present study is situated in England, where the Children Act (1989) remains the cornerstone of legislation and established local authority duties to promote children’s safety, welfare and secure appropriate care, including provisions under (s.17) children in need, (s.20) voluntary accommodation, and (s.31) care orders (Thoburn, 2010). Thus, the statutory practice contexts outlined shape the lived experiences of participants in this research and have significant implications for how Black families encounter and navigate England’s children’s social care framework.

Moreover, Race, ethnicity, ethnic minority, African-American, Black-African and Caribbean, Black British, Black, Global Majority and BIPOC are more commonly used in anti-racist practice and, therefore, will be used to address the population in this review. It is important to acknowledge that while I incorporated the terms people of colour and Afro-Caribbean into the search parameters, I had initially intended to exclude them due to my objections and lack of personal alignment with these discourses. However, I acknowledged that my failure to engage with these terms could lead to missing crucial research and hinder my understanding of the various perspectives related to this topic. Nonetheless, the term people of colour has close connections to the outdated racial slur ‘coloured’, which was widely used to describe African Americans in the early 19th century. Whereas the term 'afro' refers to a hairstyle rather than representing the continent and ancestry of many Black people. The term Black, Asian and Minority Ethnic (BAME) refers to non-White individuals in the UK, excluding White minority groups (e.g., Gypsy, Roma or Irish traveller communities). Although such language is still widely used to describe and categorise specific populations, some terms are more complex, yet specific to the UK. Interestingly, in 2021 the Commission on Race and Ethnic Disparities advised the government to discontinue the use of the term BAME, as it highlights specific ethnic minority groups (Asian and Black) while marginalising others (Mixed, Other, and White ethnic minority groups) (GOV.UK, 2019).

Race is often linked to biological or physical characteristics such as skin colour, hair texture, whereas ethnicity is often associated with cultural identification and expression (e.g. heritage, language, religion). Akilapa & Simkiss (2012) explain that these socially constructed terms such as ‘minority’, describe groups that are not a dominant majority.

Especially, when considering their education, employment, wealth, political power, and social status. This distinction is somewhat diverse in meaning and complex in nature. It also provides a wider socio-political context that emphasises cultural differences, racial inequalities in the U.K and efforts to tackle these pertinent issues such as institutional and systemic racism (MacPherson, 1999).

Introduction to Part One: Situating this study

Children's social care in the UK seeks to safeguard children and young people from neglect and harm (Ofsted Safeguarding Policy, 2021). In March 2021, Children's Social Care in England recorded over 400,000 children and young people, known to various local authorities due to safeguarding concerns. Although 4% of the UK population are from Black ethnic groups, 8% of children categorised as Black African heritage were placed on a child protection plan (GOV.UK, 2019). 5% of Black children were in care proceedings (Edney et al., 2023) and Black Caribbean children were 20 times more likely to be in care than their White counterparts (Bywaters et al., 2019).

Yet research highlights the overrepresentation of Black children within the social care and criminal justice systems (Bernard, 2020). These studies have generally shown that Black families experience higher intervention rates and are at a greater risk of recurrent care proceedings and more likely to have multiple children in care over time (Edney et al., 2023). This has resulted in the increased likelihood of Black children being placed and remaining in care for extended periods. But it has also meant that these young people experience higher removal rates (Department for Education, 2022) and fewer reunifications with their families (Schoenwald et al., 2022) when compared to other ethnic groups. Research has shown the profound effects this has on both the parent and child when placed in care. With a huge emphasis on the importance of placement stability for children placed with carers from culturally diverse backgrounds (Ezendiokwele, 2021).

The emotional and psychological impact of those who identify as Black Care Experienced described the challenges with navigating familial separation, aspects of their identity and diminished sense of belonging (Morris et al, 2020). The experience for parents can be equally distressing due to societal stigma, feelings of helplessness, and the challenges of reuniting with their children among the systemic obstacles. Middel et al’s (2020) explain that families often reported mixed reviews when involved with child protection services (CPS). This interaction between families and the provision of services is sensitive and complex, with culture and the safeguarding of children at its core (Akilapa & Simkiss, 2012). Overall racial disproportionality (Maguire-Jack et al, 2019) continues to be a persistent and alarming issue that is indicative of wider systemic injustices that contribute to these disparities that are rooted in historical, socioeconomic, and cultural factors (Barnardo's, 2023) as will be further explored.

Understanding the experiences of the 'Child in care' process with Black families may lead to improved outcomes that promote stability and family preservation. Therefore, through examining the literature, this next section seeks to understand the historical perspectives and various contributing factors that may lead families to experience this life-changing journey.

A Brief Historical Overview of The BIPOC Child

> *"He who does not know where the rain started beating him, will not remember where he started to get dry".* Chinua Achebe

To understand the current problem, one needs to understand its origins. This Nigerian proverb quoted above emphasises the importance of understanding one's past experiences and challenges in order to effectively address current problems and progress. It suggests that a lack of awareness of one's origins or struggles may impede personal development, growth and recovery. The contemporary experiences of BIPOC families do not exist in a vacuum but must be situated within the context of a long history of racial oppression and trauma. This section delves into the historical context of Empire and White Supremacy to better understand the systems of oppression that endure today. It begins with the advent of the transatlantic slave trade and the dehumanisation of African peoples, before exploring the evolving yet contradictory attitudes towards child labour protection in Victorian Britain. Finally, the romanticisation of the Empire and obfuscation of Black history serve to obscure the treatment of BIPOC families through the twentieth century up to the modern day.

The transatlantic slave trade and the institution of slavery began in the late 15th century and involved the exploitation and commercialisation of Black individuals, including minors (Lovejoy, 2000). It deeply disrupted familial structures and established a legacy of loss, loss of identity and belonging that persists in our present day. Enslaved individuals, especially children, encountered significant vulnerabilities that influenced their lives and the societal response to their suffering and overall experiences (Campbell, 2006). Enslaved children were torn from their families and sold to various plantations, resulting in the loss of familial connections. This rupture highlighted the lack of safeguarding measures for these children, rendering them to being exploited and abused without any access to support or means to seek justice (Campbell et al, 2012). Throughout the period of slavery, legal systems dehumanised enslaved individuals, regarding them as property rather than recognising their rights as human beings (Hartman, 2008). The absence of legal protection for enslaved children resulted in them being exposed to inhumane conditions, forced labour and violence (King, 2019).

Moving forward now to Victorian Britain, there is a cultural shift towards early notions of humans, seen in the abolition of slavery, women's suffrage and the right to vote, as well as the first child protection legislation in the 1880s. Despite these changes, legislated to protect children from cruelty and abuse, scholars have pointed out the limits of this protection. As Bloch (1974) highlights, the colonised child was still subject to cruel and abusive practices. Some were transported to other parts of the Empire under the child migration scheme (Australian Senate, 2004), facing neglect, abuse and exploitation in their new environments. Others were sent to industrial schools that were meant to provide education and training; however, they were subjected to harsh discipline, working conditions and exploitation (Myers 2008). This serves to highlight the historic split between the nation's purported values and its unwillingness to accept the rights of the BIPOC Child from the very start. It reflects the heightened surveillance and discriminatory practices that perpetuate the systemic biases and social inequalities (Hill, 2006) that these individuals experienced.

The intersection of historical issues and the tragic connection linked to the young enslaved, 'farmed' and children of the Stolen generation revealed the complex narratives and long-standing issues related to intergenerational trauma, exploitation and abuse (Johnson, 2000). The historical legacies and treatment reflect the systemic biases, stereotypes and injustice that continue to affect these marginalised communities today. But also contributed to the evolution of child protection systems, that have highlighted the implications for contemporary policies and practices (Barn, 1993). While emphasising the need for culturally sensitive approaches that safeguard all children specifically those in marginalised communities.

This neglect provided the foundation for addressing these issues associated with safeguarding these vulnerable children within our present modern-day systems (Briggs et al, 2021). Following the abolition of slavery, many enslaved families continued to encounter systemic poverty, exploitation and left many of their children questioning their identities (Pasierowska, 2015). Child labour emerged as a prevalent issue, with children from disadvantaged households being compelled to engage in work that endangered their health and well-being (Pargas, 2011). The lack of protective laws and community support, therefore, perpetuated this cycle of neglect and abuse. This historical context mirrors the experiences of Aboriginal children as both groups encountered state-sanctioned violence that violated their rights and welfare and deprived them of their familial and cultural connections (Baptist, 2014).

The formation of the Stolen Generations in Australia (Bradford, 2020) brought significant disruption to the Aboriginal communities and led to profound historical injustice. It involved the forced removal of Aboriginal children from their families, rooted in a colonial mindset that viewed Indigenous people as inferior and in need of control and regulation (Cassidy, 2009). This was achieved through government policies aimed at assimilating children into White society. Despite research indicating the importance of cultural continuity and community, it also often led to better mental health outcomes for these children (Dudgeon et al., 2016). Nonetheless, this practice ended in the late 19th century and sought to eradicate Aboriginal culture and identity (Haebich, 2008). These children were frequently placed in institutions or foster homes with non-indigenous families, where they encountered neglect, abuse, and a disregard for their cultural identity (Haebich, 2023). The intergenerational trauma associated with this was extremely complex and continues to impact the child welfare practices in Australia today (Bamblett & Lewis, 2007).

Similarly, Black children in the US in the early 20th century were also excluded from formal child welfare services through both explicit exclusionary clauses and more subtle forms of discrimination (Smith & Devore, 2004). In response to these discriminatory practices, the Black community established both formal and informal systems of care to address the needs of children. These systems included children residing with extended family members, being cared for in Black-run orphanages and nurseries and living in homes designated for working girls (Peebles-Wilkins, 1995). These experiences have led to both resistance and resilience (Harrison, 2020) within the affected communities.

Although the circumstances surrounding Black children in the US and those who encountered the ‘farming’ process in Britain between the 1950s and 1970s differed from the enslaved and Aboriginal children, they still shared very similar traumatic experiences. ‘Farming’ was an informal care arrangement where thousands of West African children were privately fostered by White families (Famurewa, 2022). This arrangement was largely driven by economic motivations and the circumstances of West African parents who had migrated to the UK for education and work (The Guardian, 2022). Many encountered difficulties in managing their academic or work commitments alongside childcare responsibilities. Consequently, these parents pursued private foster care arrangements, which were often unregulated but legal at the time (AFAS, 1993). Some children encountered positive experiences, while others grappled with racism, abuse and issues with their cultural and racial identities partly due to the disruption of family ties (Longpet, 2000). Unfortunately, the lack of oversight in some cases resulted in neglect and fatalities (Longpet, 2000). This practice significantly impacted the family structure and overall dynamics within the Black community. ‘Farming’ reflects the historical context of migration, race and social care in post-war Britain that regulated the lives of Black children and families (The Guardian, 2022). It reinforced the racial hierarchies, socioeconomic disadvantages and the perpetuation of systemic racism within child welfare practices (Roberts, 2002). Thus, resulting in race and class often being confounded within psychological research (Stern et al., 2023).

Unfortunately, these historical patterns laid the foundation for the many challenges Black families experience today (Brave Heart, 1998). It draws attention to the cumulative psychological and emotional wounds experienced by many of their descendants over generations. Therefore, Black psychology plays a crucial role in understanding how these historic legacies impact the mental health of the Black community (Williams & Mohammed, 2009). It also provides an understanding of the racial disparities, inequalities and over-representation of Black children in care (Morris et al, 2020) and emphasises the importance of cultural sensitivity at each stage of the care process. Confronting the historical injustices through a Black psychological lens may provide further insight into the behavioural patterns driven by their struggles and traumatic experiences of cultural genocide too (Bryant-Davis, 2019). Providing a psychological perspective allows for better support and healing strategies that are designed to meet the needs of Black individuals and provide a voice for the Black child (Barn, 2001).

Black Cultural Parenting Practices

Britain has one of the largest African and Caribbean communities (ONS, 2020). Community members often view childrearing as the interdependent and joint responsibility of care provided by parents, elders and extended family members. It is the foundation for individual and collective support found in these informal strength-based support systems. Ekane (2013) explains that this commitment made, alongside the intense personal labour and sacrifice is crucial. Young people are therefore required to respect parents/elders and take on similar caring responsibilities for their younger family members and those in their communities (Onwujuba et al, 2015). The issues of difference and cultural disparities are emphasised by Western parenting practices (Bernard, 2020). Which stem from variances in attachment styles, parenting approaches, familial support, community engagement and religious practices.

Raising children in the UK presents cultural differences amongst White British and Black African families. It highlights a variation of parenting (Baumrind,1996) and attachment styles (Ainsworth, 1978). Voges et al (2019) found that attachment styles amongst African families were consistent with global attachment classification patterns, however, there were high rates of disorganised attachments explained by adverse socioeconomic factors. While there is much research on the development of Black children, most highlight the central role of mothers (Murry et al., 2001), others point to the significant contributions of fathers (Tyrell & Masten, 2021), mentors (Billingsley et al., 2020), grandmothers and extended family, spiritual community members, and fictive kin (Stewart, 2007) in providing safety, support, encouragement, comfort, and emotional connection.

Parenting is also impacted by the range of religious practices mainly found in West Africa (e.g., Christianity, Islam and traditional spirituality (e.g., Juju and Obeah). However, some practices are associated with various forms of child and ritual abuse (Kinmond et al, 2019). Whereas others, involve forms of discipline, religious beliefs, and the use of support networks from extended family members and/or people in the community. Okpokiri (2021) found that Nigerian families adopted an authoritarian parenting style, a clear hierarchical family structure, whereby parents enforced stricter discipline and were supported by those in their community. Whereas, some aspects of British culture would discourage community involvement, especially in the personal affairs of parenting and family (Iqbal, 2012).

For many of these families, the pathway into care is shaped by racialisation within the CPS. Bernard (2019) highlighted how professional discourses often construct Black parenting practices as risky or deficient, with limited recognition of cultural norms around discipline, kinship care, or collective child-rearing. Research has also noted disproportionate representation of Black children in care, though the patterns vary between African and Caribbean groups (Barn et al., 2005). This body of work illustrates how child protection is not experienced equally: entry into care reflects both socioeconomic inequality and systemic racism in assessment and decision-making processes.

As we have seen, Black families may differ significantly in their structures and parenting practices. Recent studies have focussed on first-generation Nigerian immigrant parents with child welfare concerns in the UK (Okpokiri, 2017) and those whose children have been subject to statutory interventions (Ezendiokwele, 2021). It emphasised the social struggles of parenting and the self-governing practices adopted by West African parents in Britain. A common theme was that parents wanted to uphold their cultural childrearing practices, others were reluctant to engage with CPS due to the stigma and fear of losing their children, but also other fears linked to their experiences of immigration (Okpokiri, 2017). They also felt that CPS threatened the aspirations they had for their children (Okpokiri, 2021). Their findings highlighted the cultural differences and tensions (e.g., ‘cultural/generational clash’) experienced between parents and their children. Although such research provides a foundation for future studies, it focuses solely on Nigerian/British culture and is not representative of other African or Caribbean cultures.

However, these families are often fearful of external agencies using their powers to remove their children. This has led many to conceal their difficulties with fears of being misunderstood and stereotyped due to the stigma and shame. Those who had encountered the care process had expressed a sense of failure, feelings of loss, sadness and grief but especially trauma. While others had experienced a sense of relief, recognizing that their child was safe, secure, cared for, and flourishing in a new environment. The literature, therefore, indicates the mixed reviews that parents have encountered with CPS (Middel et al, 2020). Some families appreciate and benefit from these agencies, whereas others report negative experiences. Bouma et al (2019) suggest that the implied power imbalance created within the professional and service user relationship may contribute to this tension.

The Black Parent’s Perspective

A key factor contributing to the tensions (mentioned in the previous section) stems from welfare services, setting high expectations and unachievable targets that often leave parents feeling overwhelmed (Kokaliari et al., 2019). At times, this can be in the form of parents facing personal challenges (e.g., lack of resources) or facing systemic barriers that limit their ability to access services. In other scenarios where multiple interventions occur simultaneously, parents may find themselves engaging in multiple assessments, such as those related to parenting and mental health, or possibly attending parenting classes in conjunction with individual or family therapy.

This may contribute to the adverse psychological difficulties that some families encounter. Tensions and barriers also arise with families seeking to engage with child protection agencies. For some, it creates a sense of failure in their inability to meet these targets and expectations (Smithson & Gibson, 2017). This interaction between families and the provision of services is sensitive and complex, with culture and the safeguarding of children at its heart (Akilapa & Simkiss, 2012).

Over the years recommendations have been made to ensure the best possible outcomes for children and families. One is the importance of considering parents' needs; ensuring the appropriate support services are put in place; and secondly to encourage effective partnership working (Schofield et al, 2011). Despite this, evidence shows that some parents are fearful of such services and often attempt to conceal their difficulties, in the hope of avoiding child welfare authorities altogether (Berkman et al 2022).

Personal trauma experienced by children and parents also appeared to be a common factor. Stern et al. (2023) argue that equipping children to navigate a racist world while instilling confidence in their self-worth despite the negative messages is linked to the fundamental caregiving practices that nurture Black children's sense of security within the caregiver-child relationship. The actions parents take to warn and safeguard their children from racism go beyond simple cognitive instruction but involve emotional and relational processes that anticipate future and current unseen threats. This in conjunction with the huge failings in recognising the overwhelming trauma children experience from being removed (Graham et al., 2015) but also the difficulty of parents having their child removed too (Kokaliari et al., 2019). Parents often reported experiencing a sense of failure and grief, as a result of their child being placed in care. However, this experience differed from parent to parent as others conveyed a sense of relief knowing that their child was cared for and thriving in their new environment (Schofield et al., 2011).

Research also indicated that parents often reported feeling misunderstood, judged and punished by social workers when expressing parental concern (Middel et al, 2020). Parental concern was often labelled as an ‘anger management problem’ and is consistent with earlier literature that suggests socially constructed racially biased misinterpretations and stereotypes (e.g., ‘angry Black woman or aggressive Black man’).

Berkman et al (2022) suggest that acknowledging a family’s cultural background or race could help to reframe terms such as ‘harm’ but also determine the appropriate threshold for support and overall intervention. Placing race at the forefront could challenge ineffective practices and racial stereotypes that impact Black communities (Clarke, 2012). Consequently, Dominelli (2018) makes an important point that considers the view of White social workers fearing that they will be labelled racist by addressing cultural differences too. According to Middel et al (2020), this fear may result in 'colour blind practices' based on the assumption that all families are treated equally and that they all have the same needs.

Why African (Black) Psychology?

Good quality research must be grounded in psychological theory that is well-established and validated. In considering the legacy of the empire and oppression, it felt important to frame this project in a manner that foregrounds and empowers Black voices. I, therefore, decided to first explore African (Black) psychology, followed by critical race theory and then intersectionality, as its application is highly significant in this review and pertains to the population that is being explored. In doing so, within this context, we might acquire a better understanding of how the care process affects the well-being of Black families. Situating the findings within a theoretical framework will provide a link to any potential clinical implications.

African (Black) Psychology is a system of knowledge encompassing philosophy, definitions, concepts, models, processes, and practices that examine the nature of the social world through the lens of African Cosmology (Baldwin, 1986). It involves the discovery, expression, implementation, and application of African principles to a psychological phenomenon and framework. Black Psychology examines the behaviour and conduct of Black people globally (Smith,1974). Black psychology highlights the significance of cultural context in understanding psychological phenomena. Conventional psychological theories often embody Eurocentric perspectives and methodologies that may not resonate with Black individuals (Jamison, 2018). Therefore, it seeks to address the unique experiences and social context of Black individuals, fostering a deeper understanding of their psychological health and well-being (Nobles, 1972). It also examines the impact of racial identification on self-concept, which is particularly important for members of the Care Experienced community. Cross' (1991) suggests that a strong Black identity may serve as a protective factor and safeguard against the adverse psychological effects of racism or displacement (Cross, 1987) for the many Black children navigating the care system.

While Cross's Nigrescence model offers a useful framework for understanding racial identity development (Cross, 1971; Cross & Vandiver, 2001), its application to Black British contexts raises important limitations. Developed around African American experiences, the model risks overlooking the distinct historical and cultural specificities of Black British identity, including legacies of colonialism and migration such as the Windrush generation (Olumide, 2002). Moreover, it tends to generalise the Black experience, neglecting the diversity of African, Caribbean, and mixed-heritage backgrounds, as well as the intersection of race with class, gender, and sexuality (Mirza, 2018). The model's linear progression also underplays the fluidity, resistance, and agency evident in Black British identity formation (Sewell, 1997), while its late 20th-century origins render it less responsive to contemporary dynamics shaped by globalisation, digital culture, and social movements (Mirza & Meetoo, 2017). Thus, although Cross's work provides a foundation, a more nuanced and contextually grounded approach is needed to capture the complexities of Black British racial identity.

Black psychology embraces this and provides holistic methods that integrate spiritual, communal, and familial aspects of life, which hold considerable importance for many Black cultural identities (Wade, 1997). This is in contrast with the holistic approach to care that differs from mainstream psychology’s individualistic focus.

Chrisman (1975) also describes three components of Black Psychology a) tackling social issues, b) creating culturally appropriate methodologies, and c) critiquing racist methodologies developed and employed by White or Western psychology. Black psychology can be understood as a response to racism and opposition towards the dominance of White psychology. Nonetheless, while this framework centres solely on the reactions of Black oppression, it may inadvertently define them by their challenges rather than by their inherent humanity (Akbar, 2004). Baldwin (1986) deconstructs the victimisation narrative held by Black psychology and describes the conceptual shift from reaction to reclamation and revitalisation (Nobles, 1986). Consequently, at the core of Black psychology also lies a psychology of power that represents liberation and serves both prescriptive and descriptive purposes (Wilson, 1998). Due to its intrinsic link to social justice, it can be integrated into psychological practice and facilitate wider societal transformation by advocating for and empowering Black individuals, which this research hopes to accomplish.

Critical Race Theory

Critical Race Theory (CRT) is vital for understanding the unique experiences of Black families in the care system. It offers a framework which examines how race, racism, and power dynamics influence legal and social systems such as children's social care. Situated within civil rights and ethnicity discourse, it emerged within the legal discipline in 1970's America (Crenshaw et al., 1996) and examines how broader contexts influence perceptions of race (Delgado & Stefancic, 2000).

CRT integrates the notion of intersectionality, acknowledging that individuals possess multiple, intersecting identities that influence their social experiences (Hanna, Boyce & Yang, 2016). Additionally, it is important to understand how racism functions across various dimensions of differentiation, such as class, ability, gender, and sexuality (Gillborn, 2015). For Black families, factors such as socioeconomic status and geographical location can intersect with race to present distinct challenges for those navigating the care process (Crenshaw, 1989). In the realm of psychology, this calls for an investigation into the ways in which institutions and structures are established and sustain racial inequality (Patel et al., 2020).

CRT helps us understand how some Western service providers interpret and respond to ‘Black parenting practices’ through a conscious and unconscious racial lens of ‘racism’ and ‘Whiteness’ (Adjei & Minka (2018). It is important to note that attachment and parenting styles are Western constructs conceptualised by race, ethnicity, culture and environmental factors. Therefore, Black parenting practices may struggle to adhere to categories associated with Western discourses that describe 'good enough parenting' and demonise or disempower African and Caribbean parenting styles (Okpokiri, 2017). CRT also provides a greater dimension of the decision-making process. It challenges societal norms that ordinarily depict the experiences and privileges of White individuals (Gosine & Pon, 2011). It also recognises societal ills and power dynamics impacted and maintained by social inequalities. CRT advocates for the inclusion of the ‘marginalised voice’ in discussions concerning policy and practice. For Black families experiencing the care process, it is crucial to acknowledge and understand their lived experiences to help build a better client-professional working relationship. The family perspectives and engagement can inform culturally appropriate practices, facilitate meaningful interventions for community members (Ladson-Billings, 1998) and motivate families to engage with services where they feel better understood.

CRT promotes a critical analysis of prevailing narratives that frequently depict Black families unfavourably. These narratives can reinforce preconceptions and prejudices that affect decision-making within health and social care services (Davis, 2021). By questioning these narratives, CRT pushes for a more precise and nuanced understanding of Black families, that may help to develop anti-racist policies and practices. That would also promote family preservation (Smith, 2017), diminish stigma and foster equal treatment for all.

Intersectionality Theory

Intersectionality theory (Crenshaw, 1991) provides a framework that examines the complex interplay of multiple identities within social contexts (Collins & Blige, 2016). This approach enables a more nuanced understanding of how factors such as race, class, gender, and historical context intersect to influence the experiences of Black families within the care process. Black families who encounter children’s services frequently encounter difficulties that cannot be exclusively ascribed to a single factor such as race or class (Roberts, 2014), but rather to the intersection of multiple identities. For example, a Black mother may encounter discrimination based on her race, gender, and status as a single parent. Therefore, employing intersectionality is crucial in understanding the interconnected oppressions that Black women, in particular, children and families encounter with health and social care services (Williams-Butler, 2022). This perspective emphasises how these intersecting identities can generate compounding stressors and barriers within children's social care (Crenshaw, 1989). For example, economic instability might increase the likelihood of interventions and exacerbate the difficulties encountered by Black families.

Intersectionality highlights the significance of cultural context and the role of community support. Many Black families rely on their extended family and community networks to address challenges, which can significantly contribute to fostering resilience and stability (Holt, 2015). Understanding these cultural dynamics is crucial for health and social care practitioners to deliver effective, culturally competent support that respects and incorporates the values and practices of Black families (Harrison et al., 2020).

Intersectionality challenges the negative stereotypes and biases often associated with Black families within social care. By acknowledging the varied experiences and strengths of these families, advocates can help transform the narrative from deficit-based models to a more strengths-focused approach that recognises their resilience (Davis, 2016). This reframing has the potential to diminish stigma and enhance the relationships between Black families and social care professionals.

Reflexivity Statement

I acknowledge that safeguarding children, regardless of cultural background, is a collective responsibility, and therefore, I felt it was important to state my position here. I recognise that not all Black families would see themselves as victims of institutional racism through the system. However, some decisions made by children's social care are fully justified, especially in cases where there is clear evidence of children who are at risk of or have experienced neglect and abuse from parents and individuals within and outside of the family system. I have also observed situations where cultural barriers and misunderstandings contributed to parental disengagement. Conversely, in my various roles, there have been instances where interventions brought meaningful change, which was achieved by positively reframing the support provided by children's social care. This often helped foster family engagement, bring meaningful change, and, in some cases, elicited expressions of appreciation.

Part Two: Critical Literature Review

Literature Search

The literature search for this study began in April 2022, at a time when scholarship and discourse on Black groups and the care-experienced (CE) community in the UK was expanding, partly due to high-profile government reviews such as the *Independent Review of Children's Social Care* (MacAlister, 2022) and its controversial findings, which were widely covered in the media. This coincided with a rise in anecdotal and advocacy-driven sources, including social media campaigns and broader social justice movements such as Black Lives Matter, which amplified awareness of systemic inequalities, racism, and failures within the care system. The search yielded a significant number of results, reflecting these shifts in discourse, and highlighted the complexities surrounding language, socio-historical context, and the contrasting experiences of young people and parents.

The search strategy utilised search engines (e.g., Google), social media platforms (e.g., YouTube, Instagram), digital databases such as PsycINFO, Science Direct (Elsevier), PubMed, Google Scholar, alongside digital books and official websites of UK and US government and social care agencies. Boolean search terms combined descriptors of population (e.g., 'Ethnic Minority Communities' OR 'BAME' OR 'Global Majority' OR 'Black Indigenous People of Colour (BIPOC) families' OR 'Afro-Caribbean' OR 'African Caribbean' AND 'Black'). Other terms such as 'racial' OR 'cultural' were used to provide a more precise search. This was followed by the intervention provided by 'Social Care' OR 'Children's Social Care' AND 'Looked after child' (LAC) OR 'Child in Care' (CiC), and outcomes 'Psychological Wellbeing' OR 'Mental Health' OR 'Experience'. Using key terms describing 'Safeguarding' AND 'Child Protection' OR 'Child Welfare' helped to provide a more focused result. Lastly, location identifiers ('United Kingdom' OR 'UK' OR 'Britain'), contextual descriptors ('differences', 'disparities' OR 'influences') and date filters (2010–2025) were applied. This systematic approach yielded 104 papers, of which 38 were retained after screening for relevance and important themes related to this area of research. A key challenge identified was the limited psychology and clinical research available, which necessitated drawing on social work studies and social care reviews.

Grey Literature

This review adopted a decolonising approach with its inclusion of grey literature, reflecting its grounding in Black Psychology, Black Existentialism, and Critical Race Theory. Rather than positioning blogs, podcasts, vlogs, and organisational reports as supplementary or inferior to peer-reviewed publications, these sources were treated as vital and legitimate forms of knowledge. They reject Eurocentric hierarchies of evidence that privilege mainstream knowledge systems while marginalising the lived realities of Black families and care-experienced young people.

Grey literature was used throughout this review and is purposively selected from organisations (e.g., Race Equality Foundation, Runnymede Trust), children's rights and advocacy groups (e.g., Family Rights Group, Barnardo's), and first-hand accounts produced by parents, adoptees, and care-experienced young people. Policy and organisational reports such as the MacAlister Review (Department for Education, 2022), Barnardo's (2023), and the Lammy Review (2017) foreground systemic racism, institutional failings, and structural disadvantage, while community-rooted accounts capture the immediate consequences of these inequalities in everyday life. Importantly, these sources were not treated as gap fillers, but as epistemic sites that centre marginalised voices and speak directly to systemic oppression.

Equally significant were personal narratives, blogs, podcasts, and testimonies that operate as counter-stories (Delgado, 1989), disrupting deficit-based accounts of Black families in care and emphasising the intersections of race, gender, and class in shaping experiences. The literature highlights various recurring themes and reports from Care-Experienced individuals and parents, who described feeling misunderstood or silenced by the professional networks that surround them (Family Rights Group, 2024). These narratives also highlighted the importance of culturally attuned support, resilience, resistance, and transformation, as individuals reframed experiences of marginalisation into acts of survival, advocacy, and creative expression. The Care to Listen IMO podcasts (Children's Commissioner for England, 2020) foreground the narratives of care-experienced individuals, including Black British rapper Ric Flo. His creative work exemplifies the transformation of pain and trauma into advocacy and cultural expression, reflecting Black Psychology's emphasis on resilience, cultural grounding, and collective healing (Nobles, 1986). Framed within Critical Race Theory, such narratives operate as counter-stories (Delgado, 1989) that disrupt stigmatising discourses of care leavers as deficient, instead affirming agency and resistance. From a Black Existentialist perspective, Ric Flo's testimony illustrates the reconstitution of meaning and identity through creativity, where artistic expression becomes both a mode of survival and a form of existential freedom.

Collectively, the inclusion of grey literature ensures a comprehensive, multi-layered evidence base that values multiple ways of knowing. It affirms the validity of Black voices, highlights the compounding effects of systemic racism and institutional neglect, and foregrounds the resilience of Black Care Experienced young people and families. This approach not only broadens the scope of the review but also enacts the study’s epistemological commitments, positioning community-based knowledge as essential for understanding systemic inequalities and envisioning more equitable futures.

A Current Overview of the Impact of Child Protection Services on the BIPOC Family

Evidence suggests that colonialism contributes to the political, socio-economic and cultural issues that are deeply woven into the fabric of the many issues faced by Black families in the UK (Wainwright, 2021). Politically, it has influenced systemic inequities and highlighted the disparities in representation. Socially, colonial attitudes have resulted in stereotyping and discrimination in these contexts. Economically, it is linked to inequities in wealth and opportunities. On a cultural level, it influences identity and heritage. Colonialism's residual effects reverberate through policies, practices and societal norms. Olusoga (2015) suggested that slavery and oppression provided ‘toxic legacies’ and systems inherited by the descendants of slaves. Although it has created a platform for change through various democratic processes and movements, it still places many ethnic minorities at a great disadvantage intergenerationally. Research has shown that the likelihood of children and young people entering care is unequally distributed across the British population, closely correlated with deprivation and social inequality (Webb et al., 2020). According to Bywaters et al (2019), children in the most deprived neighbourhoods in England were over ten times more likely to be subject to child protection interventions than their peers in the least deprived areas. Poverty, therefore, is not incidental but a structural driver of local authority intervention in family life.

Similarly, Kokaliari et al’s (2019) qualitative study also described how African-American parents found themselves ‘trapped and powerless in a vicious cycle of concentrated poverty’ which often impacted reunification attempts with their children. These parents provided practical examples of reduced access to services due to their financial constraints. Many reported that they were unable to attend therapy due to the lack of access to transportation.

Putnam-Hornstein et al (2013) also identified notable disparities among ethnic groups concerning socioeconomic and health factors. These disparities were closely linked to child maltreatment and engagement with CPS, exploring issues related to family dynamics, social mobility, and inequality. Their research revealed that Black children were more than twice as likely as White and Latino children to be reported for maltreatment, confirmed as victims, and placed in foster care before the age of five. Although the study did not primarily focus on Black families, it still highlights the difficulties they encounter within the wider framework of socioeconomic disparities. One of the study's notable strengths is its inclusion of a variety of perspectives, showcasing qualitative interviews and case studies from individuals across various racial and socioeconomic backgrounds. The study's intersectional approach recognised the combined effects of race, class, and geographic location on family outcomes, educational opportunities, economic advancement, and community support. It also highlighted systemic issues that disproportionately impact Black families, including disparities in quality of education, neighbourhood resources, and familial networks. However, the study provided a limited examination of historical oppression and institutionalised racism, which are critical factors for understanding the systemic challenges uniquely encountered by Black families. Critics also contend the narratives often favour a 'culture of poverty' explanation, potentially oversimplifying the complex sociopolitical factors that shape Black family life (Boardman et al, 2022). Putnam et al. (2013) propose a solution that transcends mere community and family reform, calling for systemic policy changes that include housing and criminal justice reform to effectively address the issues encountered by Black families.

Ayon et al (2010) found that immigrant families, specifically Mexican & Latinos based in America had limited knowledge of child welfare services. They required additional information about how they generally operate and interact with families. According to Clarke (2012) families in the US often reported being under constant surveillance and control by CPS. Shame, humiliation, nervousness, hypervigilance, the fear of being stereotyped and judged are some of the negative experiences they encountered by being constantly observed.

In Canada, Black families were 33 % more likely when compared to White families to receive social care intervention, pending an investigation (King et al, 2017). Similarly, Kokaliari et al.‘s (2019) findings highlighted the level of distrust African-American parents had when interacting with child welfare authorities. Not only did they report the ever-increasing high turnover of social care staff. But they viewed the removal of their children as a form of punishment for experiencing poverty, poor health and events leading to their relationship status (e.g. single parenthood).

Mixon-Mitchell & Hanna’s (2017) findings revealed that the professional network (e.g., social care, medical staff, teachers) were more likely to discriminate and start the child removal process when working with African American families (Mixon-Mitchell & Hanna, 2017). However, Kokaliari et al’s (2019) qualitative study revealed that African-American parents did not view racism as a feature of their child being removed. What they found, was that those social workers of the same ethnic background as themselves were highly critical than those of a different ethnicity. This also highlights cultural racism and the impact of discriminatory practices within culturally diverse groups.

Gupta & Blumhardt (2016) highlighted the challenges that many BIPOC families in Britain face, partly due to the acculturation and assimilation process. These families were more likely to live in socio-economically disadvantaged communities (Thomas et al, 2023). Bernard & Gupta (2008) also explained that BIPOC families were more likely than White British families to be placed on a child protection plan, under the category of neglect. Physical abuse as a category was also relatively higher amongst Black African (19%) families (Kira et al., 2022) in comparison to other ethnic groups (Black Caribbean-16 %, Chinese-16 %, Irish traveller-15%). Ekane (2013) suggests that this may be due to harmful practices (e.g., physical chastisement) and enforced rules adopted by some ethnic groups.

Some of these experiences placed these families at a socioeconomic disadvantage, reducing access to housing, health and social care services too. Therefore, as this research is situated within the experiences of Black families who have encountered the British care process, it asserts that racism is very present in the UK. The doctoral training period from 2021 to 2024 highlighted significant and persistent disparities between White individuals and those from the BIPOC communities. This was particularly evident in the disproportionate effects of the Covid-19 pandemic (Mathur et al., 2020), the murder of George Floyd (Eichstaedt et al., 2021), and the ensuing Black Lives Matter protests.

The COVID-19 pandemic significantly affected Black communities, resulting in higher infection and mortality rates attributed to existing health disparities, exposure in frontline jobs and systemic inequities within the healthcare system (Cobb et al, 2020). The global outrage that erupted after George Floyd's death reignited discussions surrounding racial injustice in the U.K. Black families encountered a duality of trauma, stemming from observing yet another episode of police brutality and empowerment, derived from the solidarity and activism that ensued. The Black Lives Matter protests amplified discussions of systemic racism in policing, education, and employment (Schachter, 2020).

Expanding the perspective further, right-wing populism (Pitcher, 2019), hostile immigration policies (Griffiths & Yeo, 2021), and the tragedy of the Grenfell Tower all indicate clear racial inequality (Watt, 2017). The 2017 Grenfell fire had a significant impact on BIPOC families, revealing significant disparities in housing and safety regulations. For numerous Black families, the tragedy serves as a poignant reminder of neglect and systemic failures, intensifying persistent calls for justice and reform. These events jointly highlighted the pressing necessity for institutional reform while simultaneously nurturing resilience and activism within Black communities. The convergence of these events profoundly impacted individuals and communities, emphasising systemic issues and inciting demands for change. BIPOC families in the UK, especially continue to make sense of their histories in the context of these recent events (Leyh, 2020).

Black Families and the Child Protection System (CPS) in the UK

The current CPS in the UK has been influenced by a range of factors including several historic high-profile cases of child abuse, deaths and subsequent enquiries. Thus, resulting in statutory guidelines being routinely reviewed and revised in collaboration with stakeholders. The Children Act (1989) initially established the legal framework for child protection in England and Wales, changing the structure of children's services through the revised Act in 2004. The CPS is designed to safeguard children from abuse and neglect; however, its implementation has often faced scrutiny, regarding its impact on Black families historically and in our present day. Although the system aims to protect all children, it has frequently perpetuated systemic inequalities and biases that disproportionately affect Black communities.

As of the 31st of March 2020, 11% of BIPOC children lived in the Northeast of England, in comparison to 73% who live in London (Ahmed et al, 2022). It suggests that London has the highest population of children in need from various cultural backgrounds. According to ACAMH (2021) there are high rates of complex post-traumatic stress disorder (C-PTSD) and attachment difficulties experienced by young people in care. In England, there were 80,080 a Child in Care (CiC) and evidence shows that this is increasing (DofE, 2021). It revealed that Black children were more likely to be a CiC (7%) and less likely to be adopted (2%) in comparison to their share of the under-18-year-old population. Asian children were less likely to be CiC (4%) or adopted (1%). Whereas White children were less likely to be CiC (74%) and more likely to be adopted (83%) further highlighting the racial disparities in CPS.

According to Ahmed et al (2022) children from mixed ethnic groups had the highest rates of CP plans and were more likely to become a CiC within a year of being referred. Their findings also suggested that children of mixed White & Black Caribbean ethnicity were 30% more likely than White British children to have a CP plan following a referral. Interestingly, at the point of assessment, mental health difficulties due to domestic violence were commonly identified for most ethnic groups except for children from Chinese (15.1%), Gypsy/Roma (11.9%) and Black African (13.3%) backgrounds. Gender also appeared to be a significant factor in their findings. A high proportion of CiC were males of Black African descent (68%)

which was also due to the increased numbers of unaccompanied asylum-seeking children within this ethnic group.

Moreover, the experiences of parents whose children enter the care system or are accommodated by children's social care have also been the subject of growing attention in the UK. Broadhurst et al. (2017) highlights the phenomenon of 'recurrent care proceedings', where young socially disadvantaged mothers returned to court multiple times for subsequent children. These cycles highlight the structural conditions underpinning child removal, which include socioeconomic factors, domestic violence, and inadequate access to support services. In addition, Alrouh et al. (2022) identified the chronic disadvantage among mothers as a key driver of recurrent proceedings, reinforcing the importance of pre-birth and preventative support measures. Many of these parents described the experience of child removal as profoundly disempowering, reporting feelings of silencing and a lack of voice within care proceedings (Featherstone et al, 2018). For BIPOC families in the UK, the trauma of losing a child to the system is entangled with racialisation, immigration histories and distrust of statutory services.

Bywaters et al. (2017) also investigated similar disparities within CPS, their research demonstrated that Black children faced a higher likelihood of being placed in care, in comparison to their White peers. As a result, 80% of Black Caribbean children in their study, resided in highly deprived neighbourhoods in the UK and were twice as likely as Black African children to be on a CP plan or considered as a CiC. Not only did it highlight systemic disparities in social care practices (Warner et al, 2024) but also highlighted the significance of poverty and deprivation as crucial factors influencing child welfare interventions. Their findings highlighted the interplay between race and socioeconomic status, providing detailed insight into the structural inequalities (Morris et al, 2018). This research advocates for culturally sensitive and non-discriminatory social care practices, urging systemic reforms to address these disparities (Warner et al, 2024). Nonetheless, the study faced several limitations due to its reliance on population-level data, which may have failed to capture the intricate lived experiences of Black families as an essential aspect for understanding the complexities of systemic oppression (Bernard, 2020). The research also relied on statistical data which may have limited the examination of qualitative dimensions, including the emotional and psychological effects of child welfare interventions on Black families (Morris et al, 2018). Lastly, the limited exploration of cultural factors highlighted failed to thoroughly investigate how cultural biases within social care systems play a role in these disparities (Bywaters et al, 2019).

Historically, the UK's CPS has been influenced by cultural perceptions towards race and ethnicity. The legacy of colonialism, racism, and systemic inequality has influenced Black families' experiences of the child welfare system. It has resulted in the marginalisation of Black communities in the UK as policies and practices reflected a Eurocentric perspective, often overlooking cultural diversity. This has had long-term implications for how Black families are perceived and treated within the CPS. For example, the tragic case of Victoria Climbié in 2000, a young Ivorian girl who died due to severe maltreatment and neglect, highlighted the systemic failures within the CPS. Although the case emphasised the need for reform, it also raised concerns regarding its reaction to families from BIPOC backgrounds and the biases that may influence decision-making.

Historically, social work practices have been critiqued for their lack of cultural competency. This has often led to misunderstandings and misinterpretation of parenting practices in Black communities. Not acknowledging cultural differences has often led to assumptions and stereotypes leading to unwarranted interventions, unjust scrutiny and insufficient support for these families. Generally, this recurrent narrative has been influenced by systemic racism, often viewing Black parents as less competent or more prone to neglecting their children.

The perspectives of children & young people

The term ‘Care experienced’ (CE) includes a broad range of experiences associated with being in care. It seeks to provide a more inclusive and empowering identity for individuals who have experienced the care system (Baker et al, 2021) and is currently undergoing a review of becoming a protected characteristic in the UK (MacAlister, 2022). The transition from LAC to CE signifies a growing recognition of the importance of identity formation in influencing the experiences of these young individuals. The term highlights their resilience and agency, recognising that their experiences in care contribute to their identity rather than serve as a defining characteristic (Hoyle et al., 2020).

Research indicates the overrepresentation of Black children in children’s social care, which is partly due to their unique issues and marginalised identities. These young people encounter prejudice and racial bias in their daily lives (Agan & Starr, 2016). This is often in the form of double discrimination and adultification in which Black children are incorrectly perceived as older and less innocent than their peers. Whereas, Double discrimination denotes the concurrent experience of prejudice stemming from two facets of identity, such as race and age. Black children are particularly affected, often being overlooked by welfare services who often underestimate their vulnerability, presuming a greater degree of resilience and thereby providing inadequate support (UNICEF UK, 2021). Moreover, Black children in the UK face disproportionate rates of school exclusion, lower academic expectations, and subjected to harsher disciplinary actions (Runnymede Trust, 2020). Within the UK criminal justice system, the phenomena has led to Black children being over policed (Davis, 2019; The Children's Society, 2020), subjected to increased surveillance and criminalization ((Cooke & Halberstadt, 2021), 2021; Lammy Review, 2017).The incident involving Child Q, who was strip-searched without adequate support, highlighted how adultification bias can result in significant institutional failings (City and Hackney Safeguarding Children Partnership, 2022). Therefore, depriving Black children, the care and protection they rightfully deserve, rather than causing emotional distress and perpetuating systemic inequalities (UNISON, 2021). The cumulative effects of these intersecting forms of discrimination contribute to adverse mental health outcomes and restricts access to opportunities, emphasising the importance of thorough structural reforms.

The intersection of being Black and Care Experienced is complex and presents additional challenges, including a disconnection from cultural heritage (Jones et al, 2020), impacting their identity and relationships. With many who have endured physical and mental health difficulties due to early experiences of abuse, neglect and disrupted attachment. This developmental trauma often affects cognitive functioning and sensory processing (Perry, 2009). Prolonged exposure to stress during critical developmental phases interferes with the development of brain areas like the prefrontal cortex, hippocampus, and amygdala, resulting in challenges related to memory, executive functioning, attention, emotional and behavioural regulation (Teicher & Samson, 2016; De Bellis & Zisk, 2014). Children who have experienced developmental trauma frequently face challenges in learning, exhibit impulsive behaviours and struggle with cognitive flexibility (Cook et al, 2005). In addition, the behavioural and relational challenges observed in traumatised children are often rooted in neurological disruptions, highlighting the need for trauma-informed, relational strategies and interventions (van der Kolk, 2014). As a result, the discourses of vulnerability, disruption, maladaptation, and adverse consequences often characterise this Care Experienced demographic, while others within this population self-identify as 'survivors' of their experience.

Studies show that the young Care Experienced often experience significant challenges with their mental health, educational struggles, and difficulties with social integration. These individuals are at a greater risk of adverse outcomes when compared to their peers, especially in areas such as educational attainment and mental well-being (Stein & Munro, 2008). Within the social care framework, Bernard (2020) highlights the complex issues that arise with this diverse group. She explains that social workers and other professionals are presented with an array of complex and contextual safeguarding issues (Firmin, 2020) such as female genital mutilation (FGM), honour-based violence, forced marriage, abuse linked to faith and cultural beliefs. And more recently child sexual exploitation, gangs, county lines, gun and knife crime in the UK, resulting in increased numbers of young people being exposed to the criminal justice system (Agan & Starr, 2017).

The Care Leaver

Research highlights the emotional toll and relational ruptures inherent in leaving care and emphasises the critical role of supportive networks in mitigating identity and belonging crises (Roberts et al, 2021). Moreover, Mannay et al (2019) reveal that stigma, fractured affiliations and identity are central challenges for many care leavers, particularly in negotiating their place in society. The transition from care to independent living at times poses a significant difficulty for young people ageing out of the care system. They are expected to adapt to adulthood at a younger age and at a much faster pace than their non-care-experienced peers who benefit from an 'extended adolescence' and a far more gradual transition into adulthood (Palmer et al., 2022). Stein (2012) also suggests that care leavers are at risk of ‘accelerated and compressed transitions,’ facing early independence without the familial support that many of their peers rely upon. Many young people expressed this concern about the sudden withdrawal of support upon reaching 18, which is characterised as the *‘Care Cliff’* (Become Charity, 2024). The ‘Care Leavers Strategy’ (Department for Education, 2014) highlight the difficulties of securing stable housing, employment, and education. Supportive policies such as the *'Staying Put'* programme during this transition are crucial in improving long-term outcomes (Children & Families Act, 2014).

While policy reforms have yielded some gains in stability, outcomes for care leavers remain stark, with elevated risks of homelessness, unemployment, and poor mental health (Munro, 2012). For Black care leavers, these challenges are compounded by racialised identity negotiations within predominantly White care environments, alongside barriers in education, housing, and employment that render their transitions to adulthood as a uniquely complex experience (Barn et al., 2005; Bernard, 2019). These accelerated transitions often demand early autonomy irrespective of readiness or social capital (Bernard, 2019), with processes and pressures of adultification further intensifying this intersection of being both Black and care experienced, shaping social worker expectations, placement decisions, and access to support.

Moreover, Barn et al. (2005) employed a mixed-methods approach including a diverse sample of 261 care leavers to examine the influence of ethnicity on post-care trajectories specifically in identity formation and aftercare support. Their findings underscored the notable ethnic disparities, revealing that Asian and African care leavers typically reported more favourable outcomes, while, White, mixed-heritage, and Caribbean Care leavers encountered relative deprivation, characterised by lower rates of higher education and stable employment, along with significant housing instability that increased their risk of homelessness (Barn et al., 2005). The research highlights the essential role of cultural sensitivity within social care practices, emphasising that many BIPOC care leavers struggle with identity consolidation and lack adequate culturally appropriate support. Barn et al. (2005) advocate for tailored preparatory and aftercare interventions that address the unique cultural and social contexts of BIPOC care leavers, ultimately promoting more equitable transitions to adulthood.

Lastly, a recent systematic review by Javed et al (2025) revealed that over half of UK care-related studies failed to report participants' ethnicity, while those that do frequently adopt inconsistent categories, obscuring the trajectories and outcomes of racialised groups. This points to a significant underrepresentation or at minimum, under-documentation of minoritised experiences within care leaver research, highlighting both an epistemic gap and an ethical concern.

An overview of the Black Care Experience in the UK

The rapid evidence review conducted by Schoenwald et al (2022) synthesised UK studies regarding outcomes for Black CiC, focusing on four key domains: reunification, placement stability, health (both mental and physical), and education (attainment and exclusions). The review identified a significant lack of research concerning reunification, placement stability, health, and exclusion indicators for Black children. There were no studies that specifically focused on reunification, with very limited evidence available based on placement changes and absconding behaviours. In instances where data did exist, Black CiC showed educational attainment that is comparable to or exceeds that of their White peers (for example, at Key Stage 4 and A-level), along with similar health outcomes. Nonetheless, these conclusions are moderated by small sample sizes and methodological limitations. The authors emphasise the importance of thorough, contextually rich research that explores how varying pathways into care among ethnic subgroups (e.g., Black African vs. Black Caribbean) influence outcomes. They advocate for enhanced data collection and analysis to guide equitable policy and practice (Schoenwald et al, 2022)

The Black Care Experience (2022) is an initiative based in the UK that focusses on improving the social care journey for Black children and young people by maintaining a strong connection to their cultural identity, heritage, and community. At the heart of its mission is the affirmation of identity through practical resources such as the ‘My Culture Care Box’, aimed at fostering a sense of belonging and pride among children in foster or residential care (The Black Care Experience, 2022). The initiative addresses systemic racial inequalities by outlining eight Charter commitments that encompass active anti-racism and bespoke policy development. These commitments aim to implement legal obligations under the Children Act 1989 and specific Articles of the UN Convention on the Rights of the Child, ensuring respect for cultural, linguistic, and religious backgrounds (The Black Care Experience, 2022). Additionally, it fosters community involvement through a varied network of children's services and professionals from the voluntary sector, promoting the exchange of best practices rooted in the authentic and lived Black care experiences.

Despite efforts to listen to the voice of the child in voluntary and statutory decision-making, it is often reported from an adult’s perspective (Mannay et al, 2019). It is still an area that lacks research and requires great improvement. Research has shown that Black children who expressed their thoughts and feelings on matters related to them, were often ignored. Several serious case reviews, conducted by social care, revealed that the voices of Black British children were generally overlooked (Bernard & Harris, 2019). Smithson & Gibson (2017) emphasise the importance of developing effective communication tools that will engage and empower Black children, in sharing their experiences in meaningful ways.

Conclusion and rationale for the present study

Although the literature has outlined previous research that indicates that child abuse and neglect adversely affect all children and young people (Thomas et al., 2023), it continues to highlight the racial disparities and social inequalities experienced by many BIPOC families (Nicholl et al., 2016) with little discussion regarding their psychological needs. It also emphasises the importance of tackling socioeconomic, systemic and cultural barriers experienced by the Black community but also observed within Child Protection Services. Fundamental to this is the important role health and social care professionals play in their decision-making practices which would warrant further investigation too.

Although this topic has been widely researched in America (Jones et al, 2020) and is emerging in the UK to inform social work practice, most studies have used methodologies that have been experimental in design or utilised mixed methods through self-reported measures, group interviews and focus groups with adult populations (e.g. parent/carers).

There is limited research in this field and in the UK that addresses and presents the combined perspectives of both the parent and young person. Upon recognising this gap, this research seeks to obtain a deeper understanding of the psychological impact and implications (NICE, 2021) of Black families experiencing the care process.

Exploring the lived experience of members of this community also highlights the need to utilise an intersectional approach and to decolonise research methods (Barnes, 2018) when conducting research of this nature (Middle et al, 2020). For example, in some cultures, it is inappropriate to ask elders to share their accounts or experiences with researchers. It is therefore, important to understand the complexities when working within local or cultural settings when using Westernised research methodologies (Park & Lunt, 2020).

I hope that this research will foster empathy and understanding towards the young Black Care Experienced and Black parents of a CiC. It is also important to encourage mental health and social care services, to be inclusive and responsive to their specific needs and challenges. Furthermore, developing a broader knowledge and deeper compassion will encourage policymakers to develop and implement policies that support social integration and enhance access to services through sourcing culturally sensitive services and initiatives.

Relevance to Counselling Psychology

Counselling psychologists attend to the emotional and mental well-being of others (BPS, 2008). They formulate and identify the social and contextual factors that contribute to psychological adversity and distress. This is particularly important for those who encounter the CiC process and are offered effective therapeutic support to address their various mental health difficulties (Graham et al, 2015). The BPS asserts that counselling psychologists should acknowledge contexts and discrimination, by working to empower rather than control or dominate but demonstrate high standards of anti-discriminatory practice appropriate for the diverse communities they work with (Division of Counselling Psychology Professional Practice Guidelines, 2005). The BPS (2024) also emphatically urges psychologists to be culturally sensitive while engaging with this demographic, and others suggest incorporating a therapeutic model of trauma-informed care (Kokaliari et al., 2019) based on the challenging experiences reported by these families (Rodriguez et al, 2021). Its relevance to counselling psychology is in identifying and acknowledging the disparities (Cheng & Lo, 2012, Agan & Starr, 2017) by advocating for members of this community. As well as providing practical strategies that would help to inform systemic and clinical practice.

Counselling psychologists are uniquely positioned to address and examine these significant issues, as they embody the role of both researcher and practitioner (Goodyear et al., 2016). Counselling psychology plays a role in how practitioners understand their clients' cultural identities and experiences. It is therefore, well placed to investigate intersectionality, social inequalities and justice (Bernard, 2020). Which at times is achieved through sustaining a therapeutic relationship with clients as a tool to foster their resilience. Exploring the subjective experience of this population provides opportunities to identify and challenge some of these discriminatory issues and practices (Mixon-Mitchell & Hanna, 2017). Future research may evaluate effective ways in which health and social care professionals interact with cultural diversity among their client populations (Semanchin, 2015). An investigation of the lived experience of Black families will provide a deeper understanding of the cultural differences that play to many strengths and values inherent in counselling psychology.

There is, therefore, a role for Counselling Psychology to contribute to the development of services within health and social care services (Jones Nielsen & Nicholas, 2016). Given their knowledge and expertise across various disciplines, counselling psychologists could support education and training to ensure professionals feel confident and skilled when working with diverse groups. Addressing cultural competencies on an individual and systemic level would help to inform overall practice (Clarke,2012). It is crucial that professionals also understand as well as consider the intergenerational trauma and historic challenges that many of these families have encountered. That way, they can ensure that families access the appropriate support equally and fairly. Counselling psychologists have also historically viewed the pursuit of social justice as a core value that guides their practice and role within the mental health sector (Cutts, 2013).

In summary, this research could inform the family work conducted by health and social care practitioners and influence the legal practices surrounding care proceedings in both private and public family courts. It may also facilitate audits by addressing the type of referrals received by various institutions (e.g., police, schools, etc.) and help to address the stigma or misconceptions related to child protection services within community groups and religious organisations. Overall, the objective of this research is to offer recommendations from a mental health perspective that could enhance the assessment process, improve social work practices (Children’s Social Care in England, 2021), and influence existing governmental policies or initiatives aimed at enhancing psychological well-being for this population.

Research Question

This qualitative research aims to focus on parents of a ‘Child in Care’ and the experience of being a young ‘Care Experienced’ person of Black African & Caribbean heritage. It aims to understand their lived experience of the care process while considering similarities and differences within and across the groups.

Chapter 2 – Methodological Overview

Figure 2: Research Overview

Exploring Black African & Caribbean families' experiences of local authority care intervention

Research Question
Exploring Black African & Caribbean families' experiences of local authority care intervention. What is the lived experience of the 'Care Experienced Child' and their family of origin?

Problem
Research indicates the racial disparities, disproportionality and overrepresentation of Black minority ethnic families placed within child protection services.

Research Aim
To understand how young people and parents experience the 'Child in Care' process and to consider the similarities and differences across the groups.

Methodology
A qualitative study underpinned by a critical realist ontology, constructivist, and Black existential epistemology. The research will seek to understand and interpret the lived experience through a Reflective Thematic Analysis.

Sampling
Two heterogeneous groups of Black African and Caribbean heritage who have experienced the 'Child in Care' intervention. One group of young Care-Experienced people (aged 16-25) and another group of parents provide multiple perspectives on this area of research.

Data Generation
Online semi-structured interviews

Data Analysis
Idiographic, inductive,
Reflective Thematic Analysis and Black Existential Framework

Introduction

This section presents the research methodology for this study. It describes the process of designing and conducting the research to ensure the objectives were explored. By focussing on the lived experiences of Black African Caribbean families who had encountered the ‘Child in Care’ process with children’s social care. This chapter provides a rationale for using a qualitative design incorporating Reflexive Thematic Analysis (RTA) and a Black Existential Framework (BEF) as appropriate methodological approaches for this research. It explores the epistemological and theoretical underpinnings related to this research design. Further justifying the research process using two sample groups to understand a single phenomenon that combines two or more perspectives through a relational, intersubjective, and micro-social dimension. This chapter also provides the reader with insight into the adaptations made to overcome challenges experienced at the recruitment and data collection stages. It chronologically highlights the various procedural practices, phases, and processes employed. Lastly, it includes a section on reflectivity that describes my thought process during each stage and how this impacted the overall research.

Qualitative Rationale

Unlike quantitative methods that analyse causal relationships, qualitative research captures subjective experiences (Pringle et al., 2011) and focuses on the significance of meaning (Clarke & Braun, 2013) associated with a particular phenomenon (Tracy, 2013 & Creswell, 2014). Qualitative research is favoured within the field of counselling psychology (Ponterotto, 2005) and has gained significant popularity due to its shared philosophy of exploring how individuals derive meaning from their experiences (Pandey & Patnaik, 2014). In contrast to quantitative approaches that use standardised measures to test hypotheses and theories using predetermined questions, qualitative methods allow the researcher to immerse themselves closely with the data without imposing any predetermined meanings. This, therefore, enables reflexivity that monitors the impact and biases of cultural contexts and socioeconomic status effectively (Rodham et al., 2015). Most of the current research is situated within the health and social care domain, involving empirical research on the experiences of young care leavers from different ethnic groups (Barn, Andrew, Mantovani, 2005). Systematic reviews based on ethnic inequalities within children’s social care (Schoenwald et al, 2022) and the mental health of care experienced children and young people. Recent research using qualitative and ethnographic methods have explored the educational experiences of young care experienced people (Howard & MacQuarrie, 2022) and those navigating the criminal justice system (Barnardo’s, 2023). With others focusing on Black parents’ experiences of child removal (Smith & Roane, 2023). These have facilitated a wider understanding of the intricate complexities associated with this diverse, underrepresented and often marginalised group. There is generally limited research based on Black African and Caribbean families who have experienced the care process. A qualitative approach would provide a platform that would capture participant's voices, enable in-depth exploration of their experiences as individuals and as a Black collective (Morse & Field, 1996). Therefore, focusing on multiple perspectives that exist within the 'child in care' process, would capture the views of both young people and parents. As well as provide opportunities to explore heterogeneity within these two groups (e.g., cultural heritage) through a reflective thematic inquiry.

Theoretical Position

Thoroughly examining ontology, epistemology, and methodology (Guba & Lincoln, 1994) guarantees that the research design effectively tackles the research question (Coyle, 2007) and objectives (Cuthbertson et al., 2020). It is crucial to clearly understand one's epistemological (Finlay, 2011) and ontological stance before embarking on any research. Understanding how knowledge is generated and how it exists or is validated is essential when conducting and assessing meaningful research (Willig, 2013). Reflective Thematic Analysis (RTA) offers a high degree of theoretical flexibility (Braun & Clarke, 2021) and a clear perspective through which to analyse and understand the data. In contrast to other methodologies, with embedded theoretical positions such as Grounded Theory and Interpretative Phenomenological Analysis (IPA). Theory, therefore, remains integral to many approaches as it determines the researcher's motivations and expectations (Kock, 2015).

It's important to reflect on the researcher's ontological and epistemological assumptions included within this framework. Ontology explores the nature of the world and reality, explaining how knowledge is obtained. It can be divided into two main perspectives: realist ontology provides an objective stance and asserts that objects and events exist independently from the researcher or participant's knowledge, beliefs and perception of themselves (Willig, 2019). Whereas relativist ontology challenges the notion of external reality and suggests that it is subject to multiple interpretations and realities in which many 'truths exist'. These are influenced by cultural, historical (Willig, 2016) and current factors contributing to our world.

Epistemology is the theory of knowledge that explores how knowledge is obtained. Forsberg (1992) argues that knowledge is developed, and beliefs are shaped without inherently being true or false. However, this is dependent on one's epistemological position, which varies, ranging from post-positivism, in which the researcher collects data to create objective knowledge (Braun & Clarke, 2021) but also remains impartial to the research to ensure that their biases do not impact the findings (Willig, 2013). To constructionism which implies that knowledge is not discovered by the researcher but generated through research practices (Willig, 1999).

This research will, therefore, take an intermediary position, adopting a critical realist approach (Bhaskar, 1989), which suggests that the world is characterised by neither complete order nor total chaos (DeForge & Shaw, 2012). Critical realists believe that although we share an external objective reality, its true nature remains unknown. Therefore, it is impossible to establish objective truths about reality as individuals perceive this through their own unique lens. Unlike 'direct realism' critical realism understands the underlying structures that generate the phenomena of the knowledge we seek to acquire (Willig, 2016). As a researcher, these structures provide an understanding of the cause of events and enable the exploration of the observable and unobservable parts of the participant's reality (Willig, 2022). Recognising the valid accounts of parents and young people within this 'real' phenomenon, the experience of the 'child in care' process. This implies that the data captured during the interviews offer insight into the participant's interpretation of their reality, which is deeply connected to their culture. Further enabling us to examine the patterns generated across their multiple perspectives. Critical realism within TA examines this, focusing on how participants attribute meaning to their overall experiences (Maxwell, 2012). It also recognises that in order for the research to be meaningful, researchers inevitably draw on their own experiential perspectives and define their theoretical assumptions based on the data produced by their participants (Willig, 2013).

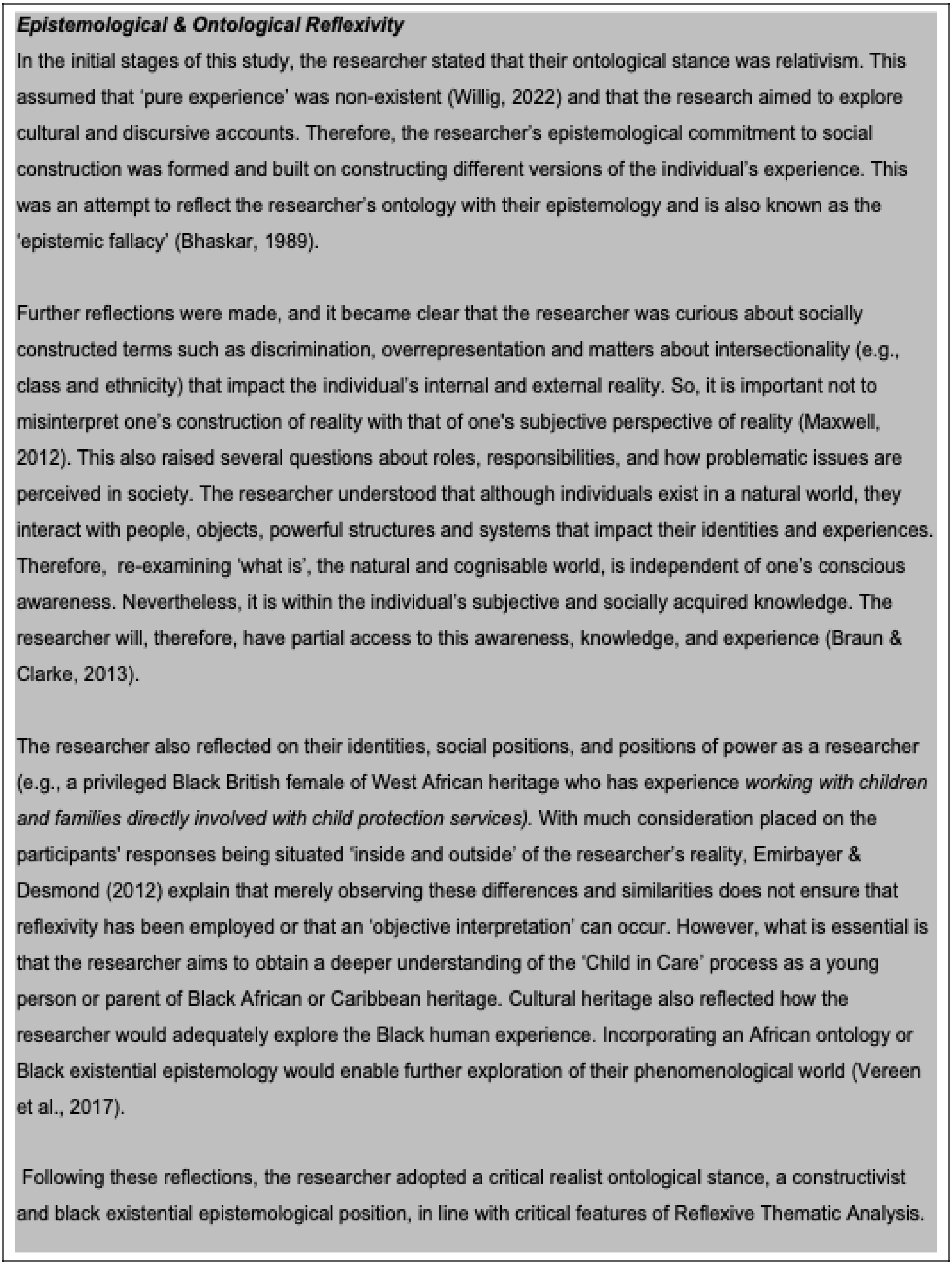
Critical realism can be described as having an ontological realist perspective while maintaining an epistemologically relativist stance. It acknowledges the existence of truth but recognises the difficulty in directly accessing it. Adopting a critical realist perspective involves recognising how individuals interpret their experiences and how the larger social context influences those interpretations, while also considering the tangible constraints of 'reality'.

Critical realism and constructivism acknowledge the impact that culture, society, and the inherent structures of socioeconomic and political power have on an individual and the wider community. Within health and social care, these structures are shaped by the local authority, universal services (e.g., schools, GP and health visiting), targeted and specialist services (e.g., intensive family support, mental health and child protection) which provide a framework of support and interventions for children and families. Although these structures exist, they cannot be attributed to an individual's understanding or experience with statutory policies and Western cultural practices. Further acknowledging the individual's subjective experiences with these transient (e.g., foster care) and or long-lasting (e.g., adoption) services.

The Black existential framework (BEF) provides an alternative lens that sensitively views Black existence as individuals and a collective as unique 'agents of knowledge' (Vereen et al., 2017). Black existentialism also emphasises the Black experience of cultural mistrust and historical hostility embedded within the structures of postcolonialism and racism (Vontress & Epp, 1997). BEF challenges the principles rooted in humanism, such as well-being, personal agency and the significance of humans finding purpose or meaning in the world. Although humanism has not always been afforded or accessible to people of colour (Vereen et al., 2017), this epistemology seeks to provide a place of solace and liberation to the Black individual (Bassey, 2007).

The research question is based on a social constructivist (Ponterotto, 2005) and Black existential epistemology (Gordon, 2000) as it recognises that individuals construct versions of their reality by engaging with the world. The research aims and objectives will provide a grounded interpretation of the data derived from the participants' narratives that recognise the situational realities of their lives (Marks, 2023). This incorporates a phenomenological or what Braun & Clark (2013) refer to as an 'experiential' approach that explores how individuals interpret their subjective experiences (Gerig, 2013). This also includes how a larger social context influences these interpretations while emphasising the material and other constraints of 'reality'. In summary, these frameworks appeared the most suitable for comprehending, analysing, and interpreting the data. They strike a compromise between the existence of objective reality and acknowledging the impact of the social world on both the participant and the researcher.

Epistemological & Ontological Reflexivity



Epistemological & Ontological Reflexivity

In the initial stages of this study, the researcher stated that their ontological stance was relativism. This assumed that 'pure experience' was non-existent (Willig, 2022) and that the research aimed to explore cultural and discursive accounts. Therefore, the researcher's epistemological commitment to social construction was formed and built on constructing different versions of the individual's experience. This was an attempt to reflect the researcher's ontology with their epistemology and is also known as the 'epistemic fallacy' (Bhaskar, 1989).

Further reflections were made, and it became clear that the researcher was curious about socially constructed terms such as discrimination, overrepresentation and matters about intersectionality (e.g., class and ethnicity) that impact the individual's internal and external reality. So, it is important not to misinterpret one's construction of reality with that of one's subjective perspective of reality (Maxwell, 2012). This also raised several questions about roles, responsibilities, and how problematic issues are perceived in society. The researcher understood that although individuals exist in a natural world, they interact with people, objects, powerful structures and systems that impact their identities and experiences. Therefore, re-examining 'what is', the natural and cognisable world, is independent of one's conscious awareness. Nevertheless, it is within the individual's subjective and socially acquired knowledge. The researcher will, therefore, have partial access to this awareness, knowledge, and experience (Braun & Clarke, 2013).

The researcher also reflected on their identities, social positions, and positions of power as a researcher (e.g., a privileged Black British female of West African heritage who has experience *working with children and families directly involved with child protection services).* With much consideration placed on the participants' responses being situated 'inside and outside' of the researcher's reality, Emirbayer & Desmond (2012) explain that merely observing these differences and similarities does not ensure that reflexivity has been employed or that an 'objective interpretation' can occur. However, what is essential is that the researcher aims to obtain a deeper understanding of the 'Child in Care' process as a young person or parent of Black African or Caribbean heritage. Cultural heritage also reflected how the researcher would adequately explore the Black human experience. Incorporating an African ontology or Black existential epistemology would enable further exploration of their phenomenological world (Vereen et al., 2017).

Following these reflections, the researcher adopted a critical realist ontological stance, a constructivist and black existential epistemological position, in line with critical features of Reflexive Thematic Analysis.

Reflexive Thematic Analysis

Braun and Clarke (2021) describe Reflexive Thematic Analysis (RTA) as a rigorous and systematic approach for identifying codes, recurring themes, and patterns across the data (Clarke et al., 2015). RTA is an analytic approach extensively used within qualitative research despite ongoing discussions regarding its status as a standalone methodology (Willig, 2013). In contrast to other methods, RTA does not have a predetermined data collection strategy and is not bound by a particular epistemological or theoretical framework (Braun & Clarke, 2022). Its flexible orientation means that the research can be conducted and analyzed in diverse ways that consistently interact with relevant theory, data and general interpretation. A key component of this approach is that it utilizes the 'reflexive' nature, an analytic resource of the researcher's subjective perspective (Braun & Clarke, 2021). The quality of the analytic work is contingent upon the researcher's engagement in producing contextual meaning-making through the generation of themes (Braun & Clarke, 2019).

RTA is conducted in six distinct phases and its non-linear, yet recursive approach is outlined below:

Table 1: The six phases of RTA data analysis – adapted by Braun & Clarke (2022)

Phase 1	**Data Familiarisation**	The researcher becomes intimately familiar and immerses themselves with the dataset. There are several layers of immersion that takes place (e.g., undertaking the interviews, listening to recordings and transcription). Transcripts of audio data (recordings) are listened to at least once. Verbatim transcripts are read several times. Actively making brief notes about any analytic ideas or insight that researcher may have that relate to the data item and the whole dataset.
Phase 2	**Coding**	The researcher works systematically and thoroughly through the entire dataset to identify segments that are meaningful and relevant to the research question, applying succinct code labels to them. It is a fluid and active process involving the researchers analytical take on the data. These form the single concepts that capture codes that are rich and nuanced at a range of levels, semantic (explicit) through to latent (implicit) meanings. Once completed the code labels are collated, and the relevant segments of the data are compiled for each code.
Phase 3	**Generating initial themes**	The researcher identifies shared patterns of meaning across the dataset and compiles the cluster of codes with shared core ideas or concepts.

		The researcher uses the relevant code labels independently from the data, that will develop and construct themes, based on their knowledge, insights and the research question. Here potential candidate themes are identified and the relevant coded data that it applies to is collated. This phase generally requires a process of time and reflection.
Phase 4	**Developing and reviewing themes**	The provisional candidate themes are assessed to determine their alignment with the original data and the viability of the overall analysis. This evaluation involves assessing whether they effectively present a compelling narrative of the data and address the research question. Following the review, themes are held by a central organisation concept and the relationship between themes, existing knowledge or research practice in the wider context of the research is considered.
Phase 5	**Refining, defining and naming themes**	The researcher provides a brief synopsis of each theme that consist of informative names and is built around a strong core concept. In this stage, the researcher refines the analysis and is prepared to abandon it, only if the refining process suggests that further improvement is necessary.
Phase 6	The report: **Writing up** the analysis	The researcher constructs a well-structured analytic narrative using vivid data extracts to provide a comprehensive account of the themes and compelling examples within the dataset to effectively address the research question.

Alternative methodological approaches

IPA initially appeared to be the ideal methodological approach for this research. As it prioritises subjective experiences through a phenomenological epistemology and appeared to effectively address the research question (Smith et al., 2009). IPA also enlists a homogeneous sample, and its idiographic nature are fundamental to this approach. However, following two interviews and a complex recruitment strategy that failed to obtain the required number of participants across each group to make this approach methodologically viable. A review and re-design of the study was conducted to accommodate a more heterogeneous sample that would benefit from the experiences of a wider group of participants. Unlike IPA methods that are found to be restrictive when compared to RTA that takes a broader perspective in examining similarities across multiple cases (Smith et al, 2009). Thus, RTA was chosen due to its flexibility and adaptability when engaging with a diverse dataset; it therefore appeared to be the most appropriate method for addressing the research question.

Rationale for Thematic Analysis

TA is a suitable approach that fits well with the current research design. Its flexibility enabled adjustments to be made at crucial points in the study. TA has several advantages, from its' simplicity with data interpretation to its sophistication in locating participants within wider historical, political, socio-economic and cultural contexts. TA as an approach also ensures that findings are typically accessible to those beyond the academic sphere (Braun & Clarke, 2006). Which also helps to assist with the research aims, dissemination and recommendations for future studies.

TA's emphasis on reflexivity embraces the researcher's active engagement and critical reflections. Using supervision, research support groups and other methods of accountability such as journalling to help process my thoughts, assumptions and justifications. These important features align with my values and underpin the principles of counselling psychology.

Reflexive Thematic Analysis Here

RTA's adaptability necessitates that researchers remain actively engaged and contemplative regarding the variations of thematic analysis employed (Braun & Clarke, 2021). Consequently, they propose that a series of questions be considered throughout the analysis, as detailed below.

What constitutes as a theme?

Themes in RTA can be primarily characterised as patterns of meaning within and across the data set (Braun & Clarke, 2022). It relies on the researcher's discretion as a determining factor in what is defined as a theme and its magnitude, all of which must be appropriately considered (Braun & Clarke, 2006). The prevalence of themes throughout the data was less important in its attempts to convey a significant message about the research question. More so about providing a balanced perspective, cohesive concepts and variations within the data set and its significance within a specific context of thought, rather than placing emphasis on the frequency of abstracted codes (Joffe, 2011). Consequently, immersing myself in the data and consistently documenting my reflections helped to cultivate an understanding of what was deemed significant within the data.

Individual accounts or detailed descriptions of data sets?

The analysis aimed to provide rich descriptions of the overall experience of the 'Child in Care' process with children's social care and the multiple meanings participants attributed to this. Therefore, it did not focus on just a single part of their experience. According to Braun &

Clarke (2022) rich detailed descriptions require sacrificing some depth and complexity. However, due to this under-researched area, providing an overview seemed most beneficial for future research.

Inductive or Deductive?

In analysing the data, I opted for an inductive ‘bottom-up’ approach that began with the foundations and specific aspects of the data, gradually constructing a broader understanding of the findings. In contrast with a deductive ‘top-down’ method in which the analytic process is informed by preconceived themes based on existing theoretical concepts that go beyond the data (Braun & Clarke, 2006). However, it’s important to acknowledge that despite employing an inductive approach, the analysis will be influenced by my theoretical stance and epistemological assumptions (Braun & Clarke, 2021).

A Semantic or Latent approach?

As a researcher, various decisions were made regarding the levels at which codes and themes were generated. These were based on either a semantic, surface-level, or latent, underlying one (Braun & Clarke, 2021). The data set was reviewed several times, deepening my analytical engagement (Braun, Clarke Weate, 2016). Resulting in the analysis utilising both semantic and latent codes. These semantic codes initially identified explicit content, providing a description and summary of the data. Followed by the development of latent codes that interpreted broader concepts (Terry et al, 2017), intonation and underlying assumptions within the data. The themes also incorporated both semantic and latent interpretations, reflecting a spectrum rather than a binary approach, which is inconsistent with traditional methods of thematic analyses (Braun et al., 2016).

Experiential or Critical framework?

The versatility of RTA has allowed for the adoption of both an experiential and critical framework. As a researcher, the experiential orientation examined the participant’s subjective and intersubjective experiences and reflected their ‘internal states’ (thoughts and feelings). To understand the meanings participants ascribed to the ‘Child in Care’ process (Braun & Clarke, 2014). However, a critical perspective interrogates the patterns and themes of meaning and language through a theoretical lens (Braun & Clarke, 2012). It also provided interpretations beyond those directly conveyed by the participants and further analysed how the wider social context may support or undermine these systems of meaning. Which were subsequently analysed through a Black existential framework.

Essentialist or Constructionist?

Essentialism and constructionism exist on a spectrum in which contextualism is centrally positioned (Willig, 1999). In line with a critical realist approach, a contextualist thematic analysis was therefore developed to understand participants' experiences as real-life events shaped by broader social contexts (Terry et al., 2017). Generating themes that aimed to capture the meanings associated with these experiences (Willig, 2013).

Research Design and Method

RTA serves as a data analysis tool rather than a research framework. Therefore, providing a thorough and reflexive account of the procedures and methods is imperative in clarifying how the data examination led to specific conclusions (Byrne, 2022). This section outlines the sampling process and adaptations made to overcome the recruitment challenges. The research design will be presented in four phases highlighting the amendments made to the research proposal and ethics application. It will go on to further explain the process of data analysis, reflectivity and ethical considerations.

First phase of the research 1: Interpretative Phenomenological Analysis & Sampling Considerations

The initial research question aimed to explore the experiences of two groups who were of Black West African heritage and had encountered the 'Looked After Care' (LAC) process as:

1. A Young person in care or care leaver
2. A Parent of a LAC

As the LAC process was an interesting yet unreported phenomenon, I had planned to recruit parent and child dyads in my initial research proposal. With the hope of delving deeper into the individual and shared family experience. A multi-perspectival IPA seemed the most appropriate method of inquiry to explore the experiences across the two groups (Larkin et al, 2018). But also due to its participant-centred nature in exploring the intricate details and meaning of an individual's lived experience (Alase, 2017). However, after consulting with the City University of London Decolonising group and the academic research team, it highlighted potential ethical concerns and distress for the potential families involved. An important consideration is that there may have been historic safeguarding concerns that led to the young person being removed from their parent's care. This led to the initial amendments to my ethics application and the decision to redefine the exclusion criteria and recruitment strategy. Which meant excluding participants who may have been related in either of the groups. But also recruiting from a wider range of social media platforms and organisations solely for young people or parents. These adaptations were still in keeping with the dynamic nature of a multi-perspectival IPA design and execution (Smith 2017).

The inclusion criteria stated that all participants must be over the age of 18, reside in the UK and be of Black West African heritage. At the time, it excluded those involved in current care proceedings over the last 12 months due to legal implications. Young people under the age of 18 were initially excluded from the research to ensure that their participation did not interfere with the current support they were likely receiving from the local authority.

First phase of the research 2: African Ontology Vs Black Existential Epistemology

As a researcher, I reflected on the cultural background of the sample population of this study. Further examining the possibility of incorporating an African ontology, which explores the nature of existence and reality from the perspective of Africans and those of African descent. Essentially it incorporates cultural identity, interconnectedness (Nwala,1985), community (Ekeh, 2020) and the pursuit of justice. However, I recognised that many of the participants in this study may not fully identify as Black African and therefore, I questioned the appropriateness of adopting such a framework. This led to further re-examining the aims and objectives of the research, which appeared to be better understood through a Black Existential lens. The foundations of Black Existentialism are rooted in emancipation and affirm the empowerment and agency of Black people (Bassey, 2007). This framework also honours humanity through collectivism and community. As this approach is centred on advocacy and social justice, it is ideal for exploring the phenomenological world and cultural misconceptions of Black individuals (Vereen et al, 2017) especially in this research

Second phase: Change in 'LAC' terminology

IPA research traditionally requires a small sample size to fully appreciate each participant's narrative (Smith, 2004). Therefore, the intended plan was to recruit a total of ten participants (Braun & Clarke, 2019). Homogeneity is crucial when working with a small sample size, to keep focus on the phenomenon under investigation (Smith et al., 2009).

The hope was to purposively recruit two homogeneous groups of five young people and five parents who had experienced the LAC process (Larkin et al, 2018). This technique is frequently used in qualitative research, enabling the researcher to select participants who have experienced the phenomenon being researched (Hanley, Jordan & Wilk, 2015).

Various parent groups, children's rights and participation groups located in culturally diverse communities were contacted. The recruitment information was also circulated on several

Instagram, Twitter, LinkedIn and Facebook community pages. However, because of this, I was soon informed by social work professionals and the Care Experienced community (MacAlister, 2022) that the term 'LAC' was outdated and inappropriate, despite it being widely used by many local authority children's social care teams. As the acronym was considered dehumanising, depersonalising and overall stigmatising. It could potentially impact one's sense of self and emphasise that the Care Experienced community lack something, lead abnormal lives, and are generally different from others.

One of the aims of this research was to provide a voice and platform for members of this community. Therefore, this could be achieved by challenging the language (BPS, 2021) and the narrative using preferred terms such as the protected characteristic 'Care Experienced' (Galloway, 2023), 'Child in Care' or 'Care Leaver'. Which led to further amendments to the recruitment materials, participant forms and ethics application.

Third phase: Recruitment difficulties & Inclusion criteria

As anticipated, recruitment was slow, and it proved quite challenging to engage members of the Black West African community. Four months had passed with little progress made with interviewing. The health and social care literature suggests that Black participants have a difficult relationship with being helped (Pickard et al, 2011) and are often viewed as 'hard to reach' or generally 'easy to ignore' (Monrose, 2023). Owing to the years of mistrust (Scharff, 2010) with services, toxic legacies that have stemmed from historical oppression (BPS, 2023) and current experiences of racism. Therefore, after further consultations with my research supervisor and social work colleagues, I decided to expand the inclusion criteria to increase recruitment opportunities and provide a wider range of responses from those with shared experiences of the 'child in care' process. The amendments were made in the following four areas:

1. Change of project title and recruitment material (see appendix B)
2. To incorporate both Black African and Caribbean participants, with the intention of fostering cultural diversity, an alternative or similar lens that sensitively acknowledges Black individuals or the collective as 'unique agents of knowledge in this field' (Vereen et al, 2017).
3. To decrease the age bracket and include young participants aged 16. In recent years, the young Care Experienced have been involved in research (Willow et al., 2023) and consultations (Kantar Public, 2022). Further safeguarding measures regarding competency and mental capacity were also considered (Mental Capacity Act, 2005).

4. Include participants in current or previous care proceedings beyond the 6-month period, as in most cases, are given a 26-week time scale to be completed by the local authority (Children Act, 1989). Therefore, reducing any legal implications with cases discussed post-proceedings (Masson et al., 2008).

Table 2: Inclusion and exclusion criteria

<table>
<tr><th><i>Inclusion criteria for parents</i></th><th><i>Inclusion criteria for young people</i></th></tr>
<tr><td>• Aged 18 and over
• Must be of Black African or Caribbean heritage
• Must have experience as a parent of a ‘Child/children in Care’
• Must currently reside in the UK
• Participants who identify as having mental health difficulties must have a clear care and risk management plan.</td><td>• Age range 16-25 years old
• Must be of Black African or Caribbean heritage
• Must be ‘Care Experienced’
• Must currently reside in the UK
• Participants who identify as having mental health difficulties must have a clear care and risk management plan.</td></tr>
<tr><td colspan="2"><i>Exclusion criteria for parents & young people</i>
• Young people under the age of 16
• Individuals involved in any current or recent care proceedings less than 6 months.
• Individuals with severe or enduring mental health difficulties (e.g., current suicidal ideation, active self-harming behaviours, auditory and or visual hallucinations).</td></tr>
</table>

Fourth phase: Change in analytical & final recruitment strategy

As previously mentioned, a multi-perspectival IPA was selected to explore participants’ experiences across the two groups. However, after six months, a total of three interviews, one young person and two parents had been completed. As the recruitment strategy failed to obtain the required number of participants across each group to make this methodologically viable, the study had to be re-designed to accommodate a more heterogeneous data set, whilst incorporating the original interviews. Furthermore, on reflection, it was important that I acknowledged that the integration of a Black Existentialist framework may have been ineffective due to its theoretical imposition on IPA but rather open to interpreting the participants' lived experience and meaning-making in a theoretically neutral way.

Therefore, as part of this phase, the study shifted to adopt a Reflexive Thematic Analysis, which better accommodates a more heterogeneous data set. While retaining the first phase's experiential (phenomenological) focus, the resultant findings produced a greater breadth rather than depth of knowledge, as would be the aim with IPA. Nevertheless, the original data set remained extremely rich, and as the researcher, I recognised the evolution of the study, which could potentially incorporate data from multiple online sources as a strength of the work produced. This was inspired by the range of Instagram live broadcasts featuring social work professionals and Care Experienced individuals sharing their experiences. It also led to advertising the research on other social media platforms such as TikTok in the hope of attracting a younger audience. Consequently, further considerations were undertaken, and a range of podcasts, vlogs and blogs were identified as appropriate secondary data sources. However, despite the blogs and podcasts being publicly available, offering valuable first-hand accounts and illuminating contemporary debates, I chose not to include them as secondary data in this study. Firstly, it created further delays in attempting to obtain consent from the producers and content creators. But also, further consideration concerning the data's informal and unverified nature raised concerns about credibility and reliability, while the selective voices represented may not have captured the breadth of the Black Care Experience. Despite this, it created opportunities to present the research at youth groups and led to meetings with organisations linked to parents. Ten interviews were finally completed over a period of 12 months and included five young people and five parents. Which meant there was no need to proceed with the online supplementary data.

Ethical Recruitment Considerations

A two-stage recruitment process was conducted and provided opportunities for participants to be considered, without any undue pressure to participate.

Email: The research fliers (Appendix C & D) were placed on various social media platforms. Once participants expressed an interest, they were provided with the participant information sheet (Appendix E). Those who expressed an interest were invited to a pre-interview screening call (Appendix G) to establish whether they met the research criteria. Alternatively, the details of those who opted out of the pre-interview screening stage were deleted.

Pre-Interview Screening Call: Further screening questions (Appendix H) were used to determine eligibility and identify risk' or 'increased risk of distress'. Elected participants gave informed consent (Appendix F) and were given a demographic details form (Appendix I &J)

to complete. They were introduced to the interview protocol (Appendix K) and invited to the actual interviews. Extra consideration was especially given to the young participant, in which appropriate interview dates and times were provided. This was to ensure that they were able to access extra breaks during the interview process, relevant support services and care through their allocated social workers, personal advisors or clinicians.

Participants

To protect the participant's identities, I have chosen not to disclose their country of origin or associate their pseudonyms with the participant information provided here. Participants were recruited through Pause, a charity that works to improve the lives of women who have or are at risk of having more than one child removed from their care. Some were recruited through the Family Rights Group, a child welfare charity and via Instagram. Others were recruited through a Children in Care Council, a forum for Care Experienced Young People and the National Network for Education of Care Leavers, who work to support young Care Experienced people into and through post-16 education.

Interviews

Interviews are the preferred data collection method within qualitative research and require organisation, a level of flexibility and sensitivity (Smith et al, 2022). Accessibility for participants was an important factor in the recruitment process, given the obstacles already encountered. Conducting online interviews ensured that the process was convenient and enabled participants to engage in their familiar surroundings. Aiming to reduce any discomfort or intimidation with the interview process.

Semi-structured interviews provide a rich, comprehensive account of the participants' experiences. They enable the researcher to engage with the research aims at an idiographic level (Reid et al., 2005). Interviewing two groups also required careful preparation and planning (Willig, 2022), to ensure that questions were tailored to the participant's varied responses (Smith & Osborn, 2003). These dialogic interactions cultivated trust and empathy, enhancing the rapport between the participant and the researcher. Which is highly important for this Care-Experienced and parent population. Interviews of this kind are generally regarded as sufficiently adaptable in accommodating unforeseen topics that the researcher may choose to investigate more thoroughly. Therefore, it was crucial to establish a safe and secure environment in which participants could freely provide their narratives, communicate their thoughts, and openly express their feelings.

An interview protocol (Appendix K) was devised to facilitate a relaxed atmosphere conducive to a friendly discussion regarding the subject at hand. Prior to this, I had incorporated feedback by consulting a parent of a child in care and considered existing literature. Moreover, the research questions used by Lensvelt et al (2021) also functioned as an additional guide. The interview questions (Appendix L) were comprised of a collection of non-directive, open-ended questions and prompts designed to explore the participant's perspectives and obtain insight into their world (Smith 2017). All in the hope of obtaining rich, detailed experiential data about their past, present and future (Willig, 2013). However, additional probing questions were used to address unexplored topics and areas that required a more detailed account of their experiences. The interviews were conducted online via the Microsoft Teams platform, with each interview lasting between 60 to 90 minutes. The video recordings were later transcribed and anonymised prior to the analysis.

Risk Management (Distress Protocol)

It's important to ensure that interviews are safe and ethical. Online interviews limit our ability to personally provide face-to-face support to distressed participants. Although the risk of distress was partly mitigated via the screening call, I carefully monitored verbal and non-verbal cues during the interviews, to identify signs of emotional distress or dysregulation. Upon noticing the participant's distress, I paused the interview to assess their emotional state and obtained their consent to proceed. Where appropriate inquired or referred to their immediate source of support indicated on their demographic form.

If a participant had shown heightened signs of immediate distress, the following protocol would have been carefully implemented (Appendix N). All participants were provided with details of support and emergency services in the Debrief protocol (Appendix M) and following their participation, they all would have been offered a follow-up phone call the next day (Appendix O). The issue of distress poses a dilemma for the researcher-practitioner (Thomson & Russo, 2012) especially those who therapeutically support individuals in distress. Nonetheless, in this context, I was not providing therapy to my participants but, in fact, was actively in my role as a researcher.

Table 3: Distress Protocol Questions

- What thoughts are you having?
- How/what are you feeling right now?
- Do you feel safe?
- Are you able to keep yourself safe and continue with your day?

This protocol has been adapted from Draucker et al (2009) *Developing Distress Protocols for research on Sensitive Topics.*

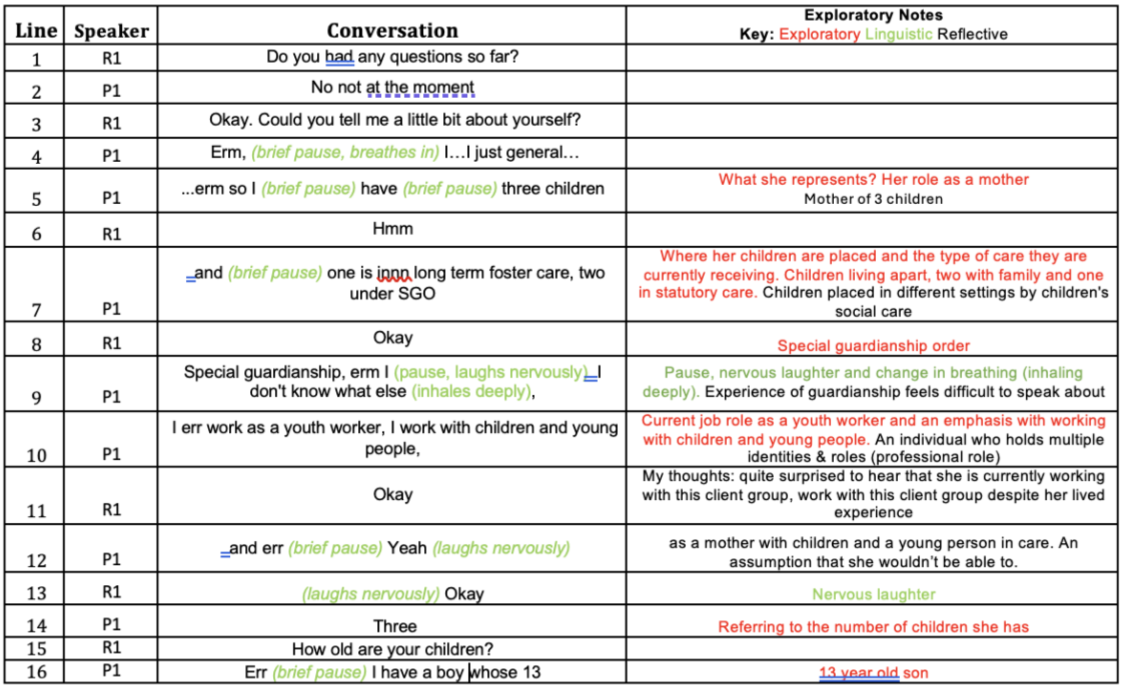
Method: Reflexive Thematic Analysis & Black Existential Framework

I gathered all the data from the interviews and transcribed them individually with the support of Microsoft Teams transcription tool. The transcription process is a vital component of the analysis, so I meticulously reviewed the transcripts numerous times whilst listening to the interviews to ensure accuracy. While engaging in this process, I paid particular attention to intonation and body language while also acknowledging my initial reactions, personal and theoretical assumptions after each interview. Once all the interviews were transcribed, I adhered to Braun and Clarke’s (2022) six-phase analytic process whilst focusing on the nuanced philosophical underpinnings of Black existential thought. It’s important to note that a reflexive stance was maintained throughout each stage and is outlined below.

Familiarisation with the data

According to Braun & Clarke (2022) the analytic process begins when the researcher starts to observe and identify potential areas of interest and patterns of meaning within the data (Larkin, Clifton & de Visser, 2009). Annotations were made in a column on the right side of each interview to retain the concepts conceived at this initial stage. Several layers of immersion took place as I delved deeper into the data by reading and listening to the transcripts on multiple occasions. Since I had two distinct data sets, I tried to concentrate on one group at a time, before integrating them at the end. The participants' accounts required additional analytical focus and were grouped according to criteria (e.g., type of order or care received). The second part of the familiarisation process involved documenting my overall impressions of the entire data set. These notes were colour-coded to illustrate the range of exploratory notes, reflections that primarily consisted of questions and concepts that I felt were of significance. As I was determined to maintain a tentative yet curious stance, I continued to immerse myself in the Black Existential literature to ensure that I understood its core principles and how they related to my interpretation of the data. Braun and Clarke (2021) assert that a critical mindset is essential when preparing and approaching the coding stage. Here, reflexivity was crucial, as it became apparent that my perspectives and interpretation would ultimately influence the analysis (Shaw, 2010) and produce coherent findings (McInally & Gray-Brunton, 2021). It was also important to acknowledge my subjectivity and surmount any fears I had of misinterpreting the participants.

Figure 3: Example of data familiarisation



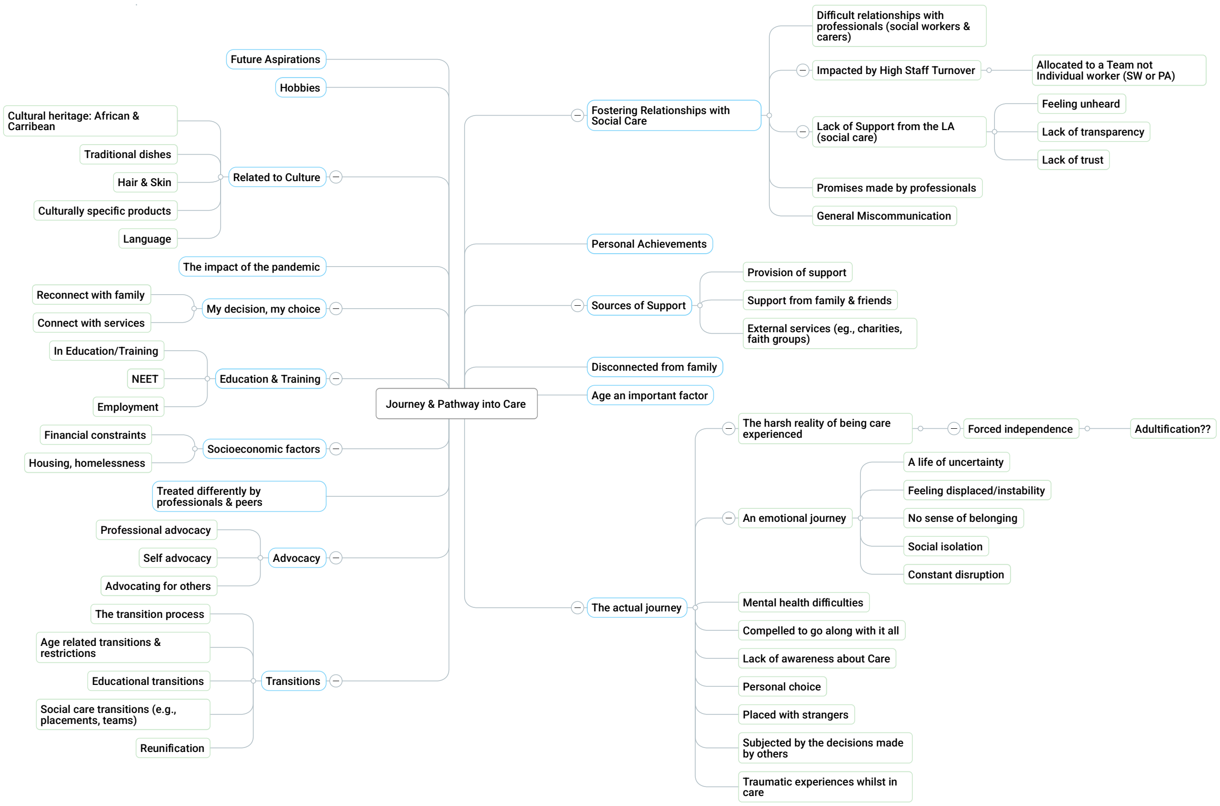
Line	Speaker	Conversation	Exploratory Notes **Key:** Exploratory Linguistic Reflective
1	R1	Do you had any questions so far?	
2	P1	No not at the moment	
3	R1	Okay. Could you tell me a little bit about yourself?	
4	P1	Erm, *(brief pause, breathes in)* I…I just general…	
5	P1	...erm so I *(brief pause)* have *(brief pause)* three children	What she represents? Her role as a mother Mother of 3 children
6	R1	Hmm	
7	P1	and *(brief pause)* one is innn long term foster care, two under SGO	Where her children are placed and the type of care they are currently receiving. Children living apart, two with family and one in statutory care. Children placed in different settings by children's social care
8	R1	Okay	Special guardianship order
9	P1	Special guardianship, erm I (pause, laughs nervously) I don't know what else (inhales deeply),	Pause, nervous laughter and change in breathing (inhaling deeply). Experience of guardianship feels difficult to speak about
10	P1	I err work as a youth worker, I work with children and young people,	Current job role as a youth worker and an emphasis with working with children and young people. An individual who holds multiple identities & roles (professional role)
11	R1	Okay	My thoughts: quite surprised to hear that she is currently working with this client group, work with this client group despite her lived experience
12	P1	and err *(brief pause)* Yeah *(laughs nervously)*	as a mother with children and a young person in care. An assumption that she wouldn't be able to.
13	R1	*(laughs nervously)* Okay	Nervous laughter
14	P1	Three	Referring to the number of children she has
15	R1	How old are your children?	
16	P1	Err *(brief pause)* I have a boy whose 13	13 year old son

Coding

Coding is a systematic process in which the researcher assigns meaningful labels to specific segments of each data item that are relevant to the research question (Terry et al., 2017). I went through each transcript line by line, using words and phrases that captured meaning within the data set. As the transcripts were already placed into a table in Microsoft Word, an additional column on the right was inserted to accommodate the codes. Organisation during this process is key, as extensive codes are generated and then streamlined at this stage. I encountered difficulties with this process which prompted me to explore alternative methods of assistance. I switched between the data analysis software program Nvivo and Microsoft Word. While using Nvivo the codes were labelled P for parents and Y for young people to differentiate between the group codes. However, I felt a section of my coding became excessively mechanistic, causing me to overlook nuanced interpretations and intricacies within the dataset. It also seemed to impede the creative and reflexive process that I had in the previous phase. I discarded the use of Nvivo and continued to use Microsoft Word. Despite it being time-consuming, I recognised that the manual process of coding and interpreting the data enabled me to become more deeply involved and engaged with the material.

Following an inductive approach, the codes were generated from the data and were not theory-driven (Willig, 2013). I introduced colour coding during the initial stages to differentiate between the semantic and latent level codes. I remained close to the participant's language and identified explicit meaning at the semantic level. Over time, I acquired skills and confidence in coding; however, I recognised the need to allocate additional time to develop further insight into these latent codes (Braun & Clarke, 2021). Which summarised the implicit and conceptual level of meaning within the data. While also identifying codes that reflected Black existential concepts. In order to achieve this, I had to first familiarise myself with key themes that align with Black existential philosophy such as alienation and double consciousness. Secondly, identify statements and implicit narratives that reflected existential concerns relating to experiences of marginalisation, existence, identity and community. Finally, a separate group of codes were developed to illustrate the above and included 'hypervisibility', 'microaggressions', 'challenges regarding racial identity' and 'a desire for change'. I manually assigned specific interview segments to the appropriate category of codes in a separate Word document. This phase was challenging and the most time-consuming. Organising large codes while trying to capture and maintain the participant's experiences was quite a daunting process. As a visual learner, these coded labels were placed into a mind map and helped to organize my thoughts as well as facilitate the reduction of codes.

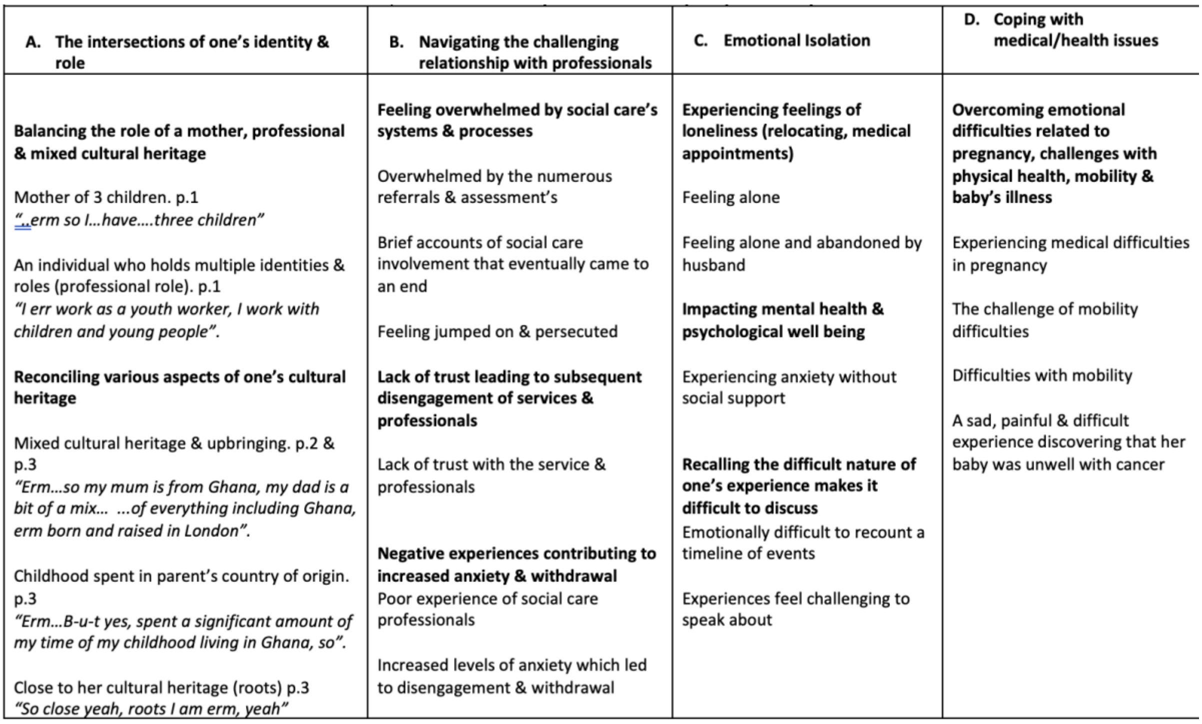
Figure 4: Sample of Coding Mind Map



Generating initial themes

This phase addressed the research question through the identified patterns of shared meaning across the codes (Terry et al., 2017). These patterns were complex in nature and were held by a central concept that provided further insight into the data. This process is what Braun and Clarke (2022) refer to as generating themes. Using the mind maps I had created; I then organized the codes into a table with headings that described their content. These included culture, identity, sources of support, mental health and the social care experience as Care Experienced young people and parents of a ‘Child in care’. Other themes, such as the battle, resistance, stereotypes, alienation and authenticity, generally captured the essence of Black Existentialism. I combined the codes with shared ideas and eliminated those I felt were irrelevant to the research question. I found this part of the process quite tedious, as I struggled to differentiate between what constituted as a topic versus what I felt was a theme. Nonetheless, I continued to document my reflections, which enabled me to reorganise the codes and identify patterns. Finally, placing them into categories of possible ‘candidate’ themes (Braun & Clarke, 2006).

Figure 5. Example of theme development

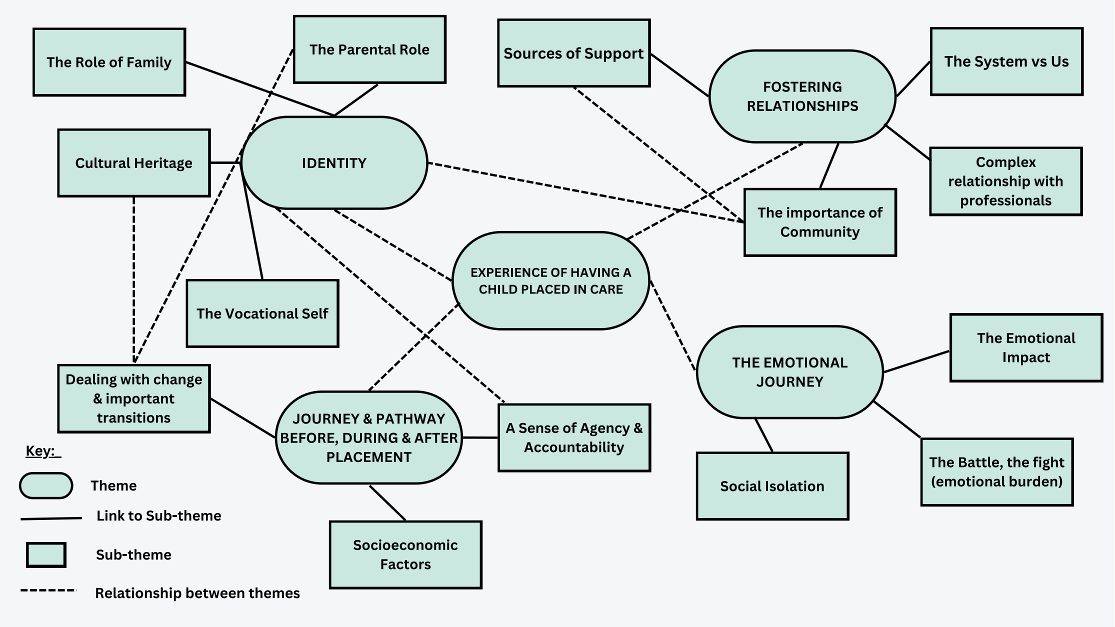


A. The intersections of one's identity & role	B. Navigating the challenging relationship with professionals	C. Emotional Isolation	D. Coping with medical/health issues
Balancing the role of a mother, professional & mixed cultural heritage Mother of 3 children. p.1 *"…erm so I…have….three children"* An individual who holds multiple identities & roles (professional role). p.1 *"I err work as a youth worker, I work with children and young people".* **Reconciling various aspects of one's cultural heritage** Mixed cultural heritage & upbringing. p.2 & p.3 *"Erm…so my mum is from Ghana, my dad is a bit of a mix… …of everything including Ghana, erm born and raised in London".* Childhood spent in parent's country of origin. p.3 *"Erm…B-u-t yes, spent a significant amount of my time of my childhood living in Ghana, so".* Close to her cultural heritage (roots) p.3 *"So close yeah, roots I am erm, yeah"*	**Feeling overwhelmed by social care's systems & processes** Overwhelmed by the numerous referrals & assessment's Brief accounts of social care involvement that eventually came to an end Feeling jumped on & persecuted **Lack of trust leading to subsequent disengagement of services & professionals** Lack of trust with the service & professionals **Negative experiences contributing to increased anxiety & withdrawal** Poor experience of social care professionals Increased levels of anxiety which led to disengagement & withdrawal	**Experiencing feelings of loneliness (relocating, medical appointments)** Feeling alone Feeling alone and abandoned by husband **Impacting mental health & psychological well being** Experiencing anxiety without social support **Recalling the difficult nature of one's experience makes it difficult to discuss** Emotionally difficult to recount a timeline of events Experiences feel challenging to speak about	**Overcoming emotional difficulties related to pregnancy, challenges with physical health, mobility & baby's illness** Experiencing medical difficulties in pregnancy The challenge of mobility difficulties Difficulties with mobility A sad, painful & difficult experience discovering that her baby was unwell with cancer

Developing and reviewing themes

After establishing these preliminary themes, I created a brief description of each of them. These themes were placed with relevant data extracts to capture their full meaning. This process enabled me to evaluate my themes and provide an accurate representation of the data. This resulted in some of the themes being reallocated and others being discarded as they were unsuitable. I initially presented the young people's themes to my research supervisor and provided a detailed narrative of what they signified and how they were related. These conceptualised themes were further evolved through our discussions. For example, the theme 'identity' was expanded to capture the intersectional perspectives. It included subthemes such as 'cultural heritage', 'the vocational self' and 'the role of family' to honour the participant's multiple identities. This process was helpful as it led to discussions on how I might present the themes and overall findings. I initially created two thematic maps to visually represent the data from each group and illustrated how these themes were connected.

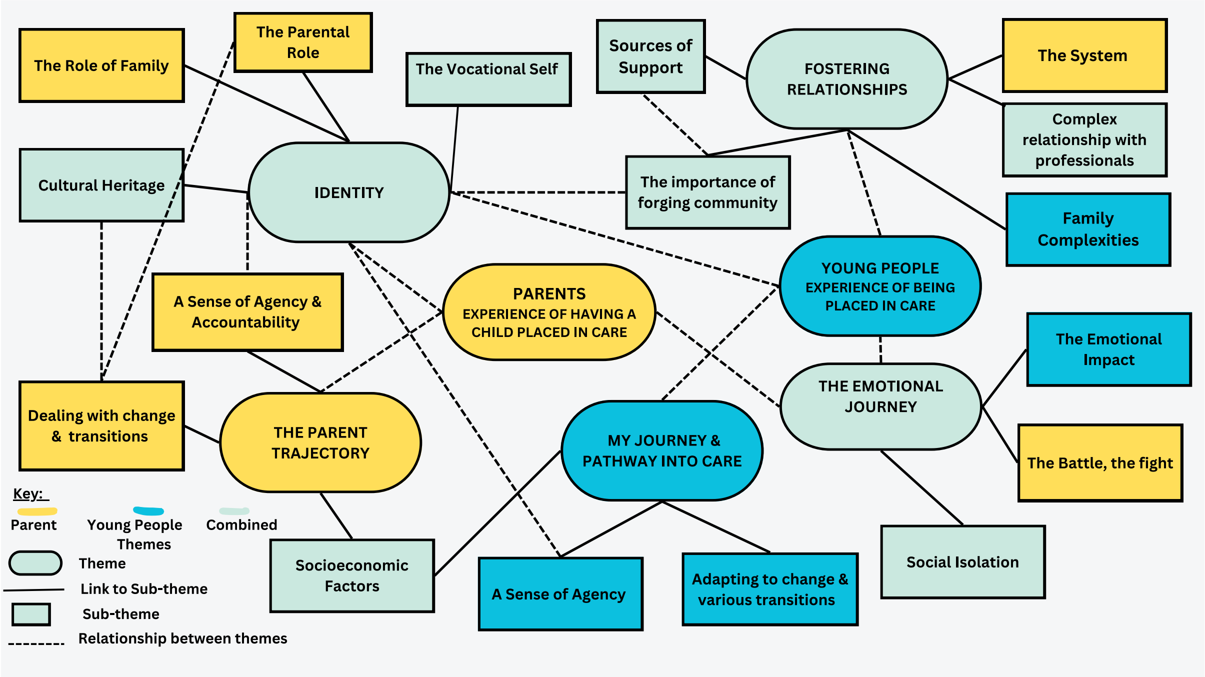
Figure 6: Example Thematic Map



Refining, defining and naming themes

The themes were further defined, and a redeveloped thematic map was produced. It integrated both the young people and parent group themes. Colour codes were used and assigned to each group to illustrate the converging and diverging themes. During this phase, a detailed analysis was written for the individual themes and subthemes incorporating the relevant data extracts. I dedicated time to reflect on the patterns generated within and between the groups to establish an interpretative, analytical focus. But also captured Black existentialism, the experiential and psychological elements while addressing the research question. A prime example is the subtheme 'sense of agency' for both groups, which illustrated cultural resilience, freedom and self-determination to break free from physical and psychological oppression.

Figure 7: Initial thematic Map



Writing up the analysis

The written analysis constructed a narrative based on the thematic map and drew on examples of the extracts from the data set. As previously mentioned, the analysis evolved from a semantic level into nuanced latent coding. Consequently, this resulted in a descriptive to an interpretative narrative that aimed to transport “the reader beyond the data” (Braun & Clarke, 2021a). The interpretations were further refined during the writing process and indicative of the analytic approach and its recursive and iterative nature. As well as the continual development of themes and the intersection of Black existential thought even during this final write-up phase. Upon finalising the thematic map, I made the decision to present a dialogue that highlighted the interactions, yet different perspectives between the young care experienced and the parents. Juxtaposing their voices created an engaging dynamic which emphasised their passive roles as young people and active roles as parents during this ‘child in care’ process. For example, the themes ‘adapting to change’ and ‘dealing with change’ were significant. The latter refers to the parent’s response to change, and the former refers to the young people’s ability to adjust and embrace new experiences. Therefore, following further discussions with my research supervisor, I felt justified in separating these themes rather than combining them and losing their meanings. It’s important to note my active role in constructing the analysis, using terms such as 'developed, produced, generated' instead of 'revealed' or 'emerged'. Using such terms emphasises my unique interpretation of the data and produces a distinct analytical outcome that may undoubtedly differ from other researchers.

Reflexivity

Qualitative research recognises the dual role of the researcher as both co-constructional land interpretative. It, therefore, assumes that it is impossible to separate the researcher from their work, yet encourages them to reflect upon and be cognisant of how they impact and shape their research. According to Willig (2013) two types of reflexivity exist:

1. Epistemological reflexivity involves scrutinising the assumptions about the world and reflecting on the potential implications of these assumptions on how the research is conducted and interpreted. This is explored earlier in this chapter within the theoretical section.

2. Personal reflexivity requires the researcher to reflect on their interests, values, attitudes, life experiences and pre-conceived beliefs based on the topic that could influence the trajectory and development of the research. The researcher must engage in several practical steps (Finlay & Gough 2003). Firstly, state their theoretical position, secondly, engage in self-reflection by using a research journal or personal diary. Lastly, include their reflections during the analysis and write-up stages.

Personal Reflexivity

Reflective TA emphasises the researcher's active engagement by encouraging them to embrace and interrogate their own subjectivity. The researcher, thus, serves as an analytical instrument that must acknowledge and constantly attend to their contributions to the research (Braun & Clarke, 2021). Therefore, in keeping with the RTA approach, I utilised a journal throughout the process and explored how my involvement influenced the research, which I will discuss below.

This research was driven by my interests and personal links to the topic. I recalled a childhood memory of mine in which a distant relative had a very similar experience to those I had worked with in a professional capacity years later. At the time I was young and did not fully understand what had happened or led to the decisions surrounding the children being placed in care. As I got older, I began to recognise the enormous stigma of having children removed but also the lack of support received from family, friends, the community and professional network throughout their journey. However, I was struck by the emotional turmoil and years of immense pain it caused them, even as they continued to encounter the reunification process decades later. It’s here I developed this deep desire to shed light on this phenomenon from the perspective of those within the Black community. But also recognised that this project could help empower young people and parents personally and professionally through sharing their experiences of the ‘child in care’ process.

As stated earlier in this chapter, I encountered difficulties with recruitment; however, I did not factor in how protective the Care Experienced community were of each other. Understanding their shared experience of adversity, trauma and loss meant it required a compassionate and caring approach throughout the recruitment and interview process. As an outsider, they were not only giving up their time to participate but were also granting me access into understanding their world. This meant attending to their various forms of expression and familiarising myself with urban vernacular which I assumed was commonly used by young people in culturally diverse communities. I acknowledged that I would need to develop trust with the younger participants and create a comfortable environment when screening and interviewing. I felt it was important to use their terms or language to connect with them, as a way to show respect and maintain their dignity. But also empower them by acknowledging their voice.

Another important factor I reflected on was being aware of the generation gap that I had been presented with and the underlying power imbalance that this might have created. Although I adhered to the HCPC (Health and Care Professions Council, 2016) and BPS (The British Psychological Society, 2018) ethical framework, I felt this needed to be addressed by ensuring that the younger participants were well informed of the purpose of the research, that they had the right to abstain from participation or refrain from answering questions they did not want to.

Despite approaching this research as a scientist-practitioner, I recognised my position and multiple identities in this project as a professional, trainee, researcher, parent and individual of Black British and West African descent. I questioned the potential consequences of this and how it might impact the research and my ability to convey their narratives accurately. Although I had never personally experienced the ‘child in care’ process, I believed I could relate to certain aspects of it.

As a Black female, I observed the racial disparities and inherent power dynamics while working with various statutory and non-statutory services. I recognised that child protection services work towards achieving positive and protective outcomes for children and families. Yet had frequently experienced professionals misinterpreting parenting and religious practices from an individualistic cultural lens. I was often struck by the lack of reflection and discussions about the cultural and religious tensions encountered by these families.

Although the child, parent and professional perspectives were captured in these settings, there was always a felt sense that it lacked the honest view of parents, as they feared facing the ultimate repercussion of losing their child. Despite this, I was also aware of families who encountered positive experiences with children's social care and were grateful for the support they received.

Even with this understanding, there were moments during the research process, in which introspection and re-evaluation were required. An example of this was during the data familiarisation phase in which I presented a section of my data to the research supervision group I was part of. I had become so accustomed or perhaps desensitised to similar child protection cases in my work and familiar with the challenging nature presented in my interviews. However, the group's reaction and response reminded me of how the data contained highly emotive material. It made me reflect on how time-consuming and emotionally draining I found the transcription process. But also explained why, at times, I unintentionally created distance between transcribing the interviews. This experience further highlighted the importance of self-care through personal therapy and reflexivity throughout the research process. For example, the use of 'bracketing' (Tufford & Newman, 2010) was a technique I used to set aside personal biases and assumptions that would prevent me from judging or misinterpreting the participant's experiences (Willig, 2022). As previously mentioned, this was achieved through practical strategies such as taking breaks, using my reflective diary, and accessing consultations with my research and clinical supervisors.

Although the analysis was an extensive, lengthy and thorough process, I reflected on my role and my decision to adopt a compassionate attitude towards myself as I encountered several analytical challenges. One was my epistemological reflexivity (Willig, 2013). I reflected on how I could carefully balance or manage the two theoretical stances equally (RTA & Black Existentialism) as the combination would impact and shape the overall findings. Self-reflection helped articulate my theoretical position, which were included in my reflections throughout the analysis (Finlay & Gough, 2003).

The second challenge was the urge to use the participant's words when developing the codes and themes to remain close to the participant's unique experience. I was aware that many of the participants had repeatedly reported feeling misunderstood and unsupported throughout their journey. Therefore, as the researcher, perhaps this was my way of acknowledging this by enabling them to feel seen and heard. This meant being fully committed to including their narrative in the analytical process and resulted in me experiencing difficulties in making the codes short and concise.

The third challenge was that I placed emphasis on exploring the participant's linguistic features such as tone and fluency. However, this was to attend to the emotional parts of their experience, for example, the various forms of laughter that indicated nervousness or utter despair. It also helped to gage their psychological state and informed the direction of the interview as it progressed. This was to ensure that the participant felt safe and ensured that the distress protocols were implemented.

Lastly, I reflected once again on the difficult material presented within the data but especially during the analysis. I felt it was necessary to remind myself of the challenges I experienced in staying grounded within the data especially when co-constructing the emotional parts presented. But also the pressure to accurately present these findings. I recognised that my struggles reflect my dedication and accountability towards my participant's experiences. This also gave me a sense of pride knowing how much hard work I put into my analysis and helped to instil confidence in me while completing the final write-up.

Methodological & Ethical Considerations

Throughout the research process, ethical issues were considered and drew on guidance from professional bodies and practitioners. The research was conducted in line with the British Psychological Society's *Code of Human Research Ethics* (2021) and the Health and Care Professionals Council's Standards of Conduct, performance, and Ethics (HCPC, 2016). Ethical approval was also obtained from the psychology ethics committee at City, University of London (Appendix A) to ensure the research adhered to ethical standards. These guidelines helped shape the design and implementation of this research. It also ensured that participants were not harmed and were given the right to make an informed decision about their participation. Participants were provided with detailed information about the study via the information sheet (Appendix E). Those who gave verbal consent were then invited to engage in a screening call (Appendix G), in which I assessed risk, suitability and answered any questions they had about the research (Appendix H). Participants who met the criteria and expressed an interest gave their informed consent by signing the consent form (Appendix F).

As the interviews were conducted virtually, it was important to consider the practical and methodological issues raised (Chiumento et al, 2018) especially when working online with participants (BPS internet-mediated research, 2021). They were provided with a single-use password and link to access the interview, providing access to only the researcher and participant. I was also mindful of some of the participant's contexts and living arrangements, which may or may not have provided them with a sense of safety or privacy. Therefore, providing flexibility with interview schedules, ensuring participants had access to a private room or using headphones during the screening and interview process was encouraged.

During the early stages of this research, I consulted with the City University decolonising research group, which highlighted several theoretical and ethical concerns that I hadn't considered. Decolonising research generally requires constant reflection and action that place the voices of people from culturally diverse or indigenous communities at the centre of the research process. Therefore, it was important to make use of anti-discriminatory approaches that embrace cultural diversity and do not impose dominant Western methodologies (Park & Lunt, 2020). Such as the Indigenous framework (Sage, 2019) that uses non-traditional methods of interviewing, through storytelling traditions like 'yarning' and sharing circles. But also incorporate interview characteristics that were purposeful, collaborative, flexible, relational, and demonstrate accountability towards participants (Kovach, 2009). Therefore, it was crucial that I adopted these methods or characteristics that align with the principles of Black existentialism and drew on the participant's experiences of freedom, identity and agency.

Confidentiality & Ethical Data Management

The research was conducted in line with GDPR (General Data Protection Regulation, 2018) and the Data Protection Act (2018) governed by the safe handling of participant information. To safeguard the participant's anonymity, pseudonyms were used, and all identifiable information from the transcripts was either altered or removed. Participants were informed of the limits to confidentiality at the start of each interview. Personal data from the demographic information were documented (Appendix I & J) and stored securely on the university's encrypted online platform, OneDrive. These will be deleted a week after graduation or once the research findings have been sent to the participants who had requested them. Participants were also informed that the audio recordings would be deleted following transcription. However, in line with the university's research guidelines the anonymised transcripts would be kept and stored for 10 years on the same platform and then later destroyed.

Quality & Validity

Unlike quantitative research, there are frequent debates about the evaluation of qualitative research. Here, I will also focus on appraising the quality of this research using Yardley's (2000) foundational framework, as well as it provides a more generalised set of principles that focus on methodological rigour and clarity.

Yardley (2000) established four broad criteria to measure qualitative research. Which was used in this study to evaluate the validity and quality of this research. The empathy, care and compassion shown towards the participants throughout the research process illustrated the concept of ‘sensitivity to context’. Sensitivity was also demonstrated towards the literature pertaining to other forms of care such as adoption or other cultures, namely the African American and Hispanic communities.

‘Commitment and rigour’ were also upheld and maintained by adhering to the scheduled interview dates and by closely monitoring the various forms of non-verbal communication during the online interviews. This was also evidenced by executing the appropriate methodological procedures and throughout the analysis phase, which enabled detailed interpretations.

‘Transparency and coherence’ were most effectively illustrated by my candid and transparent approach with my participants, research supervisor and peers. By being clear about my rationale about the research design and in my interpretations within the analysis (Roberts et al, 2019). In addition, all aspects of the research process were carefully documented and regularly discussed with my supervisor for guidance.

Lastly, the study hopes to recognise the final principle of 'impact and importance' by highlighting the gaps within the literature and by providing novel insight into the experiences of the ‘Child in care’ process amongst Black African and Caribbean young people and parents.

Chapter 3 - Analysis

The Participant Profile

All participants were provided with pseudonyms for this research to ensure anonymity and identifiable information was modified or redacted to maintain confidentiality. The participants were recruited from various social media platforms, Local Authority children's rights groups, and family/parent organisations across England. I will briefly introduce each parent and young person to contextualise their individual experiences and differences. Figure 8 provides a map that conceptualises the overall themes highlighted by all the participants. The maps provided in Figures 9 to 13 provide a snapshot of each key theme and subthemes discussed. Lastly, Figures 14 and 15 offer a metaphorical illustration and representation that captures the participant's collective experiences, highlighting several themes that are further explored in this chapter.

Table 4: Parent Demographic Information

Pseudonym	Age	Ethnicity	Young Person or Parent	Type of Care Reported
Nia	32	Black African & Caribbean	Parent of 4 children	Section 14A & 31 - Special Guardianship & Care Order, Foster Care
Loretta	42	Black Caribbean	Parent of 2 children	Section 20 - Voluntary Accommodation, Residential semi-independent placement
Rochelle	38	Mixed- White British & Black Caribbean	Parent of 5 children	Section 31 - Care order Residential, Foster care
Rita	52	Black Caribbean	Parent of 4	Section 31- Care Order, Foster Care & Reunification
Leon	31	Black African	Parent of 1	Section 14A – Special Guardianship Order & Reunification

Parent Participants

Nia is a 32-year-old female of Black African and Caribbean heritage. She is a mother of four children; aged 1-13 years. Sadly, her toddler passed away due to a terminal illness. Nia shares parental responsibility with the Local Authority and Special Guardian whilst her children are in care. One child was placed in foster care as part of a care order with contact arrangements. Her other children were under a special guardianship order with a family member, contact arrangements were denied at the time of the interview.

Loretta is a 42-year-old female of Black Caribbean heritage. She is a mother of two children, ages 16 and 22. Loretta sought help from her Local Authority and willingly consented to placing one of her children under a Section 20 agreement (voluntarily accommodated), which meant that parental responsibility remained with Loretta. It also guaranteed that her son would receive 'looked after care', appropriate housing, due to being beyond parental control. This stemmed from persistent concerns regarding child exploitation in their local community, which ultimately resulted in the deterioration of her son's mental health and subsequent incarceration at the time of the interview.

Rochelle is a 38-year-old female of Mixed, White British and Black Caribbean heritage and identifies as Black. Rochelle is Care Experienced and a mother of five children aged 8-19 years. One of her children was placed in a residential placement due to their age, the others were separated and placed in two different foster placements. Rochelle shares parental responsibility with the Local Authority and has regular contact with all of her children.

Rita is a 52-year-old female of Black Caribbean heritage. She is a mother of four children aged 21-30 years. Rita sadly lost one of her children. Rita's two youngest children were placed in foster care, with contact arrangements. She shared parental responsibility with the Local Authority and went through the reunification process with her youngest child 7 years ago. Unfortunately, Rita has an estranged relationship with her two eldest children, one of whom was in care.

Leon is a 31-year-old male of Black African heritage. He is a father of one child aged 13 who was placed under a special guardianship with a maternal family member. Therefore, sharing parental responsibility with the guardian. Leon currently has full custody of his child, following the reunification process 8 years ago.

Table 5: Young People's Demographic Information

Pseudonym	Age	Ethnicity	Young Person or Parent	Type of Care Reported
Destiny	24 (placed in care aged 13)	Black African	Young person (Care Leaver)	Section 31- Care Order, Foster Care
Imani	16 (placed in care aged 7.5)	Black African	Young Person (In Care)	Section 31 - Care order, Foster care
Jasmine	18 (placed in care aged 7)	Black Caribbean	Young Person (Care Leaver)	Section 14A – Special Guardianship Order
Malachi	23 (placed in care aged 11)	Black African	Young Person (Care Leaver)	Section 31 - Care order, Foster care & Reunification
Kiera	22 (placed in care aged 6)	Black African	Young person (Care Leaver)	Section 31 - Care order Residential, Foster care

Young Care Experienced Participants

Below are descriptions of the young participants who were recruited via several social media platforms and Local Authority children's rights groups across England. In order to contextualise the unique experiences and distinctions of each young person, I will provide a brief introduction.

Destiny is a 24-year-old female of Black African heritage. She is a Care Leaver who was placed in care at the age of 13. Destiny is estranged from her family and country of origin. She is a graduate in full-time employment and lives independently.

Imani is a 16-year-old female of Black African heritage. She is currently in foster care and has regular contact with her parents and siblings. Imani is also in her last year of secondary school.

Jasmine is an 18-year-old female of Black Caribbean heritage. She is currently attending college and was placed under special guardianship 11 years ago with a family member. Jasmine resides with her siblings and has regular contact with her parents.

Malachi is a 23-year-old male of Black African heritage who is a Care Leaver, who was placed in foster care for 5 years with his sibling 12 years ago. Malachi went through the reunification process at 16 years of age and is currently in his last year of university.

Kiera is a 22-year-old female of Black African heritage and is a Care Leaver who experienced various foster and residential placements from the age 6. Kiera is also estranged from her family and country of origin. She is not currently in employment or training.

Introduction

This chapter presents a comprehensive thematic analysis of the data related to my research question, '*What is the lived experience of the Child in Care process for Black African & Caribbean families in the UK?*'. Each theme is described, citing participants' perspectives using their own words for illustration. To ensure inclusivity, this chapter contains at least one quote representing each participant's voice. As outlined in the methodology chapter, it was also imperative to acknowledge the individual participant contributions as part of the final write-up, given the 'rich data' generated from the interview discussions. Braun and Clarke (2021) advise against reporting theme frequency, arguing that it is based on assumptions and inconsistencies contradicting the qualitative framework guidelines. Therefore, in this chapter, I present the prevalent themes to indicate the strength and consistency across the individual groups and overall data set, as recommended by Braun and Clarke.

As can be seen in Figure 8 below, seven main themes were generated, further describing the important aspects of the participant's experience and the meanings of 'being placed in care' or 'having a child in care'. These themes were divided into three categories to capture young people, parents and combined experiences across the two groups.

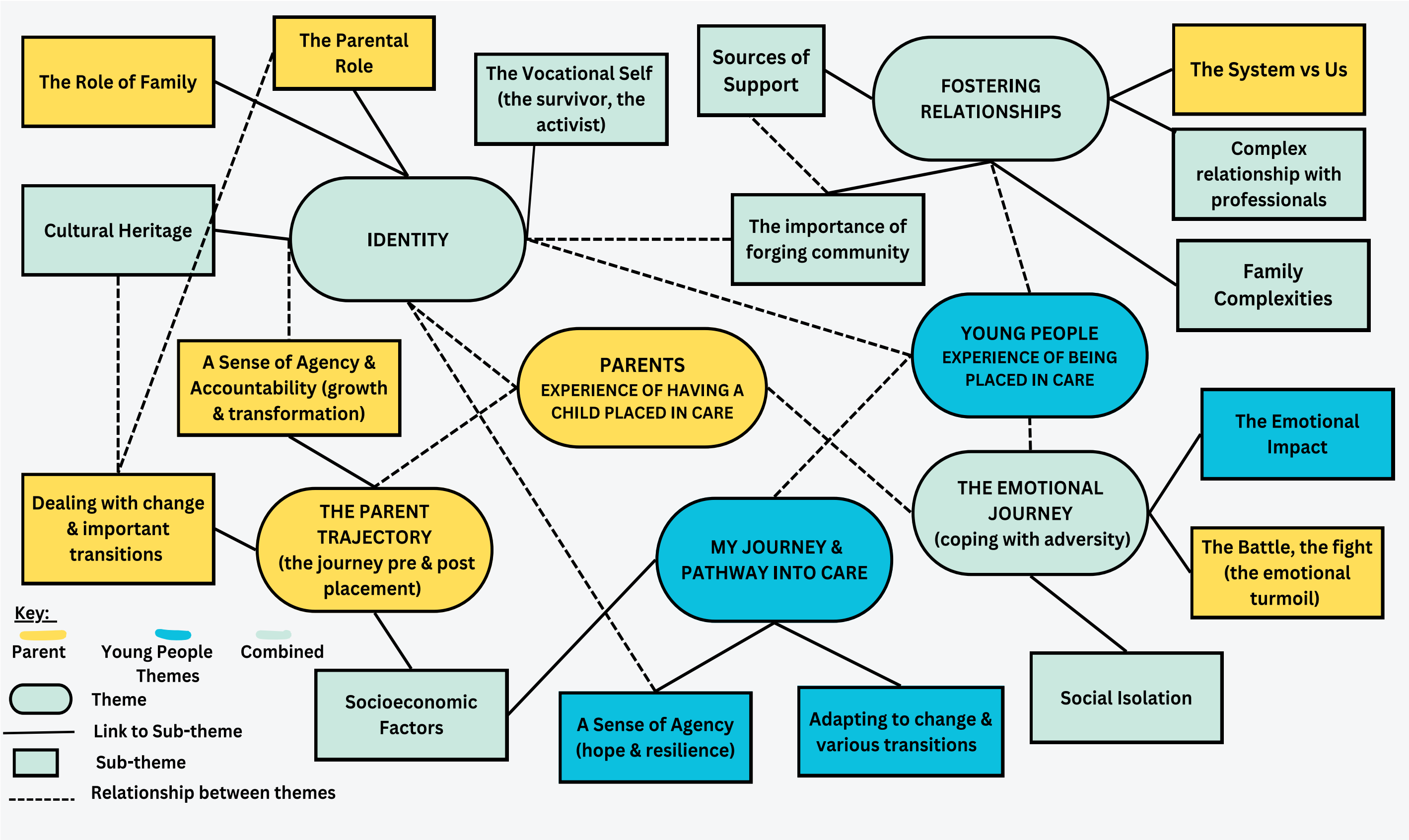


Figure 8: Thematic Map

Braun and Clarke (2021) propose that the objective of producing the analysis is to create a narrative about the data. Therefore, the first and second themes organise the narratives of both the young people and parents into three main parts: a beginning, middle, and end. 'My journey and pathway into care' and 'The parent trajectory (pre- and post-placement)' set the scene as they provide context for the analysis and a timeline of their experience with children's social care. It explores their sense of agency through encountering the various points of transition. The central segments of the narrative are the third and fourth themes. They delve into how participants navigated their way through adversity by exploring their 'emotional journey'. Following this it seeks to understand the intersections of their 'identity' that may have contributed to their current and previous experiences. It concludes with 'fostering relationships' as the last theme which outlines the 'importance of community' as the participants navigate their way in the world. These stories describe how participants have been forced to reclaim their lives through much adversity. Despite their challenging and highly emotive experiences, their sense of self and cultural identity is closely linked to the 'survivor and/or activist' role as Black individuals.

Through a Black Existential Framework (BEF) it enhanced the research findings by providing a nuanced lens through which to explore identity, systemic oppression, and resilience. The BEF prioritises the lived experiences of Black individuals, reflecting the realities of racialised existence instead of generalising perspectives. It provided a critical inquiry that challenged dominant narratives and scrutinised systemic structures, thus revealing deeper insights into issues such as racism, colonialism, and social inequalities (Gordon, 2000). Through the integration of existential and phenomenological approaches, it utilised intersectionality to facilitate a multidimensional analysis that encompasses identity, considering factors such as race, gender, and class (Nwoye, 2022). The BEF highlighted the significance of personal agency and resilience, providing an alternative perspective to the deficit-based models frequently applied to Black communities. Lastly, it provided a profound theoretical basis to examine important links, relationships and themes of freedom, alienation, and liberation across the groups (Lovejoy, 2000).

Overall, the sense of hope and resilience are the threads that flow through the entire analysis and help to connect all the themes together. Figure 8 illustrates the thematic map I constructed to exhibit the interrelated topics and interconnected themes.

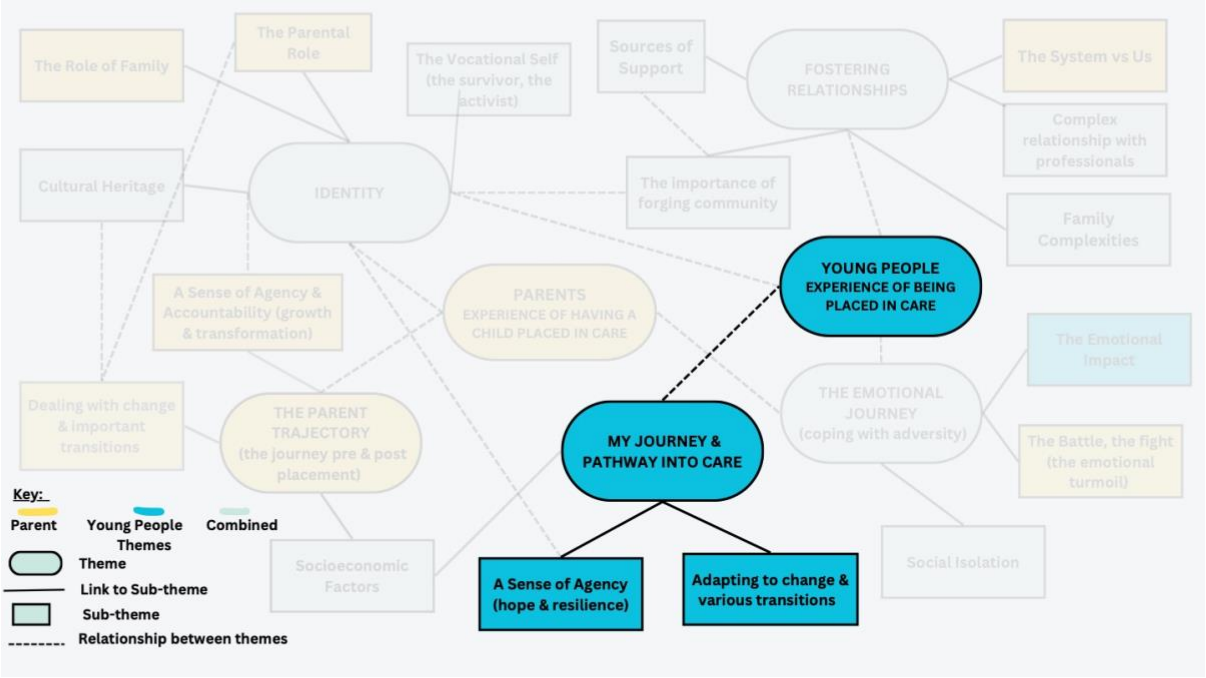


Figure 9: Map of Theme 1

Theme 1: My journey and pathway into care

This theme illustrates the young person's perspective, outlining a chronological account of their journey and transition into care. Participants across the data set reported the age at which they were brought into care, ranging from six to thirteen years of age. Some expressed feelings of disorientation and perplexity over the terminology or concepts used to characterise the many types of care accessible. Other participants discussed practical considerations, including private placement arrangements established by parents and relatives prior to their involvement with children's social care. Some recounted favourable experiences of being placed with their siblings, while others faced the difficult process of separation. Participants predominantly conveyed analogous experiences of this solitary and lonely pathway. Through a BEF, participants explore meaning and authenticity in their lives through their experiences. Further providing opportunities to discover their voice and sense of agency while navigating this challenging transition.

Subtheme 1: Adapting to change and the various transitions

This subtheme explains how participants had to adapt to change due to the various transition processes. Some share their experience of migrating to the UK with family before finally being placed in care, describing this process of being removed from the only family they knew; to feeling vulnerable due to being relationally and culturally displaced. This was Kiera's experience in which she shared one of her earliest childhood memories of being placed in different settings whilst in care.

> “Ohh, I went into care when I was six. I was born in (Country of Origin), and moved here when I was six, I got put into care and then was put into different foster homes, different foster placements, different semi-independence and, erm, now in supported accommodation”. (Kiera)

Many participants highlighted the importance of remaining in their local communities as an integral part of staying connected to their Black identity and culture. Imani and Jasmine described how they found it helpful being placed with or near members of their family as it helped maintain the existing relationships and made contact arrangements more accessible.

> “And erm it's close by to everything. I'm not that far from my biological parents, so it's quite convenient for everybody to like go to contact and stuff, so that's good and it's not like somewhere that was kind of shocking because I already knew the area”. (Imani)

> “Erm okay, so when I was seven, when I was seven. I moved into my nan's house. So, they took me away from my mum. And then me and my sister and my other sister went to live with my nan. (Inhaled) and then we changed primary schools. Erm, everything kind of changed. We changed primary schools. We didn't see our mum that much and then, they put me in therapy. Erm, it's kind of blurry.” (Jasmine)

Jasmine described the physical and emotional implications of being removed from her mother’s care. Jasmine’s unique experience differed from that of other participants as she and her siblings were relocated together but were also placed in the care of a close relative. Although this created a shift within the family system, it also caused further disruption to their education too. Jasmine described the restricted access and lack of contact with her mother. The psychological impact of adapting to this change resulted in Jasmine accessing therapeutic support. Jasmine’s use of repetitive language and reference to this whole experience as ‘blurry’ indicates how difficult and possibly traumatic this experience might have been. A few young participants who had experienced the reunification process spoke about the lack of support they received returning home to live with their birth family. Malachi conveyed mixed feelings, expressing joy, being reunited with his mother, while recognising the extreme loss of these significant relationships and attachments formed with his foster families.

> “I mean, I was obviously very happy to go back home to my mom. But like, obviously every instance, like when I left my first foster carers, I was really sad like because obviously you've bonded with these people for like number of years and then obviously you just leave and you just, I don't know, it feels like there's something missing each time you leave.” (Malachi)

Other participants described the lack of stability they experienced when placements failed or broke down. Some relocated to different towns and cities, leaving their support networks and causing further disruption to their education. Most participants described the difficult experience of adapting to important educational transitions. Some explained that they felt they were made to make important life decisions without much guidance in comparison to their peers whose parents may have been part of this process. Many participants, including Destiny, explained the importance of age as part of the transitional period observed within education and social care as it determined the type of support they received (e.g., post-16 - 18 years).

> “I had social workers from, you know, when I was 13 or so till probably around maybe like 17 or 18 or something. And I don't know if that was when I moved to personal advisors but I actually found that when I did move to university at 18, erm I actually found that I think that was when I did started having this thing of a personal advisor. But I found that it's almost like I just fell through the cracks […]” (Destiny)

Destiny described the notable differences with the transition between teams and workers, but specifically the change in status from being a ‘child in care’ with an allocated social worker to being a ‘care leaver’ with an allocated personal advisor. She emphasises the dangers of being overlooked and lost within the care system. Most young participants including Keira described the emphasis professionals placed on preparing them all for independence and adulthood, despite not being emotionally or physically ready for this change. This was a factor highlighted in the literature as the ‘accelerated and compressed transitions’, however, more so relates to the process of adultification that is notably experienced more frequently with young Black females.

> “Like I said […] the system makes you be more independent than your own friends who live with their parents, but they just neglect, you and your emotional needs. So they don't care about your emotional needs, their too hyper-fixated on the independence part.” (Kiera)

Although this theme demonstrated the participants' resilience and their ability to adjust, as well as embrace new experiences. It also emphasises the lack of physical and emotional care they felt they often received. As some described instances in which they were left to fend for themselves and forced to make important decisions without much support. Despite this, Destiny reflects her inner strength, motivation and resolve necessary to surmount her adversities. This further underscores Destiny's self-agency and her capacity to reclaim power over life events, which may ultimately influence her future trajectory.

> "[…] recognising that all these things really took a mental perseverance and resilience and realizing that, yeah, like social services, they, they didn't care about me. So I need to care about myself and I need to literally take control of my own life. If not, yeah, it's gonna be tough for me. Yeah." (Destiny)

Subtheme 2: A sense of agency (hope & resilience)

This subtheme was inspired by many of the comments made by the young Care Experienced participants. It explored the shift from being a passive to an active recipient at different stages of the care process, with age as a major factor, as previously mentioned. The BEF provides the historical context that helps us understand the experiences of Black people who were seen and treated as property. During these times, they lacked ownership of their personal lives and were deprived of developing these qualities typically associated with individuality (Vereen et al., 2017). The BEF challenges this narrative, recognising the imposed false identity, status and position of this marginalised group of young Black Care Experienced individuals while also promoting their empowerment (Gordon, 2013). As such participants who were placed in care whilst in primary or early secondary school recognised quite early on that they were different to their peers. Many understood that they had a limited or different type of support system and were forced to advocate for themselves. Some were able to express their discontent with services and professionals alike. Others were forced to make demands through their regular requests for access to services, to ensure they were able to obtain vital resources required for their survival. Destiny described how isolating this experience had been, her vulnerability led her to seek support from others by linking with community groups and/or charitable organisations. She takes an active role of 'reaching out' and uses the word 'battle' to literally fight for the support she so deserves and needs.

> "[…] there's so many transitions and things that you're going through and you literally feel quite alone and stuff like that. But I kind of had to battle those things, by always reaching out for support […] I don't even know where I'd be if I didn't have the support

> of all these like other like […] grassroots organizations that you know are doing stuff for care leavers because they've honestly been so helpful for me.” (Destiny)

Most of the young participants were members of various decision-making forums that helped to improve services for the Care Experienced community. Some contributed to policy reform by sharing their experiences via the Children in Care Council and represented the view of other care-experienced peers. This created opportunities for advocacy in which many of the participants to advocate for themselves and others. The forum that Imani was affiliated with was familiar with her history and created an emotionally secure environment that facilitated her self-expression. This was a positive yet containing experience that provided her with a sense of belonging and helped to scaffold and strengthen her relationship with others.

> “I feel like (Name of organisation) is good because both (Named Practitioner’s) know everything as well. So I feel like when I do get angry, I like. I'm very distant cause I'm not a person to be very distant because people know me as being funny. So there like if I'm not like laughing or like, just smiling, they will obviously know something's wrong…” (Imani)

Others expressed a strong desire to take control, ownership and assert authority over their lives after experiencing a life devoid of genuine autonomy, where decisions were made on their behalf. Destiny shares how therapy gave her a deeper understanding of her experiences. The realisation that her past was very much connected to her current way of being. Despite the limited privacy afforded to Destiny whilst in foster care, it was customary for her to spend most of her time alone in her bedroom. Although this space provided her with a sense of temporary or what she describes as false security, she often felt she encroached upon the foster family’s domain. This was partly due to the nuanced and implicit rules that she had to follow. Now that Destiny has her own place, she acknowledged that she had not been utilising various spaces within her home. All due to the lack of privilege and opportunity she had while in foster care. This practical and mental transition was quite a revelation for Destiny, which enabled her to personalise and take ownership of her new living space.

> “[…] when I was staying in my first placement, I'd rarely come downstairs to watch TV and stuff because there’s just this barrier or feeling like, you know that space is like for the family and you feeling like the other. And so I think you get used to this idea of, like […] your room is your only safety place. But even with that, there's no safety because my foster carers could enter my room anytime […] just that dealing

> with that feeling of kind of having to like adjust, in a, in a stranger's home, you know, and follow the rules, even the things that are said and the things that are unsaid […] even when I have now moved into my own place, erm it's only recently that I started kind of like coming into my sitting room and, you know, making it my own space […] like, actually having that safety, telling myself that it's okay to decorate your flat like it's okay to invest in it.” (Destiny)

The participants also shared their personal goals, career aspirations, general future plans and the possible options available to them once they’d left care. However, what stood out for all the participants was this assumed sole responsibility of preparing for independence and adulthood without much guidance. Despite this, a few participants described the support they received with obtaining practical life skills such as budgeting, cooking, applying for social housing, and ways in which they could access higher education, employment and training. Here, Imani explores her academic pursuits, professional ambitions and creative passion, while also conveying her desire for financial security. Not only would this empower Imani, but it would enable her to support, showing her appreciation and gratitude for her mother.

> “Next, I'm going into sixth form to study business studies, fine art or biology erm. Business and fine art because I want to be an interior designer slash property developer and then the fine art like a side hobby kind of job thing, so yeah […] I wanna be like financially stable so that I can like give back to my mum so that she, like knows that I care about her and I didn't forget about her […].” (Imani)

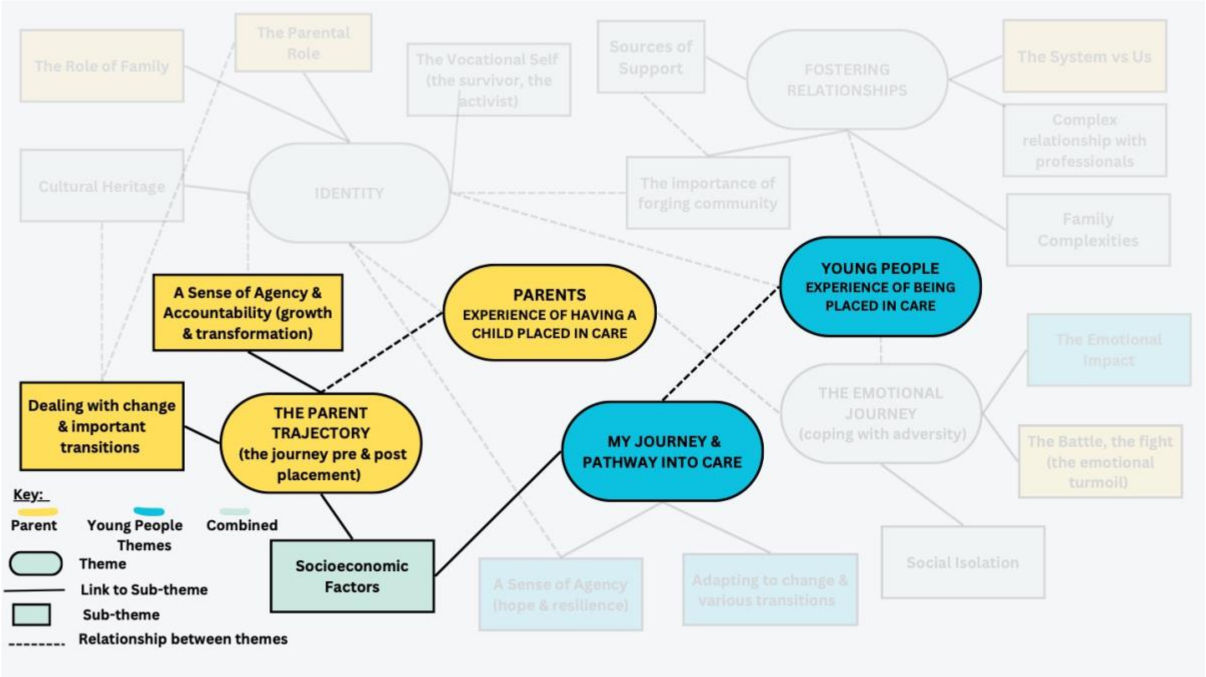


Figure 10: Map of Theme 2

Theme 2: The parent trajectory (the journey pre & post placement)

This theme encapsulates the parent participant's experience preceding the placement of their child or children in care. It presents a highly evocative chronological narrative of this event, encompassing the concerns expressed by them as parents, as well as those articulated by children's social care and the associated network of professionals. It outlines their experiences during the pre- and post-care proceedings, while others describe the different types of placements and contact arrangements. This theme further exemplifies the complex relationships and personal struggles that numerous participants faced. It delineates the participants' acts of resilience as well as the significant life-altering decisions undertaken by them all.

Subtheme 1: Dealing with change and important transitions

This subtheme described the participants' response to change as individuals but also as parents, highlighting the physical and emotional transition process. It captured their experiences of emotional grief and physical loss, while others conveyed sentiments of guilt and shame. All the participants were subjected to immense scrutiny concerning their parental abilities and competencies; in which most encountered this profound sense of failure and inadequacy. Many felt they were compelled to set aside their emotions for the welfare of their children and adhere to the plans, procedures and regulations established by social care.

Loretta’s distinctive experience contrasted with that of other participants as her child willingly entered the care system. She expressed her dissatisfaction and upset with her child’s placement arrangements. Yet, was still assigned to an independent living setting despite the young person’s vulnerabilities and enduring mental health difficulties. Loretta felt that extra safeguarding measures were needed to protect her child from being exploited by members of their community. Despite repeatedly voicing her concerns, she is left feeling ignored and failed by a system that usually seeks to protect all children, young people and families. Loretta’s experience is indicative of the silence that is usually associated with racial suffering and discord, which is frequently minimised or, in this case, disregarded, thereby perpetuating a sense of invisibility (Franklin et al, 2006). The powerful statement made by Loretta, *“You’ve ruined my black family”* describes the powerlessness she experienced referring to the service and system that had significantly impacted the life and welfare of her family.

> “The main thing is, is that I came to them and I told them about what was going on. I saw the path that was gonna happen. My son was either gonna end up dead or in prison, and you lot did nothing. You ruined my Black family. […] You've decreased the quality of my life […]” (Loretta)

Several participants, including Rita recounted their experiences regarding the challenges and practicalities associated with the contact process. Here, Rita emphasises that the frequency of contact arrangements had diminished over time, and the apparent decline in communication with social care professionals, too. Unfortunately, Rita had to adapt to this change and was compelled to seek alternative sources of support.

> “As soon as they, as soon as social services take your kids and stuff. […] You could see them three times a week. Then it went down to two times a week and then it went down to like once a week and then not at all. But The thing is, is that like, I was trying to sort of speak to the social worker and she was just like, no, we're not […] talking to you because we're not your social worker.” (Rita)

Similarly, Nia discussed the difficulties she encountered with the contact process too, with a specific focus on the commuting and financial challenges she faced when attending contact sessions. This was partly due to the fact her children were placed in foster care in a city located several hours away from their hometown.

> “Erm, I, so I was living, they were still in (Name of town/city) and I was living in (Name of town/city) at the time, but I travelled the two, two hundred miles round trip

> to go and see them. I'd cook them food three times a week and plan activities for them on these days […] cabs were expensive as well […] but it was just at that point the money, the funds were limited." (Nia)

Many participants spoke of the heart-wrenching experience of having to depart and say goodbye to their children at the end of contact sessions. Others voiced their concerns about their children being separated from their siblings and placed into different settings. This situation led to their engagement with a variety of carers (e.g., foster parents and SGOs). However, participants described this internal conflict in which they felt compelled to develop a relationship with these carers. Rochelle reflects on her experience, potential and commitment to prioritising her children's needs. She achieves this by fostering a positive relationship with her children's carers which in turn helps to provide love, reassurance and stability for her children during challenging times.

> "If I do take them back. Can I offer them a better future and a better chance in life 'cause I mean my children are very comfortable and I've made sure of that. I've made sure I've developed a really good relationship with my children's foster carers so that my children, especially for my children and I feel like they're very stable. So. I don't need to be selfish in a way to say I love them, make them come back to me and not actually be able to do just as good or better." (Rochelle)

Participants also described the difficulties they faced mentally adapting to the shared parental role with carers. The loss of caregiving responsibilities and the emotional impact of no longer having a physical presence in their child's everyday life. Many shared their experience of navigating grief and how they became acutely aware of the change in their parental positions. This evoked a profound sense of being an outsider as they observed the carer's parenting approaches used to raise their children. Many, like Nia, expressed their dissatisfaction with the quality of care their children received. She describes her distress witnessing the physical and emotional ramifications of this inadequacy.

> "Just seeing my children with uncombed hair, dirty skin, like my son, they would only let him shower every three days." (Nia)

Other participants expressed concerns regarding their absence during significant milestones and educational transitions in their children's lives. Many discussed this process of undoing, nearly reversing what they had accomplished while caring for their children. Leon's experience illustrates this, as he recounts how his son's emotional well-being and academic progress were adversely affected during his time in care. Leon expressed his frustration with the multitude of assessments his underwent. He questioned and contested the diagnosis believing it to be harmful to his child.

> "[…] I spotted that my son's emotional stability became unstable. And I remember challenging that. […] Nobody cares about what's happening to my son. My son went to nursery at six months. He could count from 1 to 20. And one day he can't count up to 20. But this is strange. You know, he never sucked this finger. I remember a lot of health assessments as well […] wanting to label my son, you know, and I challenged this. […] So, it was very difficult and I just realised that, you know, this was very detrimental to my son […]" (Leon)

Leon and Rita shared their journey of the reunification process and the profound impact it had on them as a family. Rita describes the trauma and anguish her children endured; it was quite evident that her children who returned to her custody after a period of being in care were not the same children who had left. They had changed, and her children were adversely impacted by this experience. Rita detailed the physical and emotional wounds, illustrating how it destroyed the parent-child relationship, leaving her unable to repair the ruptured relationship with her eldest child as a result of this entire ordeal.

> "But my thing is it's like, please try, but don't get your kids taken into care because you might even think like that they're doing better and that or they're better off without you and that. And they're not. Like I said, I've got my kids back, but they're not the kids that went. They're different now." (Rita)

3.3.2 Subtheme 2: A sense of agency and accountability (growth & transformation)

This subtheme explores moments of reflection and the collective experiences of participants who actively pursued various forms of support throughout different stages of their journey. A core principle of the BEF is the recognition of one's agency in the midst of oppression. It highlights the individual's capacity to make choices, assert their identities and shape their destinies, even in the face of external constraints. This sense of agency is essential for overcoming life's challenges and in seeking personal satisfaction. The BEF provides insight into these efforts rooted in the liberation of Black individuals and addresses the Black struggle and suffering (Vereen et al., 2017). For example, many participants were compelled to obtain their own legal counsel, private medical care and mental health support. Their resilience and agency enabled them to reclaim their voice while searching for meaning through their challenging experiences (Gordon, 2013). Nia stated that social care expressed their concerns about her missing several health-related appointments. These concerns, alongside her medical history and current circumstances, led her to seek private antenatal care that provided her with the flexibility she needed.

> “So, what made sense for me was to, do what? Ohh I had a independent obviously having the problems I did with the first pregnancy […] midwife and appointments and professionals I had a, I got a independent midwife […] Erm which meant that I was able to have appointments as and when I needed” (Nia)

Leon’s engagement with the chair of the child protection conference instilled in him the confidence to voice his concerns upon recognising the gravity of the situation. It is at this juncture that he formally requests to secure his own legal representation, which would not only strengthen the case but also empower him to advocate effectively for his son.

> “I started challenging the social workers, and I said, let's have our two separate solicitors because they were offering us one solicitor and I said no. I'll have my solicitor, the mum’s family will have their solicitor, and we come, write up our case and we, you know, answer your questions and your concerns and that was how I was able to fight back.” (Leon)

Rita described her acts of disguised compliance, which she admittingly made minimal or no progress when social care initially became involved with her family. It was at the point of removal which she acknowledged her difficulties and recognised the necessary changes that needed to be implemented. It provided Rita with the motivation she required to advocate for the return of her children.

> “I do actually know why they took the kids when I was drinking […] people were trying to tell me that, you know, you're kind of damaging your children. And basically it was because I stopped drinking so many times. And then, like, the kids would be all happy and everything. And then within a little time and stuff, then I would start drinking again. So, I think it was like, you know […] mum's great, mum's fine and everything. And then next minute they'll probably come home from school or something. And then I was drinking again. […] I do have to admit social services did give me loads of chances […] I actually realised that it was my fault […] Three years after my kids were taken into care, I finally got it.“ (Rita)

Few parent participants, like Rita and Rochelle, reflected on how their behaviours and actions adversely affected their children's emotional well-being. Rochelle acknowledged the anger and hostility she initially felt towards social services during and subsequent to the removal of her children; yet, she recognised that this intervention was necessary, as it facilitated a profound transformation and healing of her own childhood traumas. Rochelle employs the analogy of a shattered glass that is mended and transformed into a vase to illustrate her vulnerabilities, fragile past and path. Rochelle is also confronted with the stark reality that she was not in a position to explore or pursue reunification while recognising that her children were receiving all the love, care, and support they needed. Nonetheless, there is optimism that she will strive to do everything possible for her children and work towards achieving a successful reunification process with them all.

> "I had the big eye opener of how to see myself through like government bodies. […]. I was really angry. Like maybe I can. Yeah, I can admit that I was angry and upset and it was almost like understanding and letting go of resentment […] Yeah, […] that's what really upsets me as well […] I remember a lot of the time social services always saying we're not here to take the children away from you. We want to do better, we want to help your family, to be better and we're going to keep you together. But really and truly, the way everything played out […] nothing could have been better until the removal happened. I'm sad, but it is what it is and it happens a lot. […] Like sometimes things don't happen until it's really broken down […] it has to be like you have to smash that glass in order to repair it into a vase. So I just feel as much as this disappoints me, and it's not where I wish to be and have my children back in my care one day, I still have to evaluate and say, is it the right thing at the moment?" (Rochelle)

Subtheme 3: Socioeconomic factors

This converging subtheme identified the socioeconomic factors and implications experienced by all the participants. Participants in both groups noted instances of limited access to services, disruption to education, training and established careers. Kiera talks about the challenges of being in care and how her education was continually disrupted. The combination of this and her mental health diagnosis, had significantly impacted her confidence and hindered her ability to access education and employment.

> "[…] it will really impact your education […] I went into different schools, especially moving out of the borough. I went to a primary school and I stayed there for most of it. And I went to the secondary and I kept on going into like PRU schools. […] I went

> into one mainstream school. I went into two PRU’s and then I went into like a care home school. […] it was horrible. I wasn't seen as a normal person, and I restarted my entry levels for no reason. […] They just gave me a label and it making me not be able to do like certain things. For example, work or being in education.” (Kiera)

Loretta conveyed her disappointment after her efforts to change her career were cut short by her child's predicament. Regrettably, as the sole provider, this has negatively affected the financial security Loretta intended to establish for her family.

> “I've had to start all over again because I was working in and out of the prison system. And then I qualified to be an (named profession) […] And then my son went to jail. So I didn't take up the job because of the nature of his case. My financial situation, the instability in my household because I'm the main provider as well.” (Loretta)

Although many of the participants shared their concerns regarding the financial constraints, Leon and Destiny explained the lack of support from services when they both encountered homelessness. Despite it being a tumultuous time, there appeared to be this expectation to persist while enduring this housing crisis. Leon experienced this throughout his child’s legal care proceedings.

> […] the support that I had was very limited. I went through homelessness at the same time […] nobody helped me, so I was coming to fight for this, for my son, and I was going through homelessness […] I was still working, holding my job as a (named profession). But I was homeless and these social workers […] nobody mentioned this in any of these meetings or even considered me […]” (Leon)

Destiny faced this situation during a period when she ought to have been commemorating her achievement of obtaining her university degree; however, she was confronted with numerous hurdles instead.

> “[…] then literally just like that the PA left, got a new person, who had no idea what was going through. […] so when I finished university ended up being homeless. […] I went through the homeless route. Was in my temporary accommodation, which was very tough, very hard, erm getting food from food banks and all of that stuff.” (Destiny)

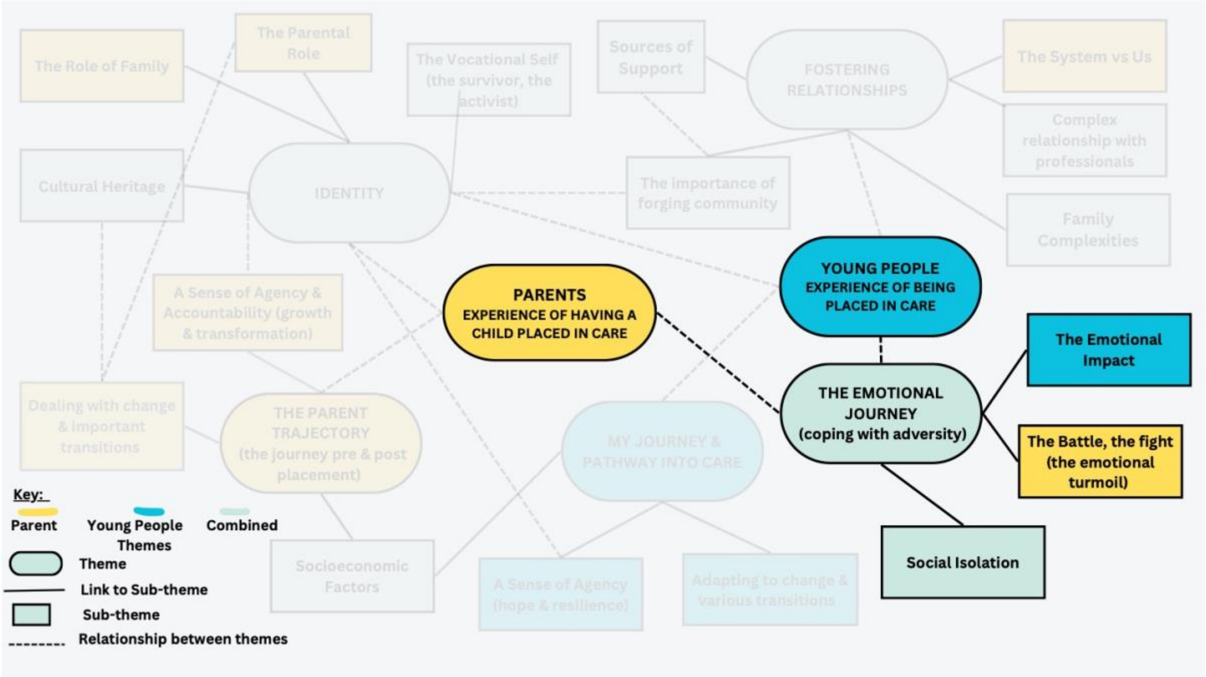


Figure 11: Map of Theme 3

Theme 3: The emotional journey (coping with adversity)

This theme outlines the significant emotional and mental health difficulties faced by both groups. It highlights the essence of this challenging journey, associated with their respective positions as young people and parents. Further examining the emotional trajectory, psychological impact and the social isolation that they experienced. Central to the discourse of the BEF are the profound effects of systemic oppression, trauma and marginalisation, as can be clearly witnessed through the emotional turmoil captured in this theme. It examines how these experiences influence the individual's emotional landscape and foster a journey of healing and self-affirmation through their personal narratives and support from their communities.

Subtheme 1: The emotional impact

The young people's accounts highlight various contributing factors. Some described experiencing grief through the removal process and associated this with feeling abandoned when placed in care. Imani and her siblings were initially placed in the same foster home. However, they were subsequently separated, and the reasons for this occurrence remained ambiguous. Imani illustrated this feeling of brokenness to describe the emotional pain of being separated from her siblings. She referred to this as separation anxiety and described her physical reaction to this.

> “Erm I hated it before because I have erm, I had separation anxiety, so I used to hate being separated from her or my other sister. So I always would cry, you know? But I clocked that she wasn't around me. And then so when I found out that me and her were not gonna be in the same foster placement anymore, it kind of broke me for quite a while.” (Imani)

Destiny reflected on her journey as a young person who was simultaneously navigating numerous challenges. She recognised that she was subjected to differential treatment whilst at school and expressed a sense of humiliation and secrecy regarding her situation. The stigma and shame associated with being labelled ‘Care Experienced’, combined with the absence of familial care, lack of placement opportunities with relatives, alongside being placed with strangers, presented its own distinct challenges.

> “Honestly, it's been very interesting. I think I definitely was really ashamed of like being care experienced when I began to kind of see the way I was treated in school from my teachers and staff. That kind of I guess knew the transition I was going through. That's when I began to realize that okay, I don't think this is a good thing. […] being embarrassed with the fact that I wasn't staying with my family. I didn't have my family there knowing that I had to keep that erm a secret [….] and stuff like […] that was very difficult and navigating that as a young person erm during those times […]” (Destiny)

Many participants, like Kiera, shared their experiences of placement instability and disruption that contributed to their ongoing mental health challenges and difficult interpersonal relationships. Kiera described her initial episode; she felt her crisis was inadequately handled by the various authorities involved. All due to their lack of understanding of her mental health presentation and needs.

> And then because I was post 18, they wanted my transition to continue…at 18 and a half, I then I had my first breakdown. […] Erm they kept on calling the police over something small. They didn't know how to manage my mental health. […] It's now impacted me mentally because now they say I have mental health problems so, it's just all messed up. […] (Kiera)

Many participants expressed concerns regarding the transparency of professionals, highlighting a sense of distrust in the services provided and situations where they felt overlooked by those in the field. Malachi detailed the efforts undertaken by professionals to establish a rapport with him. He acknowledged his emotional reticence, stemming from the apprehension of uttering words that could potentially alter the course of his life - a life characterised by the uncertainty he had already endured.

> “Yeah. So in terms of social workers it's not like you see them often. And it’s, I don't know. Is that the relationship building? Like you don't really feel that comfortable just talking to someone as a child. Like it feels kind of unnerving like. And it's like, oh, is it? Am I gonna be saying something wrong or? Something gonna affect my life. That I'm gonna tell them.” (Malachi)

As previously stated, others recounted their experiences of forced independence and various forms of adultification imposed by those around them. Destiny expressed her frustration with her return to foster care after her experience at university. Her response exemplifies the absence of both physical and emotional space. The act of placing her belongings outside may inadvertently exacerbate this feeling of ‘not being held in mind’ and further intensify the feelings of rejection and abandonment that she already experienced. This experience motivated Destiny to adopt a more assertive and direct approach when expressing her needs. She successfully sourced the necessary support and established boundaries in her personal and professional relationships.

> “I remember coming down and then my foster carer telling me that because I have loads of clothes and stuff from university, suggesting that she can put my stuff like outside by the shed something. And I was like, no, I'm not doing that just because the room was quite small. So that was another case of me trying to speak to that PA to get something done.”. (Destiny)

Subtheme 2: The battle, the fight (the emotional turmoil)

This subtheme draws inspiration from Rochelle’s narrative and perspective as a care-experienced parent. The use of metaphorical language illustrated the continuous struggle and conflict Rochelle faced in striving towards the reunification of her children. Rochelle acknowledged her wrongdoings and highlighted the significance of taking personal responsibility throughout this journey. Rochelle describes herself as a ‘good fighter’, which further highlights her strength and resilience whilst she embarks on this journey of self-discovery, motivated by this desire to enhance herself.

> “Like I fight for my children and I've realised that actually I'm a really good fighter. I've been fighting, it's not physical or aggressive, it's actually fighting in the right way and

> fight means bettering yourself. Taking accountability of your behaviour and learning where you went wrong in things.” (Rochelle)

Loretta highlights the absence of a support system while navigating this challenging journey as a single mother. Loretta is faced with the heart-wrenching dilemma of entrusting her child to a system that may not provide the adequate care he needs. She described the emotional turmoil of not being able to provide this vital support as it meant jeopardising their safety and facing the consequences of losing her youngest child in the process.

> “I cannot fight off these people myself. And I have another child, and I’ve already been threatened by the system that if anything happens, they’re gonna take my other kid away from me.” (Loretta)

Most of the parent participants described the profound effect this entire experience had exerted on their mental well-being. They described the internal and external struggle of managing their mental well-being while balancing the demands of this intense process. Many, like Nia, received a diagnosis as a result of the mandatory psychological assessments that were conducted during the care proceedings. Nia expressed her frustration regarding her misdiagnosis and the perceived injustice that she felt led to her children being placed in care. Nia's anger, frustration, and indignation were palpable as she recounted this and numerous other difficult encounters with professionals. The enduring consequences of this misdiagnosis persisted until relatively recently.

> “In the proceedings, I had a psychological assessment. I had several psychological assessments because they say my behaviours are out of sorts […] The first one diagnosed me with person narcissistic personality. I went back to the court to have this report challenged. […] And was ordered to do a psychiatric assessment. […] one said mixed personality and the other one said narcissistic personality with psychopathic traits […] I've been reassessed.[…] diagnosed with complex PTSD […] and ADHD.” (Nia)

This BEF highlights the struggle for meaning, agency, and identity in a world that frequently dehumanises and marginalises Black existence. The pathologisation of Black anger and rage is seen as the result of institutional racism and the historical trauma endured by Black communities. Stoute (2019) emphasises that Black rage is not just a reaction; it serves as an adaptive response to the trauma of oppression. In the BEF, anger and rage serve not as signs of pathology but as forms of resistance and a call for acknowledgement of one's humanity (Richards, 2021). This characterisation of Black anger as pathological undermines these expressions of resistance, framing them as psychological issue rather than a valid response to systemic injustice (Nanji-Rowe, 2024). This thereby silences the voices of Black individuals while perpetuating the oppressive structures that the anger seeks to challenge (Skinner-Dorkenoo, 2023).

Subtheme 3: Social isolation

This subtheme captures the social isolation encountered by both groups of participants. Others reflected on this solitary path in which they frequently encountered moments of disconnection and alienation from those around them.
Many like Rita shared the painful experience of being ostracised by members of their family and or community.

> “People just stop talking to you and that and then, you know, people in the street and everything, they know you've lost your kids.“ (Rita)

Similarly, Imani recounted her difficult primary school journey, highlighting moments of being emotionally dysregulated due to the hurtful remarks from peers about her being care-experienced. Imani described the physical separation and the assistance provided by teachers and peers that over time seemed to benefit her.

> “Erm, like I said, it was very traumatic for me, especially with primary school because […] like people made fun of me for being in care. And I feel like I let my anger out too easily, cause I have serious anger issues and I kind of let out a lot of times on them, so it kind of like separated me from everybody and I have my own table in the back of class, […], my teachers saw that my best friends now, they all were like quite helpful for like, keeping me calm and stuff.” (Imani)

All the young participants described how they were navigating a system that both protects but also places them at a social disadvantage. Many, like Destiny, realised quite early in her journey that her life was markedly different from that of her peers. She alluded to the stringent safeguarding rules that imposed certain limitations on her, preventing her from staying out late with peers or attending or hosting sleepovers.

> “I remember I couldn't have like sleepovers like I couldn't sleep over my friends house and I couldn't really stay out late. There's always rules and regulations or like when to be home and all of that. So that was hard to kind of like accept.” (Destiny)

All the parent participants shared a similar experience to Loretta. She conveyed her feelings of social withdrawal, highlighting her disconnection from family and friends. Her life had inevitably changed as she dedicated all her energy and efforts to supporting her child. She accomplishes this by educating herself and staying informed about recent policies and legislation. She characterises this experience as significantly impacting her quality of life and altering her social circle to include individuals with comparable experiences. Notwithstanding all her efforts she is determined to rebuild her life for a better future.

> “Hmm my life has just completely changed. I'm not outgoing anymore. Erm so my interests in, like, meeting up with friends and having a drink. And that has changed because I just, I need to learn how to support my son in regards to the local authorities and their policies and legislations. So I'm learning everybody's jobs so I can support my son. So I'm trying to build my life back up. […] the decrease in the quality of my life. […] I don't have social friends anymore. My friend circle consists of parents whose children have gone to jail or parents who have died. And that's because of what I've been going through. You know, they say, who feels it knows it.” (Loretta)

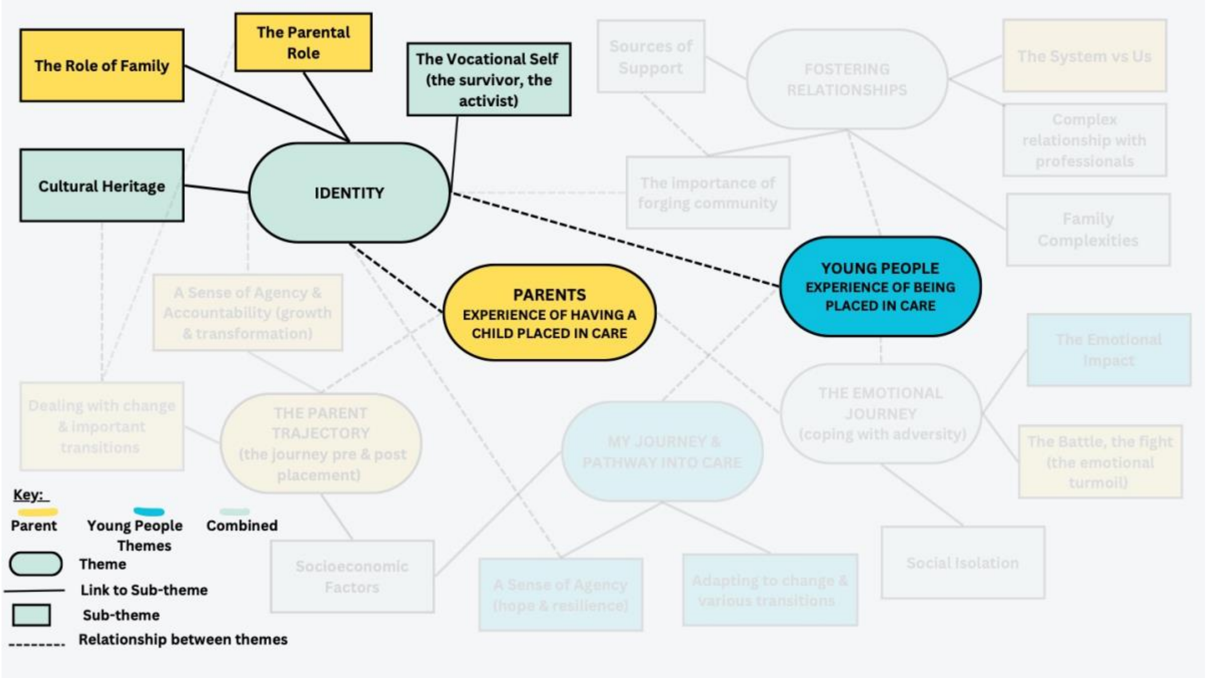


Figure 12: Map of Theme 4

3.5 Theme 4: Identity

This theme captures the intersectional identities and position of each participant as parents and young care-experienced people. The subthemes discussed focus on ***'cultural heritage, the role of family, the parental role and the vocational self'.*** Here, the role of irreducibility holds great significance, as it suggests that the BEF cannot be completely understood or simplified by one narrative or category. It acknowledges the complexity and multiplicity of identities, histories, and experiences. The BEF challenges this, promoting a nuanced understanding of identity that considers the intersections of race, culture, gender, and socioeconomic status, as well as the diverse experiences within the Black community. The BEF describes how Black individuals navigate and reconcile these personal experiences, family practices and language. It promotes an examination of the self that transcends societal norms and challenges essentialist perspectives, thereby enabling a more genuine expression and sense of identity. It also examines systemic issues pertaining to race, prejudice, and difference that have shaped their lived experience of hegemony (Goodman et, 2012) and the colonisation of Black people (Fanon, 1967). It highlights the importance of representation for those advocating for those from global majority backgrounds. Further exploring the role of family, vocation, faith and spirituality as integral components of their identity.

Subtheme 1: Cultural heritage

Cultural heritage is a cornerstone of the BEF and played a crucial role for all the participants. As it enabled them to connect with their roots and derive strength from their ancestral legacies, fostering a deeper sense of self and resilience. It provided a perspective that honours the humanity of others, emphasising a shared understanding and interconnectedness of their cultural identities (Biko, 2002). Numerous discussions took place regarding the richness of Black culture, as demonstrated through traditions, histories, language, cultural terms and practices that shaped their identities. The celebration of Black culture was also highlighted through various creative expressions such as music, art, education, food and specific hairstyles (Vereen et al, 2017). The use of culturally appropriate products and practices was also highlighted. Many of the young participants exhibited divergent opinions; some believed their culture was considered when being placed into care, while others disagreed, emphasising cultural dissonance. Additionally, others acknowledged that social care faced challenges in locating and securing culturally suitable placements. Here, Malachi indicates that although culture was not explicitly explored with him in relation to his foster placement. He recalled that his foster carers endeavoured to assist him with preserving his family connection and cultural heritage. In which they were willing to collaborate with his mother and learn how to prepare his traditional African cuisine.

> "I don't remember them talking to me about it but, I think I do remember. I think it was definitely like considered my culture and racial background 'cause. I think there was something with my first carers and she was like […]. She was even willing to learn how to make some of the food that me and my sister normally eat from my mum." (Malachi)

Destiny expressed similar sentiments, recounting experiences with her personal advisors who participated in culinary sessions that allowed her to prepare traditional delicacies, thereby aiding and maintaining her cultural connection.

> "[…] the one that I was working with […] that would say stuff like, ohh we can do sessions on cooking. Particular food's like Jollof rice or those kind of things. So there was that kind of like consideration and stuff like that. I think for me food is very vital. That's like one of the only, the only and most easiest ways for me to like still be connected to my culture". (Destiny)

Imani's experience was markedly distinct; she felt that her cultural heritage was acknowledged, which led to her placement with foster carers who shared a similar West African background and were well-acquainted with her country of origin.
Here Imani notes that her foster family share a similar hair texture and type, which fostered a sense of belonging. She reflects on this significant aspect, considering how her experience could have been quite different and potentially left her feeling somewhat out of place.

> "Yeah, because the people that I had as foster carers, they all knew, like my old foster care, she was Ghanaian, so she knew a lot about Nigerian people as well. So I feel like that was put into consideration, like all the people in the house, they all had the same hair texture as me so I didn't feel different or anything. So I feel like if I was put in a different background, I'd feel like kind of odd." (Imani)

Similarly, Nia explained the significance of upholding their cultural identity and pride through their hair as a means of self-expression. She described an important moment with her son, during which she explained the significance of him adhering to the same hair care routine he followed while under her supervision and care. Here she demonstrates this by highlighting the racial differences and variations in hair texture, noting that Black hair types necessitate additional care and attention.

> “So yeah, simple thing, like me saying to my son. Son, you can't, just because you're living with white people doesn't mean you follow the things they do. You do not have the same hair as them […] comb your hair in the morning. You're not gonna have that conversation with a white child because it's not necessary, but he has to comb his hair, erm every day, that's what we do.” (Nia)

Rita also expressed her discontent with her children being placed with a Caucasian family, despite the fact that they were of mixed and of Black heritage. She highlighted the challenges related to gender, race, and colourism that her children encountered while in care. Rita detailed the challenges of this experience, particularly for her daughter, who faced racial segregation. She shared how daughter’s her hair was damaged from inadequate treatment and care, which ultimately contributed to feelings of rejection and subsequent mental and behavioural issues.

> “[…] they put her with a white family and my daughter was Black. When I see my daughter right First off. Like, they cut all her hair off and everything. And like, so my daughter's Black, my son's mixed. But because the foster family were White, […] they were quite happy to be with my son. But she was kind of put to the side […] because she was Black, basically, that's one of the reasons why she ran away and has mental health concerns.” (Rita)

Consequently, Loretta felt that her racial and cultural heritage placed her at a great disadvantage. She employs the derogatory term ‘the projects’ a phrase often associated with ‘the ghetto or the hood’ to highlight the intersections of gender, race, social status and class. Loretta describes the cultural stereotypes she encountered and highlights her disagreement with the notion that her mental health concerns contributed towards her familial difficulties.

> “Never, […] I would say my culture was never considered because I wasn't being listened to and I say race probably did play a part in it. They had me down as like projects mum, if that makes sense […] that she's suffering from mental health.” (Loretta)

Despite this, many of the participants shared their experiences of assimilating and embracing different cultures. A few young participants were at ease with this arrangement, while others like Kiera did not share the same sentiment. Kiera, although initially placed with Black Caribbean foster carers, felt that her African culture, which provided her with a sense of belonging, was overlooked. This situation was exacerbated when placed in a children's care home predominantly populated by Caucasian care-experienced young people and staff. Kiera expressed a sense of alienation, a persistent feeling of being out of place, unable to establish a rapport or communicate with these individuals. Again, food was an important factor that enabled Kiera to maintain a connection to her cultural heritage.

> “Erm, when I was in foster placement they only kept me with Jamaican people, but still my own African culture was like dismissed […]. And then going into a care home full of white people, it was even worse. So I wasn't able to socialise or communicate with them. And they didn't have no cultural foods and stuff. (Kiera)

Destiny describes the challenges she encountered when placed with foster carers from a different cultural background than her own. She highlights the nuanced distinctions present even within the African culture of her upbringing. Further describing the process of acclimating to the diverse array of delicacies and tastes.

> “I definitely think that culturally it was quite difficult in those placements just because erm both my foster carers were not from Sierra Leone whilst they were of African descent, […] one was from West Africa, the other was from East Africa, so I kinda had to get used to the food, get used to the difference, you know.” (Destiny)

Malachi appeared to fully embrace his foster family’s cultural heritage, which not only helped him maintain a connection with them but also allowed him to form bonds with peers who shared a similar background.

> “[…] because I was talking to like a lot of Asian people, in my school, they were surprised wow you know a lot of our culture. I'm like how my foster parents are basically Asian. So I'm all about the culture, the food and stuff.” (Malachi)

Most of the parent participants conveyed a sense of pride in their cultural heritage while also acknowledging the personal and familial challenges encountered throughout the child-in-care process. Nia frequently expressed the pain she felt while attending to her children’s hair and scalp during contact sessions, stemming from their placement in environments that failed to honour their ethnic identity and familial traditions.

> “It’s heart-breaking having to […] unpick broken and matted hair (brief pause) it was horrible. It was horrible to watch my daughter, her scalp, […] she still has the scalp issue because she's never had this, while with me.” (Nia)

Contact sessions appeared to be a significant source of contention for Nia as they appeared to violate her cultural identity and practices (as shown below). She cited several cultural biases she encountered with social workers, contact supervisors and foster carers.

The first incident transpired while she was engaging in one of her customary practices of carrying her infant on her back during contact sessions. Nia expressed her irritation upon reading the concerns conveyed by professionals in the contact notes. They highlighted safeguarding concerns about this practice potentially endangering her infant; yet this information was never communicated to her during the entire process.

> […] putting my baby on my back. I used to put her on my back to fall asleep, with the cloth. Yeah, I’m told that I'm suffocating her […] they've never said these things to me, but it wasn't until I got the contact notes that they put in there every week that they're worried about the child suffering, not being able to breathe and suffocating because of my poor handling. Wrapping the child in a cloth on my back. Yet, they were concerned about my child not breathing and they didn't say anything to me. (Nia)

Nia recalled the cultural conflict and the contentious remarks regarding the traditional snacks, dishes and beverages she offered her children during contact sessions. Over time, these were perceived as a danger to her children’s health, despite being the same delicacies her children consumed and were nurtured with whilst in her care. Nia felt quite offended and disrespected by this experience, as there had been no prior concerns raised by professionals regarding its overall effect on her children’s diet.

> “Oh even the, the food, […] that I prepared was too heavy and erm the children are becoming sick from the things that I'm preparing from for them. This would just be like rice and chicken […] that I should stop, I need to prepare lighter food for them. Sandwiches and whatever is sufficient […]. You know my son loves supermalt or nourishment. Apparently, the food I’m giving them oh like puff puff the is dangerous.” (Nia)

Nia also alluded to the lack of transparency from professionals who perceived the endearing terms and language she frequently used when referring to her child as problematic and harsh. Once again, was only made aware of this as it was disclosed in the final assessment notes.

> “Erm, things like I say like me not calling him by his name and calling him son. That was a problem or my boy, I said my boy,come […]. That's me speaking to him in a militant style, That's what they wrote […] in the assessments (Nia)

Many of the participants described issues related to race and instances of overt racism they encountered. Nia’s painful experiences caused her to question and seek to repudiate all aspects of her Black identity. Here she describes the duality of existence or double consciousness (Du Bois, 1903) as a Black woman existing in a predominately White society. The ‘Homeplace’ that is rooted in the BEF challenges the notion of inferiority that views Black individuals as less than human. Hooks (1987) emphasises the importance of self-exploration and racial healing that would enable Nia to decolonise her mind and fully embrace her Blackness. Nevertheless, she appeared to convey a sense of guilt and shame in connecting with these emotions.

> “Erm I've never had any issues with my identity, but being Black at that time […] It was it was a burden and there were times that my head said no, I can’t quite say it, I wish I wasn't Black, but […] this is […] I don’t even know the words. […] Like if I didn't have these values and these beliefs and these standards, life would be easier […]” (Nia)

Loretta and others similarly referenced the racism and colourism they encountered within the Black and Asian communities due to their mixed heritage. Loretta highlighted this issue, believing that Caucasian individuals were oblivious to these complex factors and consequently, indifferent to such significant concerns.

> “[…] there's a lot of colourism amongst Black people as well. […] Because I'm half Indian and my Indian side don't like us […] And deal with the dynamics of these things? Because white people don't understand these things […]” (Loretta)

Few participants, like Leon, emphasised the importance of representation for young parents, fathers and individuals within the Black community. This marked the first occasion when Leon felt recognised and that his perspectives had been considered throughout his engagement with social care. He explained that rather than having the professionals work collaboratively with both the maternal and paternal sides of the family, there appeared to be an increased emphasis solely on the perspectives of the maternal family.

He contemplated whether this was a key component of British culture. Despite this, Leon maintained a level of respect for elders and authoritative figures in his interactions by referencing his family values and cultural nuances. He described a sense of empowerment when provided with ‘an open door’ or a platform to express his opinions and challenge the decisions made during the care proceedings.

> “The chair pulled me to the side […] this was about after 3-4 years it was the first she pulled me and said, (Participant’s name) what do you want, Dad? Do you understand what's happened? […] How do you feel about this? […] And that was it. That was the first time I was ever given an opportunity to speak. I come from a respectful family […] you kind of have to be given an open door to speak. Oh, when she did that […] I ripped the whole plans apart because there was no real deep thinking in their planning.” (Leon)

Many participants like Leon highlighted the significance of faith and spirituality as a fundamental part of their identity. Leon described this difficult journey as ‘hell’ and found strength from his faith.

> “I will never forget that I was fighting in fire, going through hell and thank God as well. You know, all of that was helping me, reading scriptures and stuff. Everything was guiding me.“ (Leon)

As previously stated, Loretta’s case was quite different from that of the other participants and led to a unique perspective in her engagement with professionals. Here, she refers to spirituality and the importance of protecting herself from the ‘evil spirits’ and negative influences of the professionals she encountered. Loretta responds to the non-mandatory home visits proposed by her child's allocated social worker and expressed apprehension about being misunderstood or targeted as a result of her cultural and religious beliefs.

> “They’re evil, their all evil, all of them. She asked to come to my house and I said no. That's like inviting a bad spirit […] They wouldn't understand like what I'm talking about my beliefs and stuff like they wouldn't understand. And I think that would be

> used as ammunition against me so […]. in regards to my belief with God and stuff like that.” (Loretta)

Destiny also shared the challenges she encountered while being placed with a foster carer who shared her Christian faith but belonged to a different denomination, resulting in varying practices. She recounted her journey of adjusting to and embracing these differences, even though she frequently felt misunderstood. Destiny described the strong conviction she had to express her religious beliefs as a significant part of her identity.

> “You know, even for example, one of my foster carers, she was Catholic and stuff like that, understanding like the different belief system having to like, adjust to it because there were times where she really couldn’t understand my own, she didn't understand my own Pentecostal beliefs and stuff like that. And then having to fight through that and stand my ground like this is my belief it’s my life type of thing.” (Destiny)

Subtheme 2: The role of family

The role of family within the BEF is profoundly impacted by historical and sociopolitical contexts. It acknowledges the diverse family structures and the importance of familial relationships in shaping one’s identity. For many young Care Experienced and parent participants, the role of family provided support as they tackled various systemic, socioeconomic and displacement issues. Contact arrangements, for example, helped participants preserve familial connections and instil significant family values, customs and experiences for their children. Many spoke about the various roles they occupied within their family system and the assumed responsibilities they had as sons, daughters, siblings and parents, which they believed were largely influenced by their cultural heritage and upbringing. A few participants shared their diverse experiences about their family’s engagement in the care process, which either provided support or created hostility and a further divide within their wider family network. At 18, Leon became a father and expressed an even greater appreciation for family and relationships. He reflected on the strong patriarchal presence and the pivotal role his grandfather, the family’s head and elder, had played in his life. Leon described the close bond they shared, which served as a protective factor throughout his early teenage years. Despite, the generational gap and the size of his family, he experienced support and guidance throughout this challenging process.

> “I spent a lot of my teenage time with my grandfather. He was my best friend and helped me keep away from trouble, the streets […]. My siblings, there's a lot of us,

> but my also in terms of my elders, are people who support me. I have 8 aunties on mother's side, so I have had an enormous amount of support […].” (Leon)

Leon also emphasised the importance of upholding traditional family roles, citing early observations of the prevalence of individuals raised in single-parent households. This was unfamiliar territory and could be perceived as a threat as he expressed his desire to disrupt the generational cycle for his son. As a young Black man, a significant part of his experience was the presence of positive male role models in his life, such as his father and grandfather. He acknowledged the significance of this and his aspiration to be a good father, ensuring that his son would have the same, if not similar opportunities to be nurtured in a conventional family setting while also having access to positive male role models.

> “So for me, I always wanted to be a good father, and I always wanted to be a father. I had a father in my life and I grew up in a two parent household and I ended up coming over to the UK. So for me it was something that I had a deep passion for. I noticed, you know in the London there was a lot of single parent households. There were these trends that I just didn't like and I wanted to break them.”

Nevertheless, Leon’s desire for a traditional family unit did not come to fruition, leading him to become a young single father as a consequence of the child-in-care process. Other participants shared their experiences of familial estrangement, stemming from complex family dynamics which is further explored in theme 5. While others used this challenging experience to explore alternative parenting methods, Rochelle reflects on her own parenting style and its effects as a young parent before the involvement of social services. Rochelle outlines a comparable cycle of domestic abuse, which she termed a ‘repetitive pattern’ of relationships inherited from her biological family. She recognised the trauma of being a survivor of domestic abuse and the negative impact of being a young mother, ‘a child’ raising a child’ that this had on all her children.

> “I started being a child raising a child and then I went on to have more children, but my relationships wasn't stable. I feel like there was like a repetitive pattern from my biological family.” (Rochelle)

Subtheme 3: The Parental Role

This subtheme although short when compared to others highlights the transition in the participants' identities from being active primary carers to adopting a more passive role as monitored parents. The journey as parents is described in detail in other themes and therefore this subtheme focuses mainly on the physical and emotional journey. Nonetheless, many of their children were under the care of the local authority or relatives, leading to a change in parental responsibilities and resulting in collaborative decision-making. Many of the participants experienced feelings of loss and disempowerment. All the participants shared their reflections on their experiences with contact arrangements, including those who had undergone supervised contact or had limited contact over a period of time. Both Rita and Nia expressed their upset and frustration, highlighting similarities with contact arrangements during the care proceedings phase which ultimately resulted in limited contact and eventually no contact with their children.

> "You could see them three times a week. Then it went down to two times a week and then it went down to like once a week and then not at all." (Rita)

> "My brother stopped the contact with the girls and I see my son it was seven times a year […]. Yeah because within the proceedings, I still got to see them three times a week." (Nia)

Many spoke of the emotional shift, that was associated with the absence of daily interactions with their children, resulting in feelings of sadness, guilt and helplessness. Participants also shared their experiences of adapting to the new role of co-parenting with the professional network. Most found this experience challenging to navigate and described the difficulties in focusing and balancing the various aspects of this process.

Some parents described the stress and emotional toll of the legal proceedings, together with the multitude of concurrent demands and tasks imposed upon them. Many of the female participants shared their experiences as single mothers navigating various court order arrangements, including parenting classes and undergoing therapy or psychological assessments to determine reunification.

Subtheme 4: The vocational self (the survivor, the activist)

The vocational identity is a thread intricately interwoven throughout this analysis. It reflects the participant's sense of self as survivors and activists shaped by their experiences. Yet also described their current responsibilities and professional ambitions as young people and parents. The concept of vocation in the BEF is often linked to the quest for purpose and meaning. It inspires individuals to pursue paths that align with their values and identities, rather than adhering to societal norms. Which can be both empowering and filled with systemic barriers that restrict opportunities too. The BEF outlines the growth potential of this

Black collective, further rejecting the deficit model that is often associated with them (Vereen et al, 2017). Although a few of the young participants were not in education, employment or training (NEET), all were active members of community groups that supported other care-experienced individuals. Most of the other participants were either in full-time employment, engaged in education, or pursuing higher education courses.

Destiny's intersectional identity is exemplified through her various roles as a Black care-experienced female speaker, advocate and survivor. Prior to her undertaking a graduate internship, she had established herself as an author and fundraiser and commissioned various international charity initiatives due to her experience. Destiny also detailed the organisations with which she had collaborated with.

> "I'm currently working at […] as a project Support Officer and then outside of that, sometimes I work with like organizations and stuff to help care experienced young people and stuff like that. […] Yep, like right now working on an FGM project and raising funds for orphans and survivors of FGM." (Destiny)

Aside from their role as parents, many of the participants described the important careers they held, which appeared to promote positive change in their own lives and the lives of those they interacted with. Most were either employed or engaged in entrepreneurial pursuits that supported and advocated for those embarking on a similar journey. Rochelle's journey led her to become an author and creative entrepreneur. She described her empathic nature, which fuelled this deep passion and desire to create a business for those recognised as care-experienced parents.

> "Okay, so I am an author, an entrepreneur. I have a creative spectrum. In the process of looking into starting up a business, also working with people that have gone through situations that I've gone through […] in the past so I can empathise with them […]." (Rochelle)

Despite Nia's challenging journey and the numerous losses, she had faced, she still discovered the strength to pursue a role focused on working with young people.

> "I [..] work as a youth worker, I work with children and young people." (Nia)

Loretta worked with a similar client group and referred to herself as a 'community connector'. Her passion for championing and driving change stemmed from her own experience as a Black mother, whose child faced similar health and social care inequalities.

> “[..] my job is a community connector […] I work in a team and we do consultations in schools for Black children and mixed-race children in regards to inequalities and mental health.” (Loretta)

Rita had long recovered from the challenges of alcohol misuse and acknowledged the significance of the support she received. Rita emphasised the importance of transforming the lives of others and drew upon her lived experience to support others on a similar journey in her current role within a substance misuse service.

> “I'm a recovery coordinator […]. I work in a drug and alcohol.” (Rita)

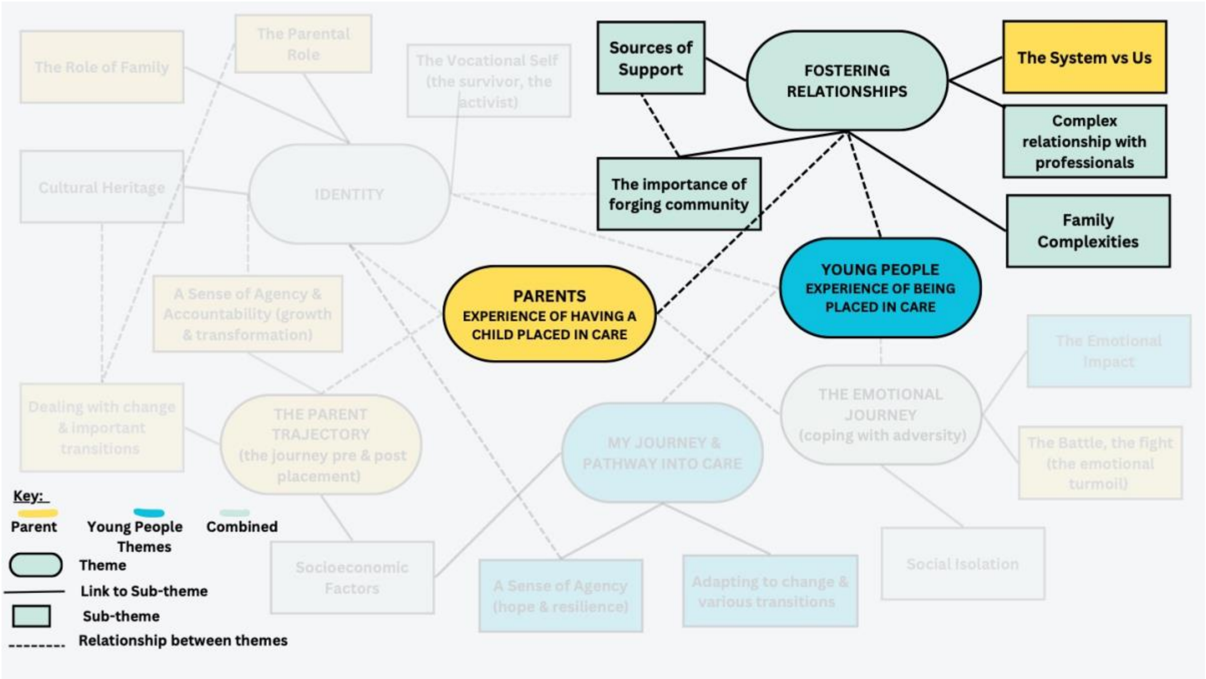


Figure 13: Map of Theme 5

Theme 5: Fostering Relationships

This theme explores the significance of establishing meaningful and authentic connections with others, which played a crucial role in alleviating the social isolation experienced by many participants. Being part of a community provided them with a sense of belonging and validation. A renewed sense of meaning was expressed by many in their redefined roles as young care-experienced individuals and others in their capacity as co-parents within the system. Many spoke about the importance of offering valuable contributions to these groups as a means of reclaiming a voice they believed had been ignored or silenced in the past. Relationships are viewed as crucial for the formation of identity and self-awareness in the

BEF. These connections can serve as both a source of support and a challenge, as they often reflect societal pressures, historical injustices, and personal struggles (Mills, 1959). Conversely, the participants highlighted this as many of them had to navigate these difficulties with family members, friends and or professionals. All expressed their frustration with the systemic issues and the pressure to cultivate relationships with individuals who made significant life-changing decisions on their behalf.

Subtheme 1: Complex Relationship with Professionals

This convergent subtheme addresses the complexities of navigating challenging relationships with various professionals. The parent participants expressed a profound sense of feeling persecuted and overwhelmed by the various social care systems and processes. Nia reflected on her initial encounter with children's social care and the lack of self-compassion they had shown towards her and her children during a particularly stressful and vulnerable period in their lives. Nia suffered from a pregnancy-related illness while also caring for a young child with a terminal condition, along her other children. This marked the beginning of a challenging relationship with the professional network, leading to the scepticism she felt towards them. Nia's response was marked by a strong emotional undertone further emphasised by her use of repetition, highlighting her irritation and frustration with this encounter, ultimately leading her to disclose her intentions.

> "This is actually quite hard to talk about but the first, the first referral whilst he was in hospital, the midwife had come, the social worker had come to do the assessment in the hospital, (inhaled deeply), I was sick, that morning, my son hadn't slept, I will, he was also sick, so I, I just refused to do I, I refused to do it." (Nia)

Many participants spoke of the various referrals and assessments conducted, referencing the racial biases and cultural misunderstandings outlined in these reports. For individuals like Nia, this often led to feelings of being misunderstood, which in turn led to mistrust, heightened anxiety, and her eventual disengagement from services and professionals.

> "When I didn't attend an appointment, social services were contacted and this happened […] throughout the pregnancy. They'd come do an assessment, close the case and then sort of move on but I mean it was four or five referrals in the space of my pregnancy which didn't make for a good start. It made me distrust enough professionals and heightened my anxiety and didn't make me want to go." (Nia)

All the participants indicated the lack of transparency among members of the professional network. This resulted in their frequent caution or reluctance to engage in home visiting processes. This was primarily a result of observing the experiences of others within the Black community or their personal encounters with racial discrimination, trauma, and betrayal. The participant’s home environments were regarded as private spaces, serving as a place of refuge, shelter, healing and recovery from oppression (Vereen et al, 2017). The homeplace (Hooks, 1990) facilitated the preservation of their cultural traditions and practices. Inviting professionals in positions of authority into this space resulted in constant surveillance or scrutiny and established a power imbalance that could undermine their sense of security and pose a threat to their cultural values. Nia elaborated on her intersectional identity and the adjustments she has undertaken to assimilate and embrace Western culture. Here she alludes to the fact that if she had disregarded her African values, her situation might have turned out differently. This may have enabled her to completely align herself with English culture and customs. Nia further highlighted the anxiety and fear surrounding the possibility of being judged and criticised.

> “I don't know, just having the feeling of wanting to so sort of negate, my African heritage. Like if I didn't have these values and these beliefs and these standards, life would be easier. if I was the type of person, who said, okay yeah, white woman come into my house, whenever you feel like it and criticize me and judge me and make assumptions on how I do things and I'll just sit here and give you tea and biscuits and listen to what you're saying. If I was able to do those things, it would have been a lot easier. […] It would never make sense and I will never agree to that, because I do these things because I am a Black woman of African heritage who has had to adapt their lifestyle to fit in with English culture.” (Nia)

Many of the care-experienced participants highlighted the important role of their social workers in advocating for them, which contributed to a smoother transition regarding their education, placements, and overall support with housing and finances before they became care leavers. Jasmine shared a favourable encounter she had with her allocated social worker. She recalled how attentive and reassuring he had been. He created a comfortable atmosphere for her, ensuring that she felt no pressure to participate in conversations or activities she wasn't ready to engage in.

> “Hmm, that social worker, when he came around like, he would always say, like, it’s okay, you don’t have to speak to me if you don't want to like, you don't, every single time I come you don't have to speak to me. You don't have to speak all the time, so

> just reassuring us to stuff like that, when we called him he would answer, yeah." (Jasmine)

However, for many, including Destiny this was not the case as they expressed their frustration with the systemic issues surrounding the high turnover of social care professionals.

> "I remember during that period they'd introduced a new personal advisor, somebody I thought was going be with me through this period just for her within the space of like three weeks to say […] she has to leave." (Destiny)

Few participants highlighted the benefits of the social care teams rather than the individual social workers responsible for supporting young care experienced people. Nonetheless, most young participants believed this placed them at a significant disadvantage. They also developed a sense of distrust within the service and among the professional network. This also indicated that they established various attachments and needed to cultivate multiple relationships with social workers and foster carers, both over short and extended periods. Many expressed their frustration with having to relive their trauma by retelling their story multiple times. However, Imani shared her experience of entering foster care at a very young age. She described how engaging in life story work provided her with the intricate details necessary to comprehend and make sense of her journey.

> "I was aware because, I was, I was 6, so I still had like a little sense. So I knew what happened with my, with my home and why I was put in care. But I never knew like the deep down details, but that's why the life story helped because my it was my school that talked to my social worker about the life story. My head of year now, she could tell that because of me not knowing as much, it kind of had an impact on me." (Imani)

Moreover, many participants, including Malachi, highlighted the importance of communication and encouraged social care professionals to avoid complex terminology or jargon and instead use simple age-appropriate language to explain these processes.

> "Erm explaining the process. […] I don't think some of the stuff they told me I understood. Maybe it was too like erm, you know, professional wording type thing that I would not understand as a teenager." (Malachi)

Subtheme 2: The system vs us

This subtheme explores the dynamic of ‘the system vs us’ that all the parent participants experienced. It discusses the position of power associated with the system, that is children’s social care, along with other statutory and non-statutory services. The participant’s courage and strength are vividly reflected in this struggle and the relentless efforts to fight a system that has profoundly affected their lives. Most of the participants believed they were wrongly portrayed by the cultural stereotypes held by members of the professional network. From a BEF, it examines the impact and evolving social constructs that marginalise and racialise this group (Vereen et al, 2017). It also provides a space to explore their phenomenological world by deconstructing the misconceptions firmly held by members of their society. Leon felt that due to his position and status as a teenage parent led others to perceive him as an inexperienced and irresponsible father. Or, at times, he was seen as this uneducated ‘Black boy’ linked to ‘the streets’ or gang culture because of his urban vernacular. Here, the impact of racialisation is distinctly evident in Leon’s experience. The perceived lower status established a negative power dynamic that might have influenced his developmental understanding of himself and others. This was exacerbated by his experience of migrating to the UK and the need to acquire English language skills as well as colloquial terms to help him assimilate with his peers. Fanon (1967) describes this as an existential deviation, where the loss of language and cultural heritage has both defined and redefined Leon’s identity, culture and existence. Leon also described the gender stereotypes and misconceptions surrounding men’s communication and highlighted how they often feel undermined in spaces primarily designed for mothers or the maternal perspective.

> “I just didn't know how to communicate […] very well. My English wasn’t very good […]. So, I used slang quite a lot. It was strong. […]. There may be things I felt that could have impacted their understanding if I spoke differently, the dynamic in which […] I mean, I think men do speak. […] what I've come to understand, it's a culture issue and I don't think it's brought up often when it comes to maternal issues or I should say parenting. There are times there's a little bit of undermining going on there.” (Leon)

Others, like Nia, felt that their confidence and ability to challenge the decisions of professionals was frequently seen as confrontational and hostile. She described her feelings of upset and frustration, which were often associated with this ’angry Black woman’ narrative as a distorted representation of her Blackness (Hills-Collins, 1998). Nia found this highly offensive and unhelpful during a time when she needed encouragement and support. Yet, she often felt vulnerable, isolated and overwhelmed by the mental load and various aspects of her journey, which included her own health issues, managing her terminally ill child’s treatment and the daily struggles with balancing appointments with the school run. Nia explains this juxtaposition of embodying a strong, resilient Black woman, taught to ‘push through’ and continue with her life despite the pain and sadness she experienced. However, Nia recognised that this had worked to her disadvantage and believed that if she had shown her vulnerabilities, professionals might have been more understanding of her difficulties and more inclined to provide the support she needed rather than penalising her for her strengths.

> “But I must sit here and cry my life to you for you to understand that. And that's where the disadvantages of being a Black woman, no that's where it started, because I'm gonna be me, regardless what's going on in my life. I'm still gonna push through. I could cry my eyes out the whole night and then in the morning I'm still gonna get up and take you to the chemo. And we'll repeat that, but as soon as I get home, I'm a do the process again. I have to get on with what I need to do. That’s what I’ve been taught. […] I must be weak and vulnerable. I must show that I need your support, that I need help in order for you to offer support. (Nia)

All the participants described instances in which they felt unheard and misunderstood by the systems surrounding them and their children. Loretta voiced her frustration with several statutory services, left with facing the dilemma of trying to safeguard her child independently despite the numerous concerns she had raised. Loretta had submitted a formal complaint because she believed her child was failed by the system and unfairly blamed for his circumstances rather than being recognised as a vulnerable victim. Loretta believed that the response to her complaint depicted an adultified child, overlooking her child’s vulnerabilities and declining mental state. This prompted her to seek answers to the significant questions surrounding the inadequate support her child had received.

The BEF offers a lens to critically analyse adultification’s impact on Black children. The BEF provides a lens for examining the effects of adultification on Black children. It denies Black children their vulnerability and childhood, exposing them to discriminatory treatment and more severe disciplinary measures (Runnymede Trust, 2020). These young individuals are often viewed as ‘less innocent’ and ‘more adult-like’, shifting the responsibility of safeguarding Black children to a narrative of blame, which violates child protection laws (Longfield, 2022). The BEF therefore provides insight into this bias as a reflection of societal structures that dehumanise and marginalise Black individuals ((Cooke & Halberstadt, 2021), 2021).

> **[…]** And all these people, the police ain't doing nothing. Social ain't doing nothing. *(Wipes the tears on her face)* How do I deal with these people on the streets? […] it wasn't enough because I needed that input from social and the police. (Child's Name) learned so many behaviours being in those environments and when I put my complaint in stage two and they wrote back to me, they said that my son wanted to be there. So you know it's his fault. Basically, that's what they were saying, and to me, that's adultification. You've done adultification". (Loretta).

For many the experience of the system presented challenges and apprehension regarding personal decision-making. Many became action-oriented and solution-driven, responding to the pressures of seeking alternative forms of support. As previously mentioned, this was Nia's experience, with the demands of coordinating multiple medical appointments. Here, she shares her experience of misogynoir within the realms of health and social care. Misogynoir in healthcare denotes the distinct discrimination encountered by Black women due to the intersection of racism and sexism within medical systems (Bailey, 2021). This term emphasises the degree to which systemic biases and stereotypes can lead to disparities in treatment, diagnosis, and overall healthcare outcomes for Black women. For instance, in the realm of reproductive health, issues such as maternal mortality and the dismissal of pain are deeply rooted in historical biases, as well as a lack of culturally sensitive care.

Nia's experience of cultural inferiority is emphasised by the response of members of the professional network. They not only undermined her integrity and credibility but also failed to acknowledge her physical health challenges and the symptomatic pain that left her with significant mobility issues. Nia described how she felt compelled to continuously remind the professionals of her health issues. This prompted her to divulge the intricate details of her illness aiming to gain their understanding and evoke a sense of empathy or compassion.

> […] as a Black woman not being believed about the pain that I'm in. [...] You have seen a scan which shows I have a 7-centimeter gap in my pelvis. You don't know the extent of the pain it causes, but I'm saying it causes excruciating pain […] along with having anaemia and heavy bleeding. I'm telling you, I can't, I can't get up, I can't walk […]. She's faking these symptoms […] (Nia,)

The participants also highlighted the issue of race, racism, and cultural mistrust within the system, paralleling the subtheme of cultural heritage. Loretta recounted her experience of intra-racial racism, emphasising the apparent power dynamic she faced with professionals who shared her cultural and ethnic background. Despite their efforts to reassure her, she expressed a sense of betrayal. Their concerns appeared to focus exclusively on her mental health, disregarding the prior concerns she had expressed regarding her child. She recognised that these professionals were not racially or culturally aligned with her but professionally aligned with the system. Below, Loretta denotes the hostile historical context, the laborious working conditions and the various treatment or practices endured by individuals who were enslaved. She characterised the professional's role as a 'house slave' and her own position as a 'field slave' seeking assistance within this entrenched social hierarchy, which we recognise today as a manifestation of systemic racism.

> […] They are all racist, even you see the Black ones, the Black people, them, they're the worst, just as the ones that are nice. […] I say that because when I'm speaking to them and I'm explaining to them what's happening, they kind of patted me on the back and they're saying I understand […] then they go behind my back and they write that I'm mad. […] I warned them, I told them and they didn't listen […]. It's white people making these decisions and the Black people, […], you're the house slave and I'm the field slave. I'm the field slave, whose begging the house slave to help me. (Loretta)

Several participants, including Rita described the lack of transparency they experienced with members of the system and the lack of understanding they had about their personal circumstances. This was a similar experience identified with the young Care Experienced participants. It was only when Rita sought support a well-known charity, that she had the opportunity to explore her family's options and potential reunification.

> "That's another thing which social services kind of neglect to tell you as a parent is that you can actually try to get your children back. They make it seem like, right, kids are gone. That's it. We're never going to see them again. And then I met up with (name of organisation) and it's because of (named practitioner). It's basically, how my kids came back." (Rita)

Subtheme 3: Sources of support

All the participants understandably described periods of isolation and instability. Many reflected on their own experiences, particularly the barriers to their engagement and the importance of 'readiness', when preparing to receive support from others. Nonetheless, they all highlighted the significance of having a strong support network, as it aided them during their difficult journeys. Many spoke of the support they received from family, voluntary organisations like advocacy services, charities, religious institutions and various groups. In addition to universal services like educational provisions and specialist services that support mental health and provide housing assistance. Imani described the various interventions that supported her mental health journey and recovery.

> “I went to CAMHS, which helped a lot because like it helped. They told me to like, write stuff down. They gave me coping mechanisms that didn't lead to outbursts and there was just a lot of stuff that they told me to do. They helped me a lot, that's why I stopped in year six, because they could see that I got a lot better.” (Imani)

Destiny and several others expressed their gratitude for the support they received whilst in education, where teachers frequently intervened and advocated for them. Destiny explains the importance of allyship as a Care Experienced individual. She also described the importance of faith and therapy as being an instrumental part of her journey, helping to facilitate the healing process. Destiny can depend on her support system, specifically her church community, which has consistently fulfilled most of her needs.

> “[…] in a much better place, still not the best place, but definitely not where I was two years ago […] like if you have a community of other people like my church, for example, has been a great support system, spiritually, mentally for me, like you have people that are there for you”. (Destiny)

Subtheme 4: The importance of forging community

Similarly to the earlier theme, community was of immense importance for both the young Care Experienced and parent participants. The BEF emphasises this collective experience of community, highlighting the significance of shared narratives and cultural heritage in shaping their individual identities and nurturing resilience. For some, community provided a place of solace for those who felt disconnected from family, long-term friendships or physically displaced from the places or cities they consider home. For some, it provided a family that enabled them to build meaningful relationships with both individuals and group members. Further, providing a profound sense of belonging and solidarity despite the stigma associated with being care-experienced or a parent of a child in care. Many described how they found community through their positive experience of foster care. Malachi described how his Asian foster family had embraced him and his sister. This also provided them with a chance to adopt a culture that was both similar and vastly distinct. As previously highlighted, this expanded Malachi’s social circle and led to him maintaining contact with his foster family even after the reunification process. Here he described their close relationship and the way in which they continued to extend family invitations to him.

> “[…] they don't live far from me […]. They invite me like to collect food and stuff. So yeah, I'm in the family group chat and everything, so it's still good. Yeah, they call me to play football sometimes […]” (Malachi)

Many young participants spoke about how they established a familial structure for themselves even in the face of the systemic challenges they encountered. It provided opportunities to connect with others and develop alternative networks with those with a shared experience of the care process. Jasmine described the deep sadness and isolation she would have experienced if she had not discovered her community, an organisation with which she later became affiliated. She expressed her gratitude for the chance to participate in activities and initiatives with these valued community members.

> “I'm grateful because I get to do, it's not all sad stuff, but when it unfortunately does just come to myself, then it is sad stuff. But when I get to do like group activities like (name of organisation) I'm thankful for stuff like that. […] all of those people surround me, so like *(*Named Practitioner’s*)* all of those like my favourite people, yeah.” (Jasmine)

The community offered many participants a renewed sense of purpose and enabled them to develop their own unique place in society.

Subtheme 5: Family Complexities

This subtheme examined the role of family, emphasising the dynamics and complexities experienced by many participants. Some of the young Care Experienced participants described the loss of their family identity. Others shared their experience of being separated from their parents due to concerns related to mental health, substance misuse, domestic abuse and exploitation. A few expressed mixed emotions stemming from the trauma experienced whilst under the care of their parent or another family member. Some, noted occasions when their parents were receptive to working with the professional network. While some declined and were opposed to working collaboratively with multi-agency groups. Several participants expressed a strong sense of loyalty to their parents, which often hindered their ability to engage or bond with their foster carers. The common thread between the two participant groups was that some had either re-established contact with estranged family members or opted to separate themselves from them. Destiny and Loretta described their complex family histories, which resulted in familial estrangement. Although this was a means of self-protection, for Loretta it also functioned as a means of safeguarding her children.

> “I made the conscious decision to like, what's the word limit contact.” (Destiny)

> “I was estranged from my family because of their lifestyle […] so I left them behind. […] exposure to violence being at risk of exposure to criminal activity, which resulted in a range of emotional problems for me. Family instability, the unsuitable environment called disruption and instability in my relationships”. (Loretta)

Some of the parent participants shared their experiences of feeling judged and humiliated by members of their families. Whereas others felt supported by their extended family. Several participants, like Nia, who had their children under a special guardianship order with relatives, discussed the fractured relationships that resulted in the placement of one of her children in foster care and the termination of contact arrangements with her other children.

> “[…] my daughters are with my brother, they all went to him, but he my brother didn't want to look after my son. So he went back into foster care […].” (Nia)

Nia described how she and many others were prevented from seeing their children and felt they were unable to further resolve this matter, as highlighted in 3.5.3 Subtheme 3.

Reflexivity

The analysis was an extensive process in which I frequently scrutinised my interpretations and decision-making. This was driven by my desire to generate meaningful and credible research. Upon reflecting on the write-up of this analysis, I recognised several analytical challenges I encountered. Firstly, with how I presented the analysis through the use of quantifying language to describe the prevalent themes across the groups. Opting to articulate this through words instead of precise numbers, helped to demonstrate the validity of this analysis. The awareness of this stems from the emphasis placed on the quality and measurable attributes of quantitative research in psychology. It serves to satisfy a part of me that is confident about the significance of this research, but also fearful and apprehensive about the quality of the research being inadequate.

Secondly, I was apprehensive that I was merely summarising the participants' narratives rather than fully understanding them and scrutinising the rationale for my interpretation and its significance to the theme I was exploring. This introduced an additional challenge of conveying the multiple perspectives in this chapter. My objective contributed to this by prioritising the data that provided significant depth and addressed essential elements related to my research question. I therefore attempted to structure the themes methodologically to maintain logical flow by highlighting the connections, tensions and contradictions between the perspectives, through the converging and diverging themes to help maintain a coherent argument.

Thirdly, another important factor was how I presented the participant’s data; as I leaned towards providing a balanced view that recognised the participant’s challenging journey while also highlighting their resilience and current successes. For instance, focussing on the participants' vocational identities to further emphasise their strengths and aspirations in their pursuit of freedom and liberation as Black individuals, all while navigating an oppressive system that most of them found them encountered.

Another important reflection that emerged during research supervision was that I might have been somewhat hesitant to report or overly emphasise the racial slurs and discrimination. This might have been influenced by own experiences of racism and therefore found that I was increasingly concerned about the risks, judgements, or potential consequences that may arise from highlighting these significant issues surrounding racial and cultural injustice. This led me to realise that I might have been overly cautious, opting for neutral and uncontroversial language at different stages of the analysis. This also brought to mind my role as an ethnic practitioner at the meso-level, highlighting the incongruence between the 'possible and provisional self.'

I find myself grappling with my cultural background and experiences, as well as what is negotiable in a professional context (Tehara et al, 2025).

My epistemological reflexivity (Willig, 2013) brought further challenges that required me equally balance social constructivism and focus on the experiential which, when integrated, influenced the overall findings. The BEF enabled me to acknowledge the participant's complex narratives and the intricacies of their Black experience. I frequently questioned whether I had accurately upheld or executed this as I sensed that some aspects were nuanced while others were clearly implied throughout the analysis.

Lastly, the desire to incorporate the participant's language in my interpretations, aiming to remain connected to their unique experiences. This was based on my understanding that many of the participants frequently felt unsupported and misunderstood. As a researcher, perhaps this was my way of recognising this and ensuring that the participants felt acknowledged, listened to and fully committed to incorporating their narratives into the analytical process. Consequently, this presented significant challenges with selecting short and concise quotes. This therefore led me to creatively capture the participants experiences through a metaphorical illustration (Figure 14 & 15) that incorporates the themes from this analysis. My intention was to symbolise yet simplify their complex journeys and provide an emotional connection to their experiences through the use of imagery. Utilising vessels like a 'home and boat' serves to illustrate this concept, framing a fresh perspective that can transform our understanding and unlock new creative and methodological avenues for exploration with this population.

FIGURE 14: A METAPHORICAL ILLUSTRATION OF 'HOME'
THE BLACK PARENT'S LIVED EXPERIENCE OF HAVING A 'CHILD IN CARE'

Home is a sanctuary, a complex place filled with mixed emotions, hopes & challenges. For some, home represents a sad & dark place because of their experiences. For others, it's an important part of their identity; which preserves their heritage & serves as a cultural expression.

Fostering resilience & adaptability in navigating the changing weather & various seasons of life. (e.g. hope after the storm through reunification).

Mental health & social isolation are hidden, dealt with privately & away from the public eye.

The foundation that represents their core values, stability & strength.

The loose pieces of brick represents fragmentation, important parts of themselves & relationships.

The roof provides a layer of security that protects their beliefs, goals & desires.

The black holes symbolise deterioration, unresolved issues & vulnerability. The home is exposed to outside elements or external factors (e.g. discrimination).

The structural beams represent being upheld by their community & other forms of support.

The wooden slabs, represents resistance & empowerment. A physical boundary of protection from external influences.

FIGURE 15: A METAPHORICAL ILLUSTRATION OF
'THE PATHWAY & CARE JOURNEY OF THE YOUNG BLACK CARE EXPERIENCED'

The bridge of support, hope & opportunities.
It represents transition, connection & personal growth.

The forced journey of self discovery, the quest for truth, knowledge & healing.

The river presents both danger & opportunities

Calming waters provide rest, whereas turbulence illustrates trouble, chaos, challenges, feeling unsettled, being tossed into various directions, and the ability to overcome challenges in life.

The boat is sturdy and built to endure, longing for direction and an anchor to where it can finally belong.

It drifts down the river, carried by currents it cannot control.

The boat represents the journey & transition.
Navigating through the various experiences & phases of life

The absence of an anchor, family ties or community.
Illustrates the lack of safety, security & stability

Rocks represent the obstacles & challenges

Chapter 4 - Discussion & Conclusion

Contextualising the findings with the research design

The objective of this qualitative research was to investigate the lived experiences of the Black Care Experienced child and the parent of Children in Care (CiC). To align with this objective, I adopted a Reflective Thematic Analysis (RTA) and Black Existential Framework (BEF) as means of inquiry and analysis. My research design differs slightly from the typical Reflective Thematic Analysis (RTA) cross-case design in that I have explored the phenomenon of the CiC intervention with two heterogeneous groups: young people and parents who provided multiple perspectives.

Incorporating the BEF as part of the research design has generated rich findings, which have provided insight into the complexities and unique differences surrounding identity, race and societal structures that shaped how these marginalised individuals experienced this statutory process. Participants shared similar experiences of being compelled to navigate this CiC journey which at times meant enduring strict processes and measures without much support (e.g., contact arrangements and placement rules).

I restate the study design here at the beginning of the Discussion Chapter to emphasise the significant contribution of the research design to the findings that were developed from this approach. Despite the challenges associated with this complex process, I propose that the cross-group design has yielded intriguing and informative discoveries that may not have arisen from a singular cross-case design.

Outline of Discussion Chapter

This chapter explores the findings in connection with the research question and existing literature. It aims to guide you through a two-part exploration, first addressing the themes generated within the individual groups, followed by an examination of the themes derived from the cross-group analysis. I have reflected on the way I present these themes in this discussion.

In Part One, I discuss the group themes from their position as young people and parents, which I link to the extant literature and frameworks largely pertaining to their experience as Black individuals. The discussion starts by exploring each theme and subtheme from a perspective that closely aligns with the participant's experiences. My aim is to reveal the convergences and divergences in the experiences of participants within each group, characterised by their distinct histories of the care process.

In Part Two, I discuss three themes derived from my cross-group analysis, which I link with relevant psychological theory. In this discussion, I take a step back from these findings to ask: What is the significance of this theme? In this discussion, I reflect on these findings to enquire about the relevance and significance of this theme. This approach illustrates my engagement with the double hermeneutic as I strive to understand how participants interpret their experiences of the CIC intervention. The objective of presenting the work in this way is to demonstrate my involvement and transparency in sense-making in my role as a researcher, inextricably linked to the process of meaning-making.

I upheld an idiographic commitment as I interpreted and analysed the experiences of the two groups while remaining close to the participants' narratives and their process of sense-making. Subsequently, I undertook the cross-group analysis, during which I focused intently on the significance of the themes produced. Following the discussion, I consider the implications for clinical practice and counselling psychology, outlining its strengths and limitations. I conclude the discussion by providing recommendations for future research and reflections on my engagement with the research process.

Summary of Findings

The findings generated seven main themes and highlighted the remarkable resilience shown by both young people and parents amid the adversities presented by the CiC intervention. Despite experiencing significant emotional trauma (Kokaliari et al., 2019), feelings of dislocation, and systemic barriers, participants consistently expressed a desire for agency, connection, and cultural identity (Cross, 1991).

For young people, the ‘journey and pathway into care’ outlines their chronological experiences, often marked by feelings of disorientation and loneliness in navigating this complex system. This journey often consisted of a challenging landscape of emotional turmoil and identity struggles. Their ability to advocate for themselves and seek support from community networks revealed a strong sense of agency in reclaiming their lives. Participants highlighted the importance of community and familial ties, noting that placements with relatives helped maintain connections to their cultural identity (Holt et al., 2016). This highlighted the importance of empowering young people to take an active role as part of their Care Experience and emphasised the need for supportive environments that nurtured their expressions. The subthemes delved into the challenges of transitioning into care and adapting to change. Many reported a lack of stability in placements, leading to educational disruptions and emotional distress. ‘The emotional journey’ captured their struggles with mental health, loss, and identity. Many young participants articulated feelings of abandonment and stigma due to their care status. Their narratives revealed a profound desire for autonomy and recognition, showcasing their determination to overcome systemic barriers.

For parents, ‘The parent trajectory’ indicated psychological challenges and conflicting emotions associated with the placement of their children in care (Middel et al, 2020). The findings highlighted feelings of guilt, shame, and inadequacy permeated through their narratives, especially in the context of systemic scrutiny and how they felt they were perceived by children’s social care. However, many parents also displayed resilience as they navigated the complex relationships with professionals, the struggle for agency in their parenting roles, and the desire to maintain connection through contact with their children. This reveals the need for a more empathetic and culturally aware approach within the system that recognises the unique challenges faced by Black African and Caribbean families. The subthemes illustrated their response to change, detailing the emotional impact of separation from their children and the challenges of maintaining familial connections. Many parents expressed feelings of helplessness and frustration as they navigated the system, often confronting racial biases and cultural misunderstandings that compounded their struggles (Mixon-Mitchell & Hanna, 2017). The theme "Identity" emphasised the intersectionality of their cultural heritage and familial roles. Participants expressed pride in their cultural identity but also faced challenges related to stigma and discrimination. The narratives revealed a collective desire for recognition and support, as well as an acknowledgement of the systemic issues that affect their communities.

Overall, both groups' experiences converge on themes of resilience and identity. These findings suggest the need for systemic change (Hill, 2006) within the social care framework, highlighting the importance of community and cultural connections in navigating the complexities of the Child in Care process. The findings underscore the necessity for a nuanced understanding of the unique lived experiences of Black African and Caribbean families in the UK. It emphasises the importance of integrating community resources and professionals engaging in culturally competent practices to ensure that the voices of these families are heard, valued, and included in the decision-making processes that ultimately impact their lives. The insights gleaned from this research can inform policy and practice improvements aimed at fostering a more equitable and supportive environment for both children in care and their families.

Discussion Part One

Group 1: The Young Care Experienced

Participants in this group consisted of existing young people in care and Care Leavers. One main theme and three subthemes emerged, which reflected on how the participants made sense of their lived experiences as young Black Care Experienced individuals.

1. The journey and pathway to care
2. A sense of agency
3. Adapting to change and various transitions
4. The emotional impact

1. My journey and pathway into care

The overview of this theme offered insight into the age at which participants entered the care system. Six to thirteen years of age seemed to reflect national trends in the UK, where a higher number of Black children are placed into care at a younger age (Edney et al., 2023). The accounts of the participants, along with their varying ages at the time of transition into care, showcase a range of experiences, with many striving to understand what had occurred.

Placement Stability & Cultural Belonging

The reported feelings of disorientation and perplexity regarding social care terminology, deemed unsuitable for certain age groups, however, can also be viewed through the lens of cultural dissonance, a concept emphasised in Black psychology literature. This dissonance often emerges when individuals from marginalised backgrounds engage with systems that primarily embody Eurocentric paradigms, which fail to recognise or affirm their cultural identities (Smith, 1974). Furthermore, Critical Race Theory (CRT) indicates that these notions of care and language reflect a disconnect between the culturally specific needs of Black families and the predominantly Western frameworks that govern children’s social care systems. Participants reflected on favourable placements with siblings to the painful separation of familial bonds.

Wade (1997) explains the notion that familial ties can provide a sense of stability and belonging, which also aligns with what is provided by the community. CRT posits that these intersecting identities can also exacerbate vulnerabilities experienced by Black families and therefore asserts that the care system must account for these multifaceted realities. For example, children placed with siblings may therefore experience this as a protective factor and a buffer against the psychological distress and heightened trauma often associated with separation. Yet it reinforces the idea that kinship care and community support are vital in fostering resilience among young Black individuals navigating systemic adversity. Jasmine and Imani's reflections on kinship care emphasise the psychological significance of being close to community and identity, in line with Social Identity Theory (Tajfel & Turner, 1979) which indicates that belonging to a familiar social group enhances psychological resilience and collective stability.

This underscores the intersectional nature of their experiences~~,~~ as many felt that race, their socioeconomic status, and geographical location converged to influence their care experience (Crenshaw, 1989). Interestingly, many participants described privately arranged or kinship placements by relatives. This shares some similarities with historical 'farming' practices for many West African children in post-war Britain (Famurewa, 2022). Where those placements sustained family connections, children reported greater emotional continuity (Ezendiokwele, 2021). However, where they broke down, the pain of sudden separation intensified the destabilising effects of repeated moves.

Meaning making

Schlossberg's transition theory (1981) provides insight into how individuals navigate changes in their environment and relationships. The theory highlights the significance of meaning-making during transitions, especially as many participants recounted their experiences of navigating multiple transitions, including placements, schools, and evolving caregiver relationships. Many of the participants also emphasised the significance of support systems and community connections. This theory also emphasises self-perception and agency, illustrating how individuals view their capacity to manage change. It also recognises that systemic factors are influenced by external factors and how such transitions can both contribute to and disrupt a child's identity and sense of belonging. Furthermore, the prevalent theme of loneliness and isolation expressed by the participants can be situated within Cross's (1991) framework of racial identity. The difficulties encountered in care can intensify feelings of disconnection from cultural heritage and identity, as described by many of the participants. Nonetheless, Cross (1991) asserts that a strong Black identity can serve as a protective factor against the trauma of displacement and suggests that interventions aimed at nurturing their identity may help to alleviate the adverse psychological effects that they may experience.

2. A sense of agency

The theme of agency played a significant role among the participants. It highlighted the critical transformation from being passive recipients of the care process to becoming active agents of change. Drawing on Black psychology and the BEF, it demonstrated how these young individuals were frequently denied autonomy within this process and system, yet it developed and asserted their agency through advocacy, self-expression, and community-building. This journey of self-actualisation and transformation was complex and varied; for many, it was shaped by trauma, resistance, cultural resilience, and the challenges posed by socio-structural constraints.

Voicelessness to advocacy

All the young participants shared experiences of forced personal advocacy, driven by the need for survival within a system that often pathologised their behaviours. For some, this meant requesting resources, confronting unjust practices, pursuing placements, or seeking improved emotional support. The notion of 'forced personal advocacy' is consistent with Fanon's (1967) assertion that the oppressed often transform into agents of change through the necessity of resistance. This transition from voicelessness to vocal advocacy resonates with Freire's (1970) notion of praxis, where reflection and action come together to foster empowerment. Participants moved from silence to speech, from object to subject, reflecting the reclamation of self. Destiny's journey from foster care to her own place illustrates this shift. Her narrative transcends the mere act of transitioning to independent living; it embodies a profound declaration of ownership and spatial autonomy. Black Psychology highlights that space transcends the physical realm, embodying symbolic significance as a realm of belonging and agency (Nobles, 1972; Baldwin, 1986). Her newfound home became a place for self-discovery and healing, a personal refuge where she could start to envision a future crafted by her own design.

The role of age, growth and relational support

Participants consistently acknowledged age as an enabling factor. Over time, they developed emotional awareness and gained the confidence to challenge decisions made on their behalf. The BEF serves as a valuable tool, capturing the way lived experiences are reinterpreted over time, facilitating insight and personal transformation (Vereen et al, 2017). Therapy emerged as a significant support system in helping participants construct coherent narratives. Jasmine's description of her memories as 'blurry' points to the dissociation often caused by trauma. However, through a trauma-informed therapeutic intervention, she began to integrate her fragmented experiences into what is referred to as life story work, a process that Park (2010) identifies as meaning-making. This integration enabled Jasmine to reconstruct her self-narrative and establish a renewed sense of self-agency grounded in clarity rather than uncertainty.

Collective agency and advocacy

Most young participants embraced the role of advocate, not only for their own interests but also for those of others. They became members of Children in Care Councils, took part in youth forums, and engaged in policy discussions focused on reforming the care system. These actions were interlinked; they signified a transition from individual to collective agency. Black Psychology, highlighting communal identity and interdependence (Akbar, 1991), offers an important perspective in this context. The participants' commitment to support one another embodies the African-centred philosophy of Ubuntu: “I am because we are' (Metz, 2007). The collective orientation was especially evident when participants described their experiences mentoring younger Care Experienced individuals or speaking at panels to share their journeys. These actions were both therapeutic and empowering, providing opportunities for growth, confidence-building, and self-expression. The ability to give back reinforced their emerging identities as change agents rather than victims.

Adultification, trauma and reclaiming narratives

Despite these affirmations of agency, participants identified barriers that undermined their autonomy. Many described being 'adultified', treated as if they were older than they were, and expected to take on responsibilities without adequate support. This phenomenon is usually associated with race and gender and aligns with existing research on the adultification of Black youths (Epstein et al., 2017). The participants described the challenge of preparing for adulthood without adequate guidance and highlighted the tension between premature independence and the lack of structured support.

Culturally responsive and trauma-informed interventions are extremely vital in these contexts. These approaches go beyond simply addressing behavioural symptoms; they seek to understand the cultural, historical, and relational contexts that shape the lives of the Care Experienced. Through therapeutic engagement and culturally grounded practices, young people reclaimed their narratives, transitioning from a deficit model to one of resilience and agency.

Future planning and Ownership

An important aspect of agency was the participants' active engagement in future planning. For many, the process of envisioning and working towards a future, despite limited familial support or financial resources, was an expression of radical hope and self-determination.

This reflects a rejection of being characterised by external narratives of trauma or marginalisation, in line with the BEF. Participants authored their futures with purpose, utilising both their inner strength and the support of external support systems. This theme has demonstrated how participants navigated complex systems of oppression while developing agency through advocacy, reflection, and community. Through the lens of Black Psychology, we understand that agency is more than just individual action; it is about recovering one's humanity, belonging, and right to shape one's future. These participants embody the transformation from passive recipient to empowered advocate, whether through moving into independent housing, speaking out in policy settings, or mentoring others.

3. Adapting to change and various transitions

The experiences of the Black Care Experienced are characterised by ongoing systemic and psychological transitions. This theme examined how these participants manoeuvred through the layered complexities of change, particularly within the context of being in care. The participants in this study diverged significantly in the age at which they entered care, the types of placements they experienced, whether they were placed with siblings, and the extent to which reunification efforts were made or accomplished. The variations shaped the emotional and developmental impacts of separation, a process closely connected to grief and loss. For many, the separation from family represented not just the loss of carers but also a severance from culture, community, and continuity. These factors hold significant importance, emphasising cultural grounding and identity preservation as protective factors (Nobles, 2006).

Separation, grief and loss

The separation from family, whether due to the initial entry into care, multiple relocations, or failed reunification attempts, was a defining moment in the lives of these participants and served as a deep emotional rupture with enduring developmental effects. The theory of grief and loss (Kübler-Ross, 1969) provides an important perspective for understanding these experiences, emphasising how these separations reflect other major forms of loss, often without the same recognition or support. For example, Imani, who entered care at a young age, described this persistent emotional ‘numbness’ after being removed from her mother's care. Although her mother is still alive, Imani found herself in a state of ambiguous loss (Boss, 1999), where the object of her grief is present in memory yet absent in experience. This situation prompts enquiries regarding the extent to which social care professionals address this kind of loss, as Imani's experience resulted in an unresolved mourning process, leaving her emotionally caught between hope and detachment.

Similarly, Kiera, whose experience included migration and eventual separation from her only family in the UK, described her grief as 'layered'. The initial trauma of leaving her country of origin was followed by a second rupture when she was placed into care. Grief and loss theory highlights that losses do not occur in isolation. Kiera's compounded grief reflected not only personal pain but also broader intersectional vulnerabilities (Crenshaw, 1991), where cultural, familial, and emotional dislocations converged.

Jasmine and Destiny expressed the emotional burden of being apart from their siblings, experiences that highlight Bowlby’s (1969) focus on the significance of early attachment bonds in psychological development. Destiny observed that her separation resulted in 'not trusting others', reflecting an insecure attachment style often linked to unresolved grief and early relational trauma. Jasmine expressed that being far from her community and school caused a 'double loss', losing not only family but also the sense of familiarity, routine, and identity. The cascading losses interrupted their developmental paths, reflecting what Worden (2009) refers to as the loss of a coherent self-narrative, which subsequently hinders identity formation and emotional security. For these participants, professionals rarely acknowledged grief, and their distress was often viewed as behavioural rather than emotional. This exemplifies disenfranchised grief (Doka, 1989), a type of grief that lacks recognition or support from societal frameworks. Despite these challenges, participants had also adopted coping strategies, some of which involved finding meaning in their experiences. For instance, Destiny, shared her experience of mentoring younger children as a means to 'give back', implying a type of post-loss growth. This is also consistent with grief and loss theory, which recognises that while unresolved grief can hinder development, supportive mourning and meaning making can promote resilience and reorientation.

Educational Disruption

This also emerged as a recurring theme with the participants. This was due to repeated moves, fractured schooling, a lack of academic guidance, and parental capital meant participants often encountered important educational transitions alone. It also echoes the socioeconomic and educational disparities that contribute to the over-representation of Black children in child protection services (Maguire-Jack et al., 2019).

The 'Care Cliff'

For many, the transition to adulthood was characterised by being 'left to fend for themselves', reinforcing the narrative of abandonment and the internalisation of resilience as a necessity rather than a choice. For example, Destiny's experience of the abrupt transition out of care, the 'care cliff', corresponds with Stein & Munro's (2008) description of the "missing middle," where support structures disappear just as adult responsibilities intensify. Themes in Black Existentialism resonate through these experiences, highlighting abandonment and alienation encountered by Black individuals as they navigate white-dominated systems (Gordon, 2000). For these participants, this existential dislocation is compounded by systemic neglect, racialisation, and displacement from familiar environments.

Forced resilience

Notwithstanding these adversities, many participants demonstrated what could be interpreted as forced resilience, a means of survival rather than a marker of thriving. Their narratives reflect an ongoing struggle between survival and identity, between systemic displacement and self-definition. In this context, Black Psychology offers a vital corrective, positioning resilience not merely as individual strength but as a culturally rooted process that involves spiritual, community, and self-affirmation (Nobles, 2006). In this light, the participant's ability to advocate for themselves, encourage others, and envision futures beyond the care system exemplifies resistance rather than adaptation. Through the lens of the BEF, resistance becomes a reclaiming of one's humanity in a system that frequently makes them invisible. For these participants, their transition, however painful, also became a place of action, transformation, and, ultimately, liberation.

4. The emotional impact

This theme illustrated the emotional and psychological challenges of the removal process and being placed in care. This difficult experience, included feelings of grief, abandonment, and instability as previously described. This corresponds with the emphasis of Black psychology on the emotional consequences of systemic disruption within family structures (McKenzie-Mavinga, 2016).

Destiny's frustration with forced independence and the experience of adultification exemplifies the theme of identity and self-definition amid harsh conditions. The act of having her belongings left outside embodies thoughts of rejection, reinforcing the emotional wounds of abandonment (Hanchard, 1990). Imani's feelings of brokenness and separation anxiety as a result of her siblings being placed in different homes illustrate the theme of connection and the pain of disconnection from family ties. The uncertainty regarding their separation intensified her emotional turmoil, highlighting the profound effects of systemic failures in supporting her Black family (Hanchard, 1990).

Destiny also faced various challenges, including differential treatment at school and stigma around being Care Experienced. The sense of humiliation and secrecy she experienced highlights the societal pressures that exacerbated her emotional struggles, emphasising the need for culturally supportive systems (Kendi, 2019). Moreover, Kiera's experience with placement instability and the inadequate crisis management highlights the ongoing mental health challenges that many of the Care Experienced participants encountered. This illustrated the challenge of seeking stability and understanding in a world of uncertainty. Participants voiced concerns about the transparency of professionals, resulting in a lack of trust in the services offered. Malachi's emotional reticence illustrated an underlying fear of vulnerability, where the apprehension of revealing personal truths was compounded by a history of feeling overlooked, marginalised, and penalised due to his experiences (Franklin et al, 2006).

Group 2: The Parents

Participants in this group consisted of parents with CiC and those who had experienced the reunification process. The following themes reflected similarities with the young Care Experienced participants, yet described how they, as parents, made sense of their experiences:

- The parent trajectory
- Dealing with change and important transitions
- A sense of agency and accountability
- The role of family
- The Parental Role
- The system vs us
- The battle, the fight (the emotional turmoil)

1. The parent trajectory

This theme captures the emotional, psychological, and impact of the care system on Black parents, situating their experiences within wider historical and cultural contexts. Many participants described a deeply painful journey marked by surveillance, stigma, and marginalisation. Their parenting was routinely questioned and pathologised, reflecting what Nobles (1986) refers to as the 'De-Africanisation' of Black identity, where Eurocentric systems fail to understand the cultural nuances of Black familial life and spirituality. This systemic devaluation aligns with White's (1970) foundational critique of mainstream psychology's treatment of Black families as inherently deficient.

Black Psychology offers a framework to reframe these experiences not as individual failings but as consequences of structural oppression that fracture intergenerational bonds. Myers (1988) argues that in Afrocentric worldviews, parenting is not only as a biological duty but a cultural, communal, spiritual, and identity-affirming practice. Thus, the removal of a child is not only a legal or procedural act it is an existential injury that severs ties to one's role as protector and nurturer, undermining a sense of communal continuity and cultural survival.

From a BEF, this rupture evokes ontological alienation, a condition in which Black parents are rendered invisible and powerless within systems that impose meanings upon them (Yancy, 2017). This aligns with McKenzie-Mavinga's (2016) notion of 'silenced suffering,' where the emotional trauma of racialised experiences is minimised or erased. The professional gaze functions as a mechanism of control, what Yancy describes as the 'white gaze', which strips Black parents of their subjectivity and frames their behaviour through stereotypes of deviance or inadequacy.

Despite this, the parent participants demonstrated agency, resisting the totalising effects of the system. Some maintained emotional and physical bonds with their children through contact, challenged professional decisions, or reimagined their roles post-placement. Gordon (2000) describes this capacity as existential freedom, the ability to find meaning and assert one's humanity despite oppressive conditions. These acts reflect not only resilience but the transformative nature of existential 'limit situations', where individuals are forced to redefine their identity and purpose in response to suffering (Fanon, 1952).

This theme, therefore, invites a rethinking of child protection frameworks. It demands an approach that recognises the cultural, historical, and depth of Black parenting where support replaces suspicion, and where systemic structures are held accountable for the psychological and relational harm they cause.

2. Change and Important Transitions

Participants' narratives reveal the emotional toll of navigating changes within the child protection system, particularly the transition from active parenting to a marginalised role. The emotional pain associated with physical separation from children expressed through grief, guilt, and feelings of failure resonates with Black Psychology's framing of parenting as a deeply spiritual and cultural role, not merely a functional one (Nobles, 1986; Akbar, 1996). Many described their experiences as a form of ‘living loss’, compounded by systemic disregard for their voices and concerns, particularly in cases like Loretta’s, where protective advocacy was dismissed. This aligns with Franklin et al’s (2006) concept of the ‘invisibility syndrome’, wherein Black suffering is rendered unrecognised by dominant systems.

From a BEF, these transitions constitute an ontological disruption, in which parents are no longer seen as agents but are instead made peripheral to their children’s lives (Gordon, 2000). The forced sharing of parental roles with foster carers and separation from key milestones introduced a sense of alienation, as described by Nia and Leon. These experiences reflect what Yancy (2017) terms existential displacement, where one’s sense of identity is fractured by racialised power structures.

Yet, few parent participants, like Rochelle, navigated these ruptures by prioritising their children’s emotional stability through co-operative engagement with carers. This form of resilience can be interpreted through an African-centred lens as a reclamation of agency and communal responsibility (Myers, 1988).

3. The role of family

This theme encompasses more than just a unit of care; it represents a site of identity, cultural continuity, and resistance, as understood through the previously outlined Black frameworks. Participants in this research highlighted family as a vital source of meaning, strength, and socialisation amid systemic pressures. Extended kinship networks, particularly the roles of elders and male figures, emerged as stabilising and guiding forces. Leon’s account of his grandfather as a central figure echoes Nobles’ (1986) and White’s (1970) emphasis on the African-centred view of family as a sacred institution, where ancestral knowledge and community values are transmitted across generations.

For many participants, familial roles were understood as intergenerational legacies responsibilities embedded within a collective cultural consciousness. Leon’s pursuit of present fatherhood, despite the challenges of care proceedings, reflects Akbar’s (1991) concept of cultural role socialisation, where selfhood is shaped by community and tradition. Yet, such roles were frequently disrupted by the interventions provided, imposing fragmentation and alienation (Gordon, 2000). Leon’s call for representation in social care decision-making reflects the importance of voice and cultural literacy, particularly for Black fathers and young men, who are often sidelined in child welfare processes.

Gendered roles in family life further illustrated how Black women and men navigate both inherited cultural expectations and oppressive social structures. Rochelle's reflection as a young mother 'raising a child while still a child' speaks to the intergenerational trauma often perpetuated through systemic neglect what White (1970) identified as the compounded weight of racialised maternal struggle. Her account reveals the emotional toll of disrupted support systems, echoing Myers' (1988) call for culturally grounded approaches to healing and family restoration.

These narratives position the Black family as both resilient and vulnerable deeply rooted in cultural wisdom, yet constantly negotiating the pressures of invisibility, loss, and imposed roles. The findings reinforce the need for social care systems to adopt a decolonised, culturally responsive lens, one that honours the significance of kinship, acknowledges historical trauma, and supports families in preserving their identities amidst systemic constraints.

4. The Parental Role

As described by participants, the erosion of everyday parental involvement reflects profound psychological disruption. The transition to supervised, monitored, or removed parental roles imposed by the care system undermines these foundations, fracturing the relational and spiritual fabric that sustains Black family life. Grills (2004) and Belgrave & Allison (2018) argue that such disruptions have psychological consequences, not merely due to separation from children, but because they represent a severing from communal identity and Black parenting practices.

This disruption signifies an existential crisis. Parents, alienated from their children and cultural roles, are pushed into roles defined by surveillance, bureaucracy, and disempowerment. Gordon (2000) frames this alienation as a loss of meaning and agency, where individuals no longer recognise themselves within the social roles they are forced to occupy. This aligns with Fanon's (1967) concept of existential deviation, where the dissonance between imposed norms and one's cultural identity leads to psychological distress. In this context, the loss of parental autonomy is not just logistical; it is ontological, stripping parents of their place within their family and community narratives.

Such experiences demand a rethinking of child protection frameworks through decolonial and culturally grounded lenses. Recognising the centrality of parental roles in Black cultural systems and the damage caused when those roles are disrupted is key to fostering both healing and meaningful support.

5. The System vs Us

This theme describes the struggle between Black parents and statutory systems such as children's social care, which reflects deep systemic issues. This tension is understood through frameworks that critique the racialised pathologisation of Black family life. White (1970) and Nobles (1986) assert that dominant systems often frame Black parents as inherently deficient, leading to practices that silence and disempower. Franklin et al's (2006) concept of racialised invisibility captures how Black parents are made unseen within these bureaucratic settings, rendered voiceless, mistrusted, and marginalised in decisions about their families. Despite this, Grills (2004) emphasises communalism as a source of resilience, where parents strive to preserve familial ties and cultural integrity even under oppressive scrutiny.

From a BEF, this systemic power imbalance becomes a site of profound alienation. Fanon (1967) argued that colonised individuals experience a loss of self through linguistic and cultural displacement. This is evident in Leon's struggle to communicate within a system that fails to recognise his voice, shaped by youth, migration, and racialisation. Such experiences reflect a broader existential crisis, where identity is fragmented under the gaze of dominant systems that neither reflect nor affirm one's cultural identity.

For Black women, like Nia, her disadvantages are further compounded by misogynoir the intersection of racism and sexism as articulated by Bailey (2021). While it's valid to explore issues and insights from individual cases, this particular experience of misogynoir was drawn from data obtained in one of the parent interviews and therefore should be acknowledged. Here, intersectionality theory (Crenshaw, 1991) is crucial in illuminating the overlapping and compounding barriers that Black mothers face in healthcare, parenting, and legal systems. Their experiences of marginalisation are not adequately captured by race- or gender-only analyses; rather, they reveal how systemic institutions fail to support or even see Black women as whole, complex human beings. These accounts collectively demonstrate that for Black families, systems often function not as supports but as a place of surveillance, control and demand a radical rethinking of institutional practices that continue to overlook, other, and harm Black communities.

6. The Battle, the Fight (The Emotional Turmoil)

This theme captures the intense emotional labour and psychological strain experienced by participants as they navigate the systemic and personal battles involved in the CiC process.

Rochelle’s self-identification as a ‘good fighter’ exemplifies the resilience and agency central to Black Psychology, which recognises the role of self-determination in overcoming racialised adversity (Belgrave & Allison, 2018). Despite systemic mischaracterisation, these parents actively resisted the dehumanisation of their parental roles, striving to maintain familial bonds amid institutional neglect.

The participants’ struggles represent moments of crisis where they had to confront the loss of identity and reclaim agency within oppressive environments (Gordon, 2000). For instance, Nia’s expressions of justified anger were pathologised by professionals, reinforcing stereotypes that frame Black emotionality as irrational or threatening. Yet, literature explains that Black anger should be understood as a valid and embodied response to historical trauma and racial injustice (Richards, 2021).

The misdiagnosis of mental health symptoms and emotional distress, reported by many of the participants, reflects systemic failures to interpret Black emotionality through a culturally competent lens. This aligns with Nanji-Rowe’s (2024) findings on institutional racism and Fanon’s (1967) account of colonial alienation, where the Black self is forced to conform to a system that denies its legitimacy and voice. Together, these frameworks underscore that the emotional battles faced by these participants are not signs of dysfunction but expressions of resistance and survival. Their emotional turmoil is not merely personal but is situated politically, culturally, and historically.

Discussion Part Two

Cross-Group Analysis Discussion

The analysis of the two participant groups revealed several converging themes and subthemes that reflect shared and nuanced aspects of their lived experiences. Central to the findings are the themes The Emotional Journey, and Sense of Agency, which emerged as pervasive threads interwoven throughout participants’ narratives and is presented in Part One of the discussion. A particularly salient theme was Social Isolation, which appeared profoundly across accounts, underscoring its significance in the participants’ experience of the CiC process. The theme of Identity captured the complex, intersectional nature of participants’ self-understandings, incorporating gendered experiences, Cultural Heritage, and the development of a vocational identity (as survivor or activist). These dimensions were also intricately connected to the subtheme Socioeconomic Factors.

The overarching theme of Fostering Relationships encompassed a range of interpersonal and systemic dynamics and included subthemes Sources of Support, The Importance of

Community, Family Complexities, and Complex Relationships with Professionals, the latter often described as fraught or ambivalent. For this discussion, the emergent themes have been integrated and examined under the following subheadings:

- The Emotional Journey
- Identity
- Fostering Relationships

1. The Emotional Journey

The experience of both parent and young Care Experienced participants was marked by profound social isolation, disconnection, and emotional distress that speaks to the psychological cost of navigating the care system as Black individuals. Participants described withdrawal and relational fragmentation stemming from both their care status and wider societal stigma. For many, including Rita, isolation was intensified by rejection from their family and community, an experience that resonates with Gordon's (2000) concept of *ontological exile* in Black Existential thought. This notion of *social death,* a denial of relational belonging and visibility, offers a powerful lens through which to understand the compounding effects of racialisation and systemic surveillance.

These findings align with Morris et al. (2020), who highlight how separation from family for Black Care Experienced young people not only disrupts identity formation but also generates a deep sense of emotional loss and detachment. These young people often carry an invisible burden navigating care while managing internalised messages of unworthiness and disconnection, an emotional journey mirrored in the narratives of Imani and Destiny. Imani's account of being othered in educational settings illustrates the intersection of care stigma and racialisation, where derogatory remarks and social exclusion perpetuate emotional isolation. Destiny's reflection on restrictive safeguarding protocols reveals the paradox of care: a system designed to protect that simultaneously pathologises and constrains.

Parents, too, revealed the emotional toll of their interactions with child protection systems. Loretta's account of retreating from her social networks and redirecting energy toward understanding policy reflects an adaptive survival strategy, a form of agency and resilience that aligns with Akbar's (1996) framing within Black Psychology, where knowledge-seeking and self-determination are seen as culturally rooted responses to systemic disempowerment. However, this agency coexists with emotional strain. Loretta's experience of social withdrawal also echoes attachment ruptures and caregiving stress (Bowlby, 1969), pointing to the emotional burden carried by parents navigating scrutiny and isolation while still attempting to care and protect.

These experiences are consistent with Schofield et al. (2011), whose research captures the emotional ambivalence parents face in the aftermath of child removal, grappling with grief, guilt, and sometimes relief when their children are perceived to be safe. Kokaliari et al. (2019) similarly highlight how systemic pressures, and the fear of judgment contribute to ongoing emotional pain and mistrust toward child protection services. This sense of emotional entrapment, where parents feel both powerless and blamed, was a recurring theme in this study, further affirming the cyclical nature of trauma and emotional vulnerability in Black families' encounters with care systems.

Finally, Graham et al. (2015) remind us that the very act of child removal is itself a traumatic rupture with long-lasting emotional consequences. The children in this study spoke of feeling emotionally displaced, a sentiment that underscores not only personal trauma but also the structural violence embedded in the care process. The relational wounds participants described, whether through exclusion, forced separation, or institutionalised surveillance, are not isolated experiences but rather the outcomes of deeply racialised and historically rooted systems of control. These findings, however, call for a reframing of care from a system that often isolates and pathologises to one that recognises and actively addresses the structural sources of emotional distress.

2. Identity

This theme explores the complex, intersectional identities. The participants' expressions of selfhood reflected the tension between imposed social roles and self-defined identities. The BEF encourages a rejection of imposed deficit frameworks and instead advocates for the reclamation of subjectivity, cultural heritage, and ancestral knowledge (Wynter, 2003). Participants' reflections on their *cultural heritage* and the significance of language, kinship, and tradition demonstrate this effort to maintain and transmit Black cultural identity despite institutional barriers.

The vocational self, particularly visible among parent participants, emerged as a form of resistance and purpose. Many participants took on roles as advocates, educators, or activists, reflecting an identity grounded in social responsibility and community uplift. Participants expressed a deep commitment to transformative action, shaped by both lived experience and ancestral legacy.

Moreover, faith and spirituality were subtly woven through participant accounts, serving as grounding forces in the construction of identity. This spiritual dimension connects the personal with the ancestral, offering meaning during adversity (Myers, 1993).

Ultimately, this theme underscores that identity for Black care-experienced individuals and their families is not static but continuously negotiated in the face of hegemonic narratives, institutional racism, and historical trauma. A PTMF perspective further deepens this understanding, as it centres meaning-making in the context of power and threat, viewing identity not as a pathology but as an adaptive and relational process (Johnstone & Boyle, 2018).

Cultural heritage

This theme emerged as a vital dimension in the emotional and existential lives of participants, functioning as a protective factor and identity anchor. It provided participants with a connection to ancestral legacies, nurturing both self-definition and resilience. Biko (2002) emphasised the restorative power of cultural rootedness, while Hooks (1987) described the concept of 'homeplace' as a space for resistance, healing, and self-affirmation, which is critical when institutional systems fail to validate their Black identities.

Across narratives, participants described the richness of Black culture through traditions, language, haircare, and culinary practices. These expressions of heritage were central to their sense of self and emotional well-being. The importance of such cultural affirmation is reinforced by Cross's (1991) Nigrescence Model, which frames the development of a strong Black identity as essential for psychological resilience. This aligns with Belgrave & Allison (2018), who highlight how Afrocentric frameworks of meaning grounded in spirituality, family, and community nurture psychological wholeness in Black families. However, the issue of mixed heritage and intra-community discrimination was raised by participants like Loretta, whose child experienced colourism and felt that care systems lacked the nuance to address these complexities.

Similarly, participants also expressed diverging experiences in the extent to which their culture was acknowledged or supported in care settings. For some young participants, such as Imani and Malachi, culturally congruent placements nurtured identity and belonging. Imani's placement with a foster family of West African heritage affirmed her haircare routines and cultural knowledge, offering her the experience of cultural mirroring. This aligns with Selwyn et al. (2010) and Bernard & Gupta (2008), who found that culturally matched placements often result in greater placement stability and more positive psychosocial outcomes.

Conversely, others like Rita and Kiera described profound cultural dissonance, including alienation in predominantly white care environments, misrecognition of cultural foods and hair practices, and experiences of overt or covert racism. Rita's account of her daughter's hair being damaged in care exemplifies Smith's (1974) theory of cultural misorientation, in which Eurocentric norms dominate, and African-centred needs are misinterpreted or pathologised. This institutional disregard for cultural identity reflects wider patterns of systemic issues (Crenshaw, 1991), where dominant care frameworks often treat Black cultural practices as abnormal or problematic (Gillborn, 2008).

Contact sessions also became spaces of cultural conflict. Nia's experience with social workers raising concerns over traditional child-rearing practices such as carrying her baby on her back or serving familiar ethnic foods, points to the pervasive cultural biases embedded within statutory assessments. These moments illustrate the epistemic violence described by Hooks (1987) and the invalidation seen in Fanon's (1967) work, where colonial logics deny the legitimacy of non-Western ways of life. Despite these challenges, many participants described how food, language, music, and faith acted as threads of continuity. Destiny, for instance, described cooking cultural dishes with her personal advisor, reaffirming her identity and agency within an otherwise alienating system.

Faith/Religious beliefs

Loretta's reflections revealed the intersection of culture, class, and spiritual beliefs. Her fear of spiritual misrecognition highlights how cultural heritage is entangled with socioeconomic and religious identity, which is often misunderstood by professionals. Loretta's resistance to perceived spiritual intrusion evokes Hooks' (1987) emphasis on the need to protect culturally sacred practices from institutional encroachment. Religion and spirituality also emerged as key protective factors. Leon and Destiny described faith as a grounding force (Boyd-Franklin, 2003), affirming the central role of spirituality in coping and identity formation (Vereen et al, 2017).

In summary, cultural heritage was not merely an abstract or background issue but was central to the participants' experiences of belonging, resilience, and identity. Its presence or absence profoundly shaped their trajectories of the care process. Supporting cultural identity in care is not only a matter of representation but of psychological survival. Embedding culturally affirming practices and knowledge within statutory systems is therefore essential to the ethical and effective care of Black children and families.

The vocational self

This subtheme captures how participants construct vocational identities shaped by their lived experiences as survivors and activists. It reflects a broader quest for purpose, meaning, and contribution. Their vocations were not simply employment, but a manifestation of agency and a commitment to affirming one's identity and values (Vereen et al., 2017).

Participants channelled their experiences of care, marginalisation, and survival into purposeful roles, whether as parents, community organisers, authors, or professionals in youth work and recovery services. The emphasis on self-actualisation through collective and culturally grounded action that rejects deficit-based narratives but affirms the transformative capacity of Black individuals and communities aligns with Black psychology.

Although some participants were not in formal education or employment, all demonstrated vocational engagement through activism, entrepreneurship, or community work. Their journeys exemplify how trauma and systemic adversity can fuel a drive toward social impact and healing.

This subtheme thus reframes vocational identity as both a site of healing and activism, where survival becomes a platform for advocacy, and lived experience becomes expertise. It resists societal limitations and affirms the participants' roles as agents of change within and beyond their communities.

Socioeconomic factors

This subtheme highlights the pervasive impact of socioeconomic challenges on the lives of both young people and parents. Participants described disrupted education, barriers to employment, housing instability, limited access to services or inadequate support which were factors that compounded their existing vulnerabilities. Drawing from Critical Race Theory, these experiences illustrate how systemic inequalities are reproduced through intersecting structures of race, class, and institutional neglect, reinforcing cycles of disadvantage. Many participants were forced to adapt and identify suitable resources to meet their individual or family needs, causing emotional and psychological distress.

Destiny and Leon’s experiences of homelessness during pivotal life moments underscore how socioeconomic deprivation disrupts identity formation and life transitions. Meanwhile, Loretta’s halted career aspirations reflect the burden of structural responsibility disproportionately placed on Black mothers, resonating with Black feminist thought that critiques the intersectional impacts of race, gender, and economic injustice. This theme exposes the systemic failures that constrain opportunity and stability, yet also underscores participants’ persistence and adaptive strategies, reinforcing the need for a strengths-based, contextually aware framework in both policy and practice.

3. Fostering relationships

This theme explored the central role of relationships in shaping identity, healing, and belonging among the participants. They consistently highlighted the importance of community, connection, and cultural affirmation as buffers against isolation, stigma, and systemic harm. The BEF emphasises relationships as core to self-definition and liberation, recognising both their empowering and oppressive dimensions (Vereen et al., 2017).

Participants described strained relationships with professionals, shaped by systemic racism, institutional bias, cultural misunderstandings, and power imbalances (Delgado & Stefancic, 2017). For many, the home functioned as a protected, culturally significant space, a place of refuge and resistance, as illustrated in Figure 14 and aligns with the concept of the ‘homeplace’ (Hooks, 1990).

Participants also emphasised the importance of community-based relationships as alternatives to fractured kinship ties. Faith groups, advocacy networks, and supportive school or foster environments were cited as sources of emotional strength, cultural affirmation, and belonging. These findings strongly resonate with Murry et al. (2001) and Tyrell & Masten (2021), who emphasised the stabilising role of caregiving relationships, particularly from mothers and fathers, in promoting secure attachments and emotional well-being. Similarly, Billingsley et al. (2020) and Stewart (2007) highlighted the role of mentors, extended family, and fictive kin in Black communities as vital sources of relational care, safety, and resilience.

This interdependent model of caregiving is further supported by Onwujuba et al. (2015), whose study foregrounded the communal ethos of childrearing in African families, where caregiving extends beyond the nuclear family to include elders, siblings, and the wider community. Participants’ experiences of relational networks in this research reflect this cultural element, where love, support, and protection are shared responsibilities. Even in the face of familial estrangement or intergenerational trauma, many participants spoke of actively reconfiguring family on their terms, illustrating the existential tension between freedom and responsibility that lies at the heart of the BEF.

While some narratives touched on disrupted attachments and relational breakdown, particularly in contexts of loss or separation, these were not merely sites of pain. Rather, they were also spaces where participants exercised agency by forging new relationships and reconstructing identity. This echoes Voges et al. (2019), who note that while adverse socioeconomic conditions may heighten relational vulnerability, the presence of stable, nurturing relationships remains critical for emotional security.

Overall, the theme of fostering relationships reveals how relational life is both fractured by and resilient against systemic harm. Relationships, whether familial, communal, or institutional, serve as a mirror to the broader social world, which reflects both exclusion and the possibilities of healing. For families navigating the care system, relationships become a crucial means of survival, resistance, and reimagining belonging. Together, the three themes '*The Emotional Journey*, *Identity*, and *Fostering Relationships'* findings point to the need for psychological interventions that are trauma-informed but also culturally responsive, relationally attuned, and grounded in anti-racist practice.

Psychological Interventions

Supporting Black families who have experienced the CiC process requires psychological interventions that are not only clinically effective but also culturally grounded, historically informed, and socially responsive. Conventional Eurocentric models often prioritise symptom reduction and individual coping, yet these frameworks risk overlooking the structural, cultural, and intergenerational dimensions of Black families' experiences (Mullan, 2023). To achieve meaningful outcomes, interventions must centre identity, dignity, and agency, while also addressing systemic barriers and validating lived realities.

Cultural competence lies at the heart of effective practice. It refers to the professional's ability to understand, respect, and integrate cultural factors into therapeutic work (Sue & Sue 2016). This extends beyond surface-level awareness to what Mullan (2023) describes as a transformative, decolonial approach that challenges Eurocentric assumptions within therapy. Such practice requires continuous self-reflection, recognition of historical trauma, and alignment with broader aims of social justice. For Black families navigating the care system, culturally competent care builds trust, enhances relevance, and promotes empowerment by acknowledging traditions, values, and collective identities that shape psychological well-being.

Several adapted interventions illustrate how therapy can be tailored for this population. Culturally adapted Cognitive Behavioural Therapy (CBT), for example, incorporates discussion of systemic racism, intergenerational trauma, and culturally resonant metaphors, while drawing on community strengths such as resilience, spirituality, and kinship networks (Hays, 2009; Gone, 2010). Narrative Therapy, with its roots in externalising problems and re-authoring identity, resonates strongly with the oral storytelling traditions within Black communities, making it a powerful tool for healing and affirming cultural legacies (White & Epston, 1990; Morgan, 2000).

Group and Family Systems approaches also offer significant benefits. Group therapy provides solidarity and reduces isolation by fostering peer support among individuals with shared experiences of care. Family therapy, in turn, can help repair fractured kinship bonds disrupted by separation and systemic intervention (Goldenberg & Goldenberg, 2013). Trauma-informed principles focusing empowerment, safety, and trust are crucial across all modalities (SAMHSA, 2014). Additionally, mindfulness and stress-reduction practices may be effective when adapted to include culturally relevant or faith-based traditions (De Zoysa, 2016).

Beyond the clinic, community-based and integrative models play an essential role. Collaborations with Black-led charities, faith organisations, and advocacy groups extend the reach of psychological support to include housing, employment, and legal advocacy, reflecting the interconnected needs of families (Boyd-Franklin, 2003). Psychoeducation delivered through trusted community channels can reduce stigma and improve mental health literacy (Snowden, 2001). Collaborative care models that integrate mental health with primary care and social services further enhance accessibility and sustainability (Katon et al., 2010).

At the same time, decolonised and Black-centered approaches offer alternative frameworks that extend beyond adaptation of Western models. While interventions like CBT and EMDR emphasise individual coping (Beck, 2011; Shapiro, 2017), Black-centered practices foreground cultural, relational, and ancestral contexts. Mackenzie-Mavinga's (2009) Black Empathic Approach, for instance, validates the realities of systemic oppression through empathetic witnessing of intergenerational trauma, enabling clients to feel fully seen. Similarly, Ncube's (2006) Tree of Life methodology supports identity development and resilience by mapping heritage, relationships, skills, and aspirations, situating individual strengths within collective cultural frameworks.

These approaches often employ multimodal and collective practices such as storytelling, music, art, movement, ritual, and community mentoring that align with Black traditions of healing and relationality (Rieger et al, 2023). By grounding therapy in anti-oppressive and decolonial principles (Fernando, 2010; Bulhan, 1985; Akbar, 1996), they not only validate lived experiences of racism and colonial legacies but also foreground strengths, resistance, and cultural resources (Adams, Estrada-Villalta, Sullivan, & Markus, 2019). In doing so, they challenge deficit-based models and provide a holistic, contextually responsive framework for supporting Black care-experienced young people and families (Bernard, 2019; Owusu-Bempah, 2017).

Taken together, these interventions illustrate the need for a dual commitment: adapting evidence-based Western approaches while also centring culturally grounded, decolonised practices. Such an integration ensures that psychological care is both clinically effective and culturally sustaining, fostering resilience, identity, and belonging for Black families impacted by the care system.

Implications and Recommendations for Clinical Practice/ Counselling Psychology

This research project aimed to enhance our understanding of the care process involving Black African and Caribbean families in the UK. Their experience seems to hold significant implications for clinical practice and counselling psychology. As counselling psychologists, our values align with social justice principles and are a fundamental aspect of our professional identity. We endeavour to act as catalysts for change, confronting and dismantling the structures that perpetuate social inequities in our society (DeBlaere et al., 2019). This calls for systemic awareness, culturally responsive strategies that address the distrust and rigid opinions of mental health that members of the Black community may have. Table 6 outlines a series of recommendations alongside corresponding actions necessary for effective implementation as indicated in this research.

This research promotes a more holistic understanding of the Black care experience and, as already stated, suggests culturally adapted therapeutic frameworks (Beck & Naz, 2019), enhanced training for health and social care practitioners that move beyond Eurocentric paradigms and seek to acknowledge Black history. It also emphasised the consequences of 'colour blind practices' (Middel et al, 2020) that often ignore systemic racism, minimise racial and ethnic differences, but also solely focus on the Black collective rather than recognising the significance of their individual experiences as parents and young people too. The accounts provided by many participants in this study concerning racialised surveillance and adultification within the care system highlight the importance for practitioners to adopt anti-racist practices (Kendi, 2019) that acknowledge, confront, and validate race-based trauma in their work. Furthermore, it is crucial that they engage in critical inquiry and self-reflection to deconstruct biases and to provide interventions that do not pathologise Black distress but rather promote resilience and empowerment (Hanchard, 2019). This is to ensure that therapeutic environments are safe and affirming for the Black individuals they serve (Williams et al, 2022).

The literature suggests that Black African and Caribbean families frequently confront many challenges related to socioeconomic inequalities, concerns around immigration status, and cultural stigmas associated with mental health (Mckenzie-Mavinga, 2016). Therapists must therefore employ an intersectional perspective to understand how these contributing factors shape their experiences within the care system and affect their engagement with psychological services too (Turner, 2021).

Counselling psychologists also maintain their position as scientist-practitioners. This study emphasises the recruitment challenges faced with this specific population. This underscores the significance of employing suitable research tools to effectively support and engage this community. Farooqi et al. (2022) developed a practical toolkit that effectively supports the decolonisation of research, in enhancing participation of BIPOC communities in health and social care research (NHSRHO 2023). Their findings emphasised barriers to engagement and various other contributing factors that might result in low recruitment, including many of the factors previously discussed in this research, such as language barriers and historical mistrust. It also encouraged researchers to engage with and incorporate feedback from community members, rather than imposing Westernised frameworks. The toolkit also advocates for meaningful participation and outcomes for BIPOC communities that provide tangible benefits and address socioeconomic barriers that frequently restrict participation. Farooqui et al. (2022) propose that this can be accomplished by obtaining funds for inclusive recruitment, which was a crucial part of this research strategy.

Moreover, one of the many objectives of this research was to provide recommendations that could potentially reform government policies for Black families navigating the care process in the UK. This research highlighted the significance of community engagement, advocacy and support services as many of the participants were actively involved in initiatives that advocated for and addressed the needs of other families encountering this process. Engaging Black communities in the development and implementation of child protection policies ensures that services are culturally attuned and responsive to their needs (BPS, 2018). Therefore, as health and social care practitioners we must understand and address the unique experiences of Black families that encounter the CiC process as it enables society to move towards a more just and equitable system that truly prioritises the best interests of every child and family.

Table 6: Recommendations for Culturally Informed Practice in Child Protection Services

Recommendation	Specific Action	Target Audience
Practitioner Reflexivity	Implement regular racial, cultural identity audits and engage in critical self-reflection on biases and systemic influences	Social workers, psychologists and other practitioners in education, health and social care
Cultural Humility Training	Mandatory training on cultural humility and systemic bias in child protection frameworks. Incorporate intersectional approaches to understanding diverse family structures	Institutions, supervisory bodies
Community-Engaged Practices	Actively involve Black communities in service design and intervention strategies. Co-produce culturally relevant child protection policies	Policymakers, health and social care agencies (e.g. child protection services)
Decolonising Assessment Tools	Shift away from Eurocentric diagnostic criteria. Develop assessment frameworks that include culturally relevant indicators	Researchers, assessment developers
Intersectional Supervision Models	Ensure supervision sessions include discussions on race, power, and systemic inequalities. Provide structured mentorship programs for practitioners from diverse backgrounds.	Supervisors, managers in health and social care
Anti-Racist Policy Implementation	Embed racial equity metrics within child protection policies. Conduct systematic evaluations of policy impact on marginalised communities	Government bodies, advocacy organisations
Accountability Mechanisms	Establish independent bodies to assess racialised harm and practitioner competency. Develop transparent reporting systems for addressing discrimination in child protection services.	Regulators, ombudsman offices

Strengths and Limitations

The study has highlighted numerous strengths and is considered successful in tackling the research question: ‘What is the lived experience of the Care Experienced Child and parent of a Child in Care within Black African and Caribbean families in the UK?’ It effectively fulfils its objective of amplifying the voices of Black parents and the Care Experienced community in psychological research. This study, like all research, has certain limitations that will be addressed in conjunction with its strengths.

Limitations

The initial limitation of the study pertains to the process of data collection and the procedures employed. The methodology chapter outlined the significant challenges encountered during recruitment, resulting in four distinct phases that prompted a change of direction with the research. This involved broadening the inclusion criteria; while it introduced diversity within the participant sample, it also led to another limitation by combining both Black African and Caribbean participants and categorising all young Care Experienced participants into a single group, regardless of the care orders they had experienced. It is important to recognise that Black communities are diverse, with experiences shaped by their histories, generation, gender, and class.

While I acknowledge the importance of sensitivity and respect for the recruited participants, this study is limited by its lack of gender diversity among the participant sample. While the research included both a father and a Care Experienced male, I recognise that Black men remain significantly underrepresented in academic research and service design (Keating, 2007). For example, the only father in this sample emphasised that many of the parent spaces and services predominantly focus on the mother’s perspective, which often makes it challenging for fathers to have their voices equally heard. These three contributing factors therefore, highlight the risk of overgeneralising the findings, yet offer a foundation for future research to be individually explored.

This small-scale qualitative research may also be seen as a possible limitation as it hinders the ability to generalise or extrapolate findings to a larger population. The concept of generalisability in qualitative research is somewhat controversial due to its positivist nature within social sciences (Carminati, 2018). Braun and Clarke (2021) assert that generalising qualitative research is complex, as not all forms of generalisability align with qualitative research values. In line with my theoretical stance, I make no claims that these shared experiences are indicative of all Black parents and young Care Experienced individuals who have gone through the CiC process. Instead, I am suggesting that they indicate what might be felt by other Black families within this population and that this provides valuable insight into the meaning of their experiences.

Strengths

A major strength of this study was the decision to recruit both young people and parents, as reinforced by the existing gap in the literature. Moreover, the modifications to the study's design provided a chance to examine the challenges encountered and adjust the recruitment processes accordingly. Expanding the inclusion criteria as outlined above enhanced recruitment possibilities and fostered a greater variety of responses from individuals who shared experiences related to the CiC process. Furthermore, the diversity of the study's sample group can be seen as a strength, as the similarities observed across the data set highlight its significance for further investigation. The sample in the current study included both men and women, allowing for an exploration of gender differences. The varied cultural backgrounds and socioeconomic statuses of the participants are viewed as a strength of this research's sample, as it enables further consideration of the impact that these factors may have also had.

This study differs from much of the existing research on this population, as it employs a qualitative design through a reflective thematic analysis and a BEF. This approach facilitated a comprehensive exploration and understanding of the CiC process for Black parents and the young Care Experienced. The semi-structured interview format proved to be a robust method for eliciting rich narratives from participants, effectively balancing flexibility with a structured framework for exploration. Many participants enhanced their stories by bringing relevant documents that underscored their points and provided context. The varied use of the full 90-minute interview time highlighted individual preferences; some participants preferred to narrate their experiences uninterrupted, while others needed more probing to engage fully. Many of these young people often used less time due to the relational dynamics and trauma-related issues stemming from their experiences, as well as the limited rapport with me, the researcher. Recognising the potential apprehension among young participants, I invested time in building a rapport and trust before the interviews, creating a comfortable environment through informal discussions and encouraging open expression. This preparatory work fostered a sense of safety, ultimately leading to more authentic open discussion and enhancing the overall quality of the data collected. The strengths and limitations outlined above emphasise potential avenues for future research in this field.

Future Directions for Research

This research explored the lived experiences of Black African and Caribbean parents and young people who had encountered the “Child in Care’ intervention. The uniqueness of this study enabled me to explore this singular phenomenon with these two groups. Despite their shared experiences of the care process, further research in this field is required. There is value in conducting a similar qualitative study that solely focuses on adoptees and their parents or families who have experienced a Section 20 and are accommodated voluntarily under the Children Act (1989). The experiences of both these groups may differ despite the challenging decisions they encounter. Nonetheless, parents may be less bound by the statutory processes due to the voluntary aspect inherent in this experience. Another area worth exploring is the Special Guardianship relationship with parents and young people, as many have faced disrupted familial relationships as a result of this experience. As highlighted in my reflections of the research process methodological considerations are also a significant factor when considering this population. A mixed methods design that incorporates anonymous surveys to capture the lived experiences of families on a broader scale may aid in engaging this Black community and address the recruitment challenges faced by many researchers. Alternatively, a comparative study that explores the cultural variances encountered within the Black African and Caribbean communities could be considered. As previously stated, this study is also limited by its lack of gender diversity within the sample group of parents and young people. I therefore recommend incorporating a more diverse participant sample that considers the cultural and gender implications for fathers and Care Experienced males in future research too.

Moreover, future studies in this field ought to consider the decolonisation of research methods to empower and elevate Black voices, experiences and knowledge as they are integral to the research process. For instance, Community-Based Participatory Research (CBPR) involves collaborating with community members to jointly develop knowledge in this area (Minkler & Wallerstein, 2008). Alternatively, integrating narrative approaches (Clandinin, 2016) alongside Indigenous research methods (Smith, 2012) that prioritise storytelling, personal experiences, and highlight the significance of cultural contexts. Another area I would be curious to explore involves artistic approaches that honour cultural expressions and empower Black communities through creative research methods. Several participants in this research employed metaphors to convey their experiences or presented significant items during the interview to enhance their narratives. Whereas others shared their vocational roles and opportunities as a creative outlet to share their experiences. Others expressed their vocational roles and opportunities as a creative medium to convey their experiences.

A creative approach would allow participants to share their journeys through visual mediums like visual ethnography via photography and video (Banks, 2001), as well as through poetry and spoken word to convey their voices and emotions (Larkin, 2013). Additionally, other cultural arts-based research (McNiff, 2013) can incorporate traditional art forms such as music, dance, and crafts into the research process, enabling community members to express their cultural heritage and identity while offering insight into their lived experiences.

Reflections on the research process

The research process has transformed my perspective in several areas pertaining to data collection, methodological procedures and ways in which to engage with marginalised communities in research. Much of my reflections have been based on my position as a researcher, acknowledging the power dynamics encountered throughout the research process. But also made me reflect on my needs as a neurodiverse researcher, being more drawn to visual and audio methods of obtaining information.

For instance, when I encountered difficulties with recruitment, I explored diverse research methodologies and considered incorporating secondary data from podcasts, blogs and vlogs to enhance my understanding of the Care Experienced community. However, I wish I had discovered them much earlier during the research process, as my research questions could have evolved from this approach. It also made me reflect on creative methodologies as a research tool that allows participants to share their stories in formats that they may feel more comfortable and familiar with and could ultimately lead to richer data collection.

I had also reflected on how I modified my approach when interviewing the two groups. For example, the parent participants expressed a strong desire to share their narratives, fully utilising their interview time (e.g., the entire 90-minutes) to convey both their experiences and those of their children. Many felt compelled to provide additional materials to illustrate their journeys through letters, reports and photographs.

Conversely, the interviews with the young Care Experienced participants presented distinct challenges. Their engagement required a more active role from me as the researcher, who had to employ gentle probing to encourage discussions. These participants often provided shorter responses, necessitating more prompts during the interview process, resulting in shorter interview times too. Striking a balance between guiding the conversation and allowing participants to express themselves freely is somewhat essential for fostering an environment of trust and openness in my role as a researcher and therapist but especially when engaging with members of the Care Experienced community. Overall, this difference in engagement highlighted the varying comfort levels and communication styles between the two participant groups.

Moreover, as I progressed through the interview stages, I had reflected on the fact that this interview process may have potentially mirrored similar ‘unintentional interrogative’ experiences they had encountered with professionals outside of the research arena but also recognised how challenging this overall experience might have been.

Despite this, the research illuminated the remarkable strength, resilience and resourcefulness exhibited by all the participants. It made me question whether cultural resilience is a tangible concept that can truly be measured within research. As all the participants drew on their cultural backgrounds and practices to navigate the challenges they had experienced. I reflected on how Black resilience or perhaps excellence may have been cultivated through generations of resistance, survival strategies, adaptation and community support, of which I could identify with.

The research journey has been a constant reminder of the importance of self-care especially when dealing with the emotional weight of other people’s stories. In a clinical sense has made me reflect on the impact of transference and countertransference and the importance of utilising supervision and personal therapy to explore this. The highly emotive content had a profound impact on my experience as a researcher. At times, it became evident that I needed to create emotional distance from the research to maintain objectivity. Nonetheless, this engagement, combined with the challenges posed by dyslexia, generally complicated the writing process and made it more time-consuming. However, as a visual learner with quite a creative mind, I found it helpful to capture and consolidate the participants’ experiences through a visual expression, where my words may fail to generally summarise this.

Finally, I am mindful of how members of the Care Experienced community are protective of each other due to their experiences. This research has highlighted the importance of being an ally, but also speaks to my role as an outsider, too, and how I relate to this research. Despite this, I would like to take a moment to convey my heartfelt appreciation to all the participants who contributed to the success of this research. Their accounts were truly inspiring and formed the foundation of this project, which enabled me to acquire valuable insights and important skills required for future clinical and research work.

Conclusion

This research project has provided a comprehensive exploration of the lived experiences of Black African and Caribbean families navigating the Child in Care (CiC) process in the UK. By employing a Reflective Thematic Analysis (RTA) and a Black Existential Framework

(BEF), the study has illuminated the intricate emotional and psychological landscapes faced by both young people and parents involved in the care system. The findings reveal a profound resilience amidst adversity, highlighting the systemic barriers and emotional turmoil that characterise their journeys.

The themes identified in this research underscore the importance of agency, identity, and familial connections, illustrating how participants navigate their roles within a framework that often marginalises their voices and experiences. The emotional impacts of grief, abandonment, and instability were prevalent, emphasising the psychological toll of separation from family and cultural roots. Both groups expressed a strong desire for community and support, indicating the need for culturally responsive interventions that acknowledge their unique challenges and strengths.

The study’s implications extend beyond mere academic inquiry, advocating for systemic change within social care practices. It emphasises the necessity for practitioners to adopt culturally competent approaches that address the specific needs of Black families, ensuring their voices are heard and valued in decision-making processes. Furthermore, the research highlights the significance of integrating community resources and support systems to foster resilience and empower families during their care experiences.

In reflecting on the research process itself, the challenges faced during recruitment and data collection revealed the complexities of engaging with marginalised communities. The insights gained through this journey underscore the importance of self-reflection, adaptability, and the need for sensitivity in research methodologies. Moving forward, the recommendations for future research call for a deeper exploration of diverse experiences within the Black community, as well as the incorporation of creative and participatory methods that honour their narratives.

Ultimately, this research serves as a vital contribution to the understanding of the Black Care Experience, advocating for a more equitable, just, and culturally affirming approach to social care that prioritises the dignity and agency of Black families.

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Appendices

Appendix A - Ethics Application

[redacted] Miss Yvette Anson (Medium risk)

Date Created	13 Sep 2022
Date Submitted	11 Nov 2022
Date of last resubmission	07 Jun 2023
Date forwarded to committee	15 Feb 2023
Academic Staff	Miss Yvette Anson
Student ID	170058431
Category	Doctoral Researcher
Supervisor	Dr Holly Kahya
Project	Being 'Care Experienced' or a parent of a 'Child in Care' in the UK: What is the lived experience of Black West-African children and their families?
School	School of Health & Psychological Sciences
Department	Psychology
Current status	Approved after amendments made

Ethics application

Risks

R1) Does the project have funding?
No

R2) Does the project involve human participants?
Yes

R3) Will the researcher be located outside of the UK during the conduct of the research?
No

R4) Will any part of the project be carried out under the auspices of an external organisation, involve collaboration between institutions, or involve data collection at an external organisation? No

R5) Does your project involve access to, or use of, terrorist or extremist material that could be classified as security sensitive?
No

R6) Does the project involve the use of live animals?
No

R7) Does the project involve the use of animal tissue?
No

R8) Does the project involve accessing obscene materials?
No

R9) Does the project involve access to confidential business data (e.g. commercially sensitive data, trade secrets, minutes of internal meetings)?
No

R10) Does the project involve access to personal data (e.g. personnel or student records) not in the public domain? No

R11) Does the project involve deviation from standard or routine clinical practice, outside of current guidelines? No

R12) Will the project involve the potential for adverse impact on employment, social or financial standing?
No

R13) Will the project involve the potential for psychological distress, anxiety, humiliation or pain greater than that of normal life for the participant? Yes

R15) Will the project involve research into illegal or criminal activity where there is a risk that the researcher will be placed in physical danger or in legal jeopardy?
No

R16) Will the project specifically recruit individuals who may be involved in illegal or criminal activity?
No

R17) Will the project involve engaging individuals who may be involved in terrorism, radicalisation, extremism or violent activity and other activity that falls within the CounterTerrorism and Security Act (2015)? No

Applicant & research team

T1) Principal Applicant

Name
Miss Yvette Anson

Provide a summary of the researcher's training and experience that is relevant to this research project.

[redacted]

[redacted]

[redacted]

T2) Co-Applicant(s) at City

T3) External Co-Applicant(s)

T4) Supervisor(s)
Dr Holly Kahya

T5) Do any of the investigators have direct personal involvement in the organisations sponsoring or funding the research that may give rise to a possible conflict of interest?
No

T6) Will any of the investigators receive any personal benefits or incentives, including payment above normal salary, from undertaking the research or from the results of the research above those normally associated with scholarly activity?
No

T7) List anyone else involved in the project.

Project details

P1) Project title
Exploring Black British, West-African families' experiences of local authority care intervention. What is the lived experience of the 'Looked After Child' and their family of origin?

P1.1) Short project title
A qualitative study exploring the lived experience of being a looked after child (LAC) and parent of a LAC of Black West African heritage in Britain

P2) Provide a lay summary of the background and aims of the research, including the research questions (max 400 words).

According to ONS (2020) 1.8% of the UK population identify as Black African, with there being a large West African community. Racial disproportionality and disparities have resulted in Black African-Caribbean children and families being overrepresented within the British social care system (Bernard, 2020). Gupta & Blumhardt (2016) highlight the challenges of social inequalities that many ethnic minorities experience. Evidence shows that historic oppression linked to slavery and colonialism contribute to the socioeconomic, political, and cultural issues that some families experience (Wainwwright, 2021). They suggest that this is due to the acculturation and assimilation processes (Thomas et al, 2023), further compounded by intersections of race, class, culture and traditional Western ideologies (e.g., concerning mental health, attachment styles, parenting and religious practices).

These contributing factors may lead to child protection services becoming involved with a child or family. Statistics have shown that 4.8% of children with a child protection plan were of Black African heritage (GOV.UK, 2019). It also revealed that Black African children were more likely to be a ‘looked after child’ (7%) and less likely to be adopted (2%) in comparison to their White & Asian counterparts. This further highlights the disparities in children’s social care.

A looked after child (LAC) is a young person who has been in the care of their local authority for more than 24 hours. Looked after children are often referred to as children in care and will often live with foster parents, residential settings such as a children’s home, schools or secure units.

The study seeks to understand the experiences of two distinct groups who are of Black West African heritage: young people (aged 18-25) and parents (aged 18+) who have experienced the LAC process. The study will identify the similarities and differences across the groups.

What is the experience of being a Black-British/Black West African LAC?

What is the parent's experience of having a child/children removed from their care?

P4) Provide a summary and brief explanation of the research design, method, and data analysis.

The research will use a qualitative, a multi-perspectival interpretative phenomenological (IPA) design (Larkin, Shaw & Flowers, 2019). IPA attempts to understand the lived experience of its participants and how participants generally make sense of their experiences. It places emphasis on how participants hold on to these experiences during the process of meaning making. IPA explores an individual’s personal perception or account of an event or state as opposed to attempting to produce an objective record of the event or state itself.

Other methods such as grounded theory and discursive methods were also considered. In which they analyse language, identify themes, construct linguistic accounts of participant’s experiences, the construction of the self and identity, in order to form a theory for a specific subject area. However, IPA’s psychological and interpretative stance is useful for examining subject areas that are ‘complex, ambiguous and emotionally laden’ (Smith & Osborn, 2015, p1). The ‘Looked after child’ (LAC) process and experience is an example of such a phenomenon. It will enable participants to reflect and seek meaning to their experiences. A multi-perspectival design enables the exploration of this phenomenon (the LAC process) from multiple vantage points (the views of young people & parents). To understand how young people and parents experience the LAC process and to consider the similarities and differences across the groups.

This research will utilise a directly related groups design in which participants who are immersed in the same/similar environment or involved with the same phenomenon are likely to have distinct perspectives about their shared experiences. The parents and young adults participating will not be related due to the initial safeguarding concerns that may have been present prior to legal care proceedings and led to the young person being subsequently removed from their parents care.

For the study itself, it is recommended that a sample size of ten to twelve participants will be recruited for the final research (Braun & Clarke, 2019). For example: 5-6 young people in one group and 5-6 parents in another group. A pre-interview screening call will be carried out via telephone to ensure that participants meet the inclusion criteria. The semi-structured interviews will be conducted using an online portal (e.g., Microsoft Teams or Zoom) for 60-90 minutes each. Interviews will be audio recorded on an encrypted recording device. Participants will be provided with neutral, broad (Langdridge, 2007) and open-ended questions that describe their experience of social care and the

LAC interventions. There will also be a set number of questions and areas of interest for guidance. The interviews will be led by the participant's responses and prompts will be used to encourage further exploration of the potential issues that arise. All interviews will be transcribed verbatim.

Data analysis will be conducted using similar analytical procedures found in IPA. As IPA is a highly adaptable methodology (Pringle et al., 2011) that is able to incorporate different theoretical frames and viewpoints (Larkin & Seymour-Smith, 2014).

A Black existential framework will also be used to provide rich analytical insights and themes that may emerge. Black existentialism provides the philosophical grounding to explore the struggle inequity, racialization, and historical oppression experienced by some Black people (Gordon, 2013). Black existentialism is also concerned with the liberation of a people who have historically not been viewed as human (Bassey, 2007). This framework provides an alternative lens that sensitively views Black existence; the Black individual or collective as unique ‘agents of knowledge’ (Vereen et al, 2017). It also acknowledges and explores their subjective experiences in a meaningful way (Gerig, 2013).

Each data set or personal case (participant) will be transcribed and analysed on an idiographic level (e.g., initial noting by exploring the semantic content, emerging themes that identify conflict of perspectives, which are disagreements amongst the perspectival samples).

P4.1) If relevant, please upload your research protocol.

P5) What do you consider are the ethical issues associated with conducting this research and how do you propose to address them?

This study will adhere to the BPS ethical guidelines (The British Psychological Society, 2018), the HCPC ethical guidance for students (Health and Care Professions Council, 2016) and ethical approval from City University of London. Through the use of my clinical skills, all potential participants will be provided with an initial screening call, to establish whether it is an appropriate time for them to engage with the research.

Should a series of themes develop throughout the initial screening process/call, (that indicate current, severe or enduring mental health difficulties), participants will be asked whether they are able to currently manage these difficulties. If they express that they are unable to at this time and still wish to take part at a later stage, they will be given an option to be contacted again in one month’s time.

Research suggests that although participants may experience uncertainty, anxiety and apprehension about participating, many expressed a responsibility, a need to get involved for the sake of others who may benefit from the study (Lowes & Gill, 2006). Participants also highlighted some personal benefits, an appreciation of the therapeutic outcomes, being able to talk about their challenging experiences and not experiencing any concern or regret in their decision to be involved in the study (Dennis, 2014). According to Hebenstreit & DePrince (2012) participants often indicated the benefits of participation that outweighed the potential costs (e.g., emotional impact).

Due to the sensitive nature of the topic, it is possible participants may experience emotional upset or distress in speaking about their experiences. Therefore, a distress protocol has been included. Participants will be informed of the purpose of the research. Written and informed consent will be obtained from all participants. Participants will be debriefed and informed of their right to withdraw from the study up to 6 weeks after being interviewed. Participants will be unable to withdraw their data after that 6 week period, once data analysis has commenced.

If required, participants will be offered a break at any stage of the interview process. After the interview, participants will be offered a follow-up phone call the next day.

Details of support and local counselling services will be provided at the time of the interview. The participant's information will only be used once permission is given. Confidentiality will be maintained. All information will be anonymised and identifying details will be removed from the recordings. Demographic information will be documented on a data sheet and stored separately.

Audio recordings and transcripts will only be accessed and available to the researcher. The audio will be encrypted, transcripts and data sheets will be stored securely on a password-protected computer. The data will be deleted from the password-protected computer and transferred to one drive. The audio recordings will be destroyed once transcription is completed. Participant contact details will only be retained, should the participant wish to be sent a copy of the research findings, once completed. Otherwise, participant email addresses will be deleted once they are no longer required.

All transcripts and relevant data related to the study will be stored on the university's OneDrive for 10 years and then destroyed upon the completion of the research and in line with the university's research guidelines.

P6) Project start date
The start date will be the date of approval.

P7) Anticipated project end date
30 Sept 2024

P8) Where will the research take place?
Interviews will be conducted on the telephone or online using MS Teams or Zoom.

P10) Is this application or any part of this research project being submitted to another ethics committee, or has it previously been submitted to an ethics committee? No

Human participants: information and participation

The options for the following question are one or more of:
'Under 18'; 'Adults at risk'; 'Individuals aged 16 and over potentially without the capacity to consent'; 'None of the above'.

H1) Will persons from any of the following groups be participating in the project?
None of the above

H2) How many participants will be recruited?
12

H3) Explain how the sample size has been determined.
IPA as a research design recommends a sample size of up to 12 participants in total at doctoral level (Larkin, Shaw & Flowers, 2019). So this research hopes to interview a maximum of 6 young people (between the age of 18 -25) and 6 parents.

H4) What is the age group of the participants?

Lower	**Upper**
18	

H5) Please specify inclusion and exclusion criteria.
Inclusion criteria for parents

- Aged 18 and over

- Must be of Black West African heritage
- Must have experience as a parent of a “Looked after child’
- Must currently reside in the UK
- Participants who identify as having mental health difficulties must have a clear care and risk management plan.

Inclusion criteria for young people

- Age range 18-25 years old
- Must be born in the UK
- Both parents must be of Black West African heritage
- Must have experience as a ‘Looked after child’
- Must currently reside in the UK
- Participants who identify as having mental health difficulties must have a clear care and risk management plan

Exclusion criteria for parents & young people

- Individuals under the age of 18 will be excluded for ethical reasons, as it is likely they may be receiving support from the local authority (children’s social care). Their involvement may hinder or impact their current support systems.
- Due to legal implications participants must not be involved in any current or recent care proceedings over the last 12 months.
- To reduce the potential for vulnerability and increased risk of distress, it will exclude participants with severe or enduring mental health difficulties. During the initial screening call, the participant’s current distress will be assessed and they will be asked whether they feel able to participate in the study at this time. Potential follow up questions will be asked for those who disclose high levels of distress and yet still express an interest in wanting to participate in the research.

H6) What are the potential risks and burdens for research participants and how will you minimise them?

Due to the nature of the topic, it is likely that exploring personal encounters of discrimination, racial and social injustice, and, potentially, traumatic loss, may be upsetting for participants.

Therefore as the researcher, I will use my clinical skills and experience to sensitively explore and contain this. This will form as part of the screening process. Participants will also be closely monitored throughout the interview and will be able to make use of the distress protocol attached. Participants will be fully debriefed and a follow up call will be provided the following day.

Participants will be made aware of the limits of confidentiality during the telephone screening process and reminded of this again, at the start of the interview. The interviewer will explain the steps involved, if confidentiality were to be broken (stated in the participation information sheet and consent forms).

H7) Will you specifically recruit pregnant women, women in labour, or women who have had a recent stillbirth or miscarriage (within the last 12 months)?

No

H8) Will you directly recruit any staff and/or students at City?

None of the above

H8.1) If you intend to contact staff/students directly for recruitment purpose, please upload a letter of approval from the respective School(s)/Department(s).

H9) How are participants to be identified, approached and recruited, and by whom?

Service User Involvement

The City University Service User and Carer Group Advising on Research and Speaker box will be consulted to provide feedback on the interview schedule and proposed interview questions. [redacted]

Participant Recruitment

Participants will be of Black West African descent, living in the UK. Recruited through social media platforms (Facebook, WhatsApp and Instagram groups) by contacting group admins/forums and emailing local charities across the UK by asking them to share or advertise my recruitment poster on their relevant platforms. Participants may also be recruited from community groups situated in culturally diverse areas [redacted] in which further requests will be made, asking whether they are able to place hard copies of my recruitment poster in their waiting area and or noticeboards.

Participants can express their interest using the information provided or the organisations may forward their details (e.g., email address or mobile number) with participant consent. As the researcher I will apply the inclusion and exclusion criteria at this initial stage. Following this, participant's will be invited to engage in a pre-interview screening call to confirm suitability for the study. During this screening call participants will be asked to confirm whether they are aware of any family members taking part in this research. As part of the exclusion criteria, this will determine whether participants are related to each other.

List of Organisations for Participation Recruitment

[redacted]

[redacted]

[redacted]

H10) Please upload your participant information sheets and consent form, or if they are online (e.g. on Qualtrics) paste the link below. information Sheets, Consent form, Debrief form

H11) If appropriate, please upload a copy of the advertisement, including recruitment emails, flyers or letter.

H12) Describe the procedure that will be used when seeking and obtaining consent, including when consent will be obtained.

A) As part of the screening process and call, participants will be given an information sheet and introduced to the research protocol.

B) I will obtain consent from participants at the beginning of each interview, to ensure they understand each point and that they are happy to continue with the research process.

C) The consent forms will be emailed to each participant prior to the interview in either a word or pdf document.

D)There will be two-week duration period, to schedule an appropriate date and time for the interview to be conducted.

H13) Are there any pressures that may make it difficult for participants to refuse to take part in the project?
No

H14) Is any part of the research being conducted with participants outside the UK?
No

Human participants: method

The options for the following question are one or more of:

'Invasive procedures (for example medical or surgical)'; 'Intrusive procedures (for example psychological or social)'; 'Potentially harmful procedures of any kind'; 'Drugs, placebos, or other substances administered to participants'; 'None of the above'.

M1) Will any of the following methods be involved in the project:
None of the above

M2) Does the project involve any deceptive research practices?
No

M3) Is there a possibility for over-research of participants?
No

M4) Please upload copies of any questionnaires, topic guides for interviews or focus groups, or equivalent research materials.

M5) Will participants be provided with the findings or outcomes of the project?
Yes

M5.1) Explain how this information will be provided.
A brief summary of the findings will be provided as an information poster or booklet.

M6) If the research is intended to benefit the participants, third parties or the local community, please give details.
Although this is not a guaranteed outcome for all participants, research indicates that it may provide participants with an opportunity to share their views (Lowes & Gill, 2006) and provide a space to be listened too; further creating an opportunity for participants to reflect on their experiences.

Participants will contribute to research on an important topic that seeks to give individual's a chance to speak openly about issues that impact them. It hopes to contribute knowledge of the subject area of the LAC experience and provide some insight within the field of counselling psychology research and children's social care.

This study will hopefully be disseminated through publication and the research findings may be presented at the annual division of counselling psychology conference and social work England conference. The research may also be presented at a local level, specifically within local authority children's social care settings.

M7) Are you offering any incentives for participating?
Yes

M7.1) Please give details, justifying their type and amount.
Due to the sensitive nature of this research, participants will be offered a £15 Amazon voucher as a token of appreciation, to recognise their time, efforts and valuable contributions to the research (CUREC, 2020).

M8) Does the research involve clinical trial or clinical intervention testing that does not require Health Research Authority or MHRA approval? No

M9) Will the project involve the collection of human tissue or other biological samples that does not fall under the Human Tissue Act (2004) that does not require Health Research Authority Research Ethics Service approval?

No

M10) Will the project involve potentially sensitive topics, such as participants' sexual behaviour, their legal or political behaviour, their experience of violence? Yes

M11) Will the project involve activities that may lead to 'labelling' either by the researcher (e.g. categorisation) or by the participant (e.g. 'I'm stupid', 'I'm not normal')?
No

Data

D1) Indicate which of the following you will be using to collect your data.
Questionnaire
Interviews
Audio/digital recording interviewees or events

D2) How will the the privacy of the participants be protected?
Anonymised sample or data

D3) Will the research involve use of direct quotes?
Yes

D5) Where/how do you intend to store your data?
Password protected computer files
Storage on encrypted device (e.g. laptop, hard drive, USB
Storage at City

D6) Will personal data collected be shared with other organisations?
No

D7) Will the data be accessed by people other than the named researcher, supervisors or examiners? No

D8) Is the data intended or required (e.g. by funding body) to be published for reuse or to be shared as part of longitudinal research or a different/wider research project now or in the future? No

D10) How long are you intending to keep the research data generated by the study?
10 years in line with the university guidelines.

D11) How long will personal data be stored or accessed after the study has ended? Should the participant express a wish to receive the results of the study their contact details will be kept for 1 year after the research has been completed.

Transcripts will also be held on the university OneDrive for a period of 10 years and then destroyed by the university.

D12) How are you intending to destroy the personal data after this period?
The participants contact details and transcripts will be manually deleted online through the university OneDrive.

Health & safety

HS1) Are there any health and safety risks to the researchers over and above that of their normal working life? Yes

HS2) How have you addressed the health and safety concerns of the researchers and any other people impacted by this project?

As the research area is potentially quite a demanding topic, the researcher will continue to manage her own well-being through the use of personal therapy, tutorials, clinical & research supervision during the data collection and analysis as required. The researchers will also aim to establish and maintain boundaries around her role as a researcher and avoid assuming the role of a trainee therapist.

HS3) Are there hazards associated with undertaking this project where a formal risk assessment would be required?

No

Attached files

Demographic details form.docx

Participant Information Sheets, Consent Form & Debrief Protocol.docx

Recruitment Information - Advert.docx

Follow up phone call.docx

Interview Protocol.docx

Interview Questions.docx

Pre-interview screening questions (call).docx

Distress Protocol.docx

Appendix B – Final Ethics Amendments

[redacted] Miss Yvette Anson (Medium risk)

Date Created	24 Aug 2023
Date Submitted	07 Sep 2023
Date of last resubmission	10 Oct 2023
Date forwarded to committee	07 Sep 2023
Academic Staff	Miss Yvette Anson
Student ID	170058431
Category	Doctoral Researcher
Supervisor	Dr Holly Kahya
Project	Being 'Care Experienced' or a parent of a 'Child in Care' in the UK: What is the lived experience of Black African & Caribbean children and their families?
School	School of Health & Psychological Sciences
Department	Psychology
Current status	Approved after amendments made

Ethics application

Amendments

SA1) Types of modification/s

Change or add a new category of participants

Change project title

SA2) Details of modification

I used the terminology 'category of participants' provided in the ethics application. This selection was most relevant to the proposed amendments.

It was referring to the inclusion criteria:

-Participants of Black African or Caribbean heritage.

-Participants (young people) aged 16-25 who are 'care experienced'.

It was also referring to the exclusion criteria:

-Participants in current or previous care proceedings within the last 6 months.

SA3) Justify why the amendment is needed

1. It has been challenging trying to engage members of the Black West African community, possibly due to the nature of the research. Therefore, widening the inclusion criteria that will include Black African & Caribbean participants. It will provide an alternative or similar lens that sensitively acknowledges other Black individuals or the collective as ‘unique agents of knowledge in this field’ (Vereen et al, 2017). It may increase recruitment opportunities and provide a wider range of responses from those with shared experiences of the ‘child in care’ process.

2. Care experienced young people within this age bracket have been involved in research and consultations in recent years. Such as the #KeepCaringTo18 campaign (Willow et al, 2023) and the

Department of Education (Kantar Public, 2001) regarding standards for unregulated provision and other aspects of their care. In addition, although in England and Wales, the leaving care age is 18, there are some young people who leave care at 16 or 17.

Research has shown that many young people who have spent time in care do not have the same opportunities as their peers, or the same level of ongoing support when they reach the age of 18 and beyond. Most young people who do not grow up in care are able to remain at home until they are ready for the next step (such as college, employment or moving in with friends or partners), but many care leavers have to move on before they would like and before they are ready ('Ready or not': care leavers' views of preparing to leave care - Ofsted, 2022).

So young people who wish to participate in this research will include those who are deemed to be competent and have capacity (Mental Capacity Act, 2005). They will understand the research aims (e.g., to capture their lived experience') and what it entails as part of their involvement. They will be able to provide informed consent. The research will ensure that it does not impose any immediate risk or safety concerns to the young person's well-being via the screening process. They will be provided with the right support which will include breaks during the interview process, appropriate interviewing times to ensure they are able to access support services and care (e.g., personal advisors, CAMHS care coordinator's/linked clinician or LAC social worker).

3. According to the Section 32 of the Children's Act (1989) care proceedings are given a 26 week (6 month) time scale to be completed and extensions are given in exceptional cases. Care proceedings are dynamic and future oriented. They determine cases on the basis of the evidence put forward by the local authority and the parent's response to it. However, the court supervises the investigation of the family's ability to meet the child's needs and the assessment of alternative plans for the child. This often leads to substantial reliance on appointing expert evidence such as adult psychiatry and psychologists.' - Masson et al (2008). Therefore, due to parents, children/young people and professionals providing relevant evidence during the proceedings, there are no legal implications with regards to discussing the case post proceedings.

A care profiling study supported by the Ministry of Justice (Masson et al, 2008) revealed that 90% of families were already known to children's social care, prior to care proceedings. These care proceedings tended to focus on mothers and young children. 60% of these cases the mothers were a lone parent in comparison to 3% of fathers who cared for their children alone or with a new partner. Despite this although the sample was mainly White British, 28% of children in this study were from minority ethnic groups and British born parents. One of the recommendations from this study was that further research is needed within this field.

SA4) Other information

The purpose of recording the participant's ages, are that there are individuals who may meet both the young person and parent criteria. For example, they may identify as a 'young care experienced parent'.

The participant's post code will be documented to ensure that they are able to access local support services, should they need them.

SA5) Please upload all relevant documentation with highlighted changes

Project amendments

P1) Project title

Being 'Care Experienced' or a parent of a 'Child in Care' in the UK: What is the lived experience of Black African & Caribbean children and their families?

P2) Principal Applicant

Name

Miss Yvette Anson

Provide a summary of the researcher's training and experience that is relevant to this research project.

[redacted]

P3) Co-Applicant(s) at City

P4) External Co-Applicant(s)

[redacted]

Attached files

CE Parent Flyer 20233.pdf

CE YP's Flyer 2023.pdf

Interview Protocol.docx

Interview Questions.docx

Parent - Demographic details form.pdf

Participant Information Sheets, Consent Form & Debrief Protocol.docx

Appendix C - Parent Flyer

Appendix D - Young Person's Flyer

Appendix E - Participant Information Sheet

Title of study: *Being 'Care Experienced' or a parent of a 'Child in Care' in the UK: What is the lived experience of Black African & Caribbean children and their families?*

Ethics approval code: ETH2324-0177

Name of principal researcher: Yvette Anson

You are being invited to take part in this research study. Before you decide whether you would like to participate, it is important that you understand why the research is being conducted and what will be involved. Please take time to read the following information carefully and ask if anything is unclear or if you would like more information. You will be emailed a copy of this information sheet to keep.

What is the purpose of the study?

4.2% of the UK population identify as Black African or Caribbean heritage. Evidence has shown that socioeconomic, political and cultural factors (e.g., parenting, attachment styles, mental health and or religious factors) can often lead to child protection involvement with families. Racial inequalities have resulted in Black African-Caribbean children and families being overrepresented within the British social care system. The study seeks to better understand the experiences of young people and parents of Black African & Caribbean heritage, who have encountered the 'Care Experience or Child in Care' process. The study aims to address the important factors that contribute to the individual's experiences. As well as consider the similarities and differences that may occur across the two groups. This study forms part of a thesis for the Professional Doctorate in Counselling Psychology at City University London and is intended to run until September 2024.

Why have I been invited to take part?

You have been invited to participate in this study as you have told the researcher you are a parent or young person (aged 16-25) of Black African & Caribbean descent. You are over the age of 16 and have informed the researcher that you were 'care experienced' or a parent of a 'child in care'. Please inform the researcher if any of these details are incorrect.

Do I have to take part?

Participation in this research is voluntary and you can choose whether to participate in part or all of the study. You can withdraw from the study during the interview process or up to 6 weeks following the interview stage. You will not be penalised or put at any disadvantage for this decision. If you do decide to participate, you will be asked to sign a consent form. You will be able to avoid questions in the interview that cause discomfort and will not be penalised for this. It's important to note that once data analysis has started, following the 6 week period mentioned, we will no longer be able remove your data from the research findings.

What will happen if I take part?

If you wish to take part, you will be invited to attend an online or telephone interview, which is expected to last 60-90 minutes. The interview will be semi-structured, so there will be several open-ended questions that will lead to a range of related topics. You will be encouraged to take the lead in sharing your experiences. This is to ensure that the researcher fully captures and understands your experiences. The interview will be audio recorded, all recordings will be made on an encrypted recording device, transferred to a password-protected computer and held on the university's Onedrive (an online data storage service/device). Recordings will only be accessed by the researcher. After the interview, your recording will be transcribed (written up) and any identifying or personal information will be changed (for example, given a pseudonym) to protect your identity. Audio recordings will be deleted after the transcribing stage.

The information you provide will be analysed using Reflective Thematic Analysis (R-TA). This involves the researcher making a close reading of your interview data and looking carefully for themes to better understand and capture your experiences. The study is expected to last until September 2024 and transcripts will be held on the university's one drive for 10 years and then destroyed.

What are the possible disadvantages and risks of taking part?

It may cause some distress recalling upsetting experiences from the past (e.g., having a child removed, being removed from parents, away from family, friends and the overall experience of being in care). If this were to occur, the researcher has experience in this field and will be able to provide support if required (e.g., by signposting participants to relevant support or advocacy services). You are also welcome to take a break at any stage of the interview. As previously mentioned, your participation is voluntary and therefore you have the option to withdraw from the interview process.

What are the possible benefits of taking part?

This is an opportunity to share your views and experiences of being Care Experienced or parent of a Child in Care of Black African & Caribbean heritage. It will provide a space to be listened to and an opportunity to reflect on what this experience has meant. You will be contributing to research on an important topic that seeks to give individual's a chance to speak openly about issues that impact them. It hopes to contribute knowledge of the subject area and provide some insight within the field of counselling psychology research and children's social care. You will also be given a £15 Amazon voucher for your participation.

Will my taking part in the study be kept confidential?

All information you disclose will be treated confidentially. All recordings will be accessible only to the researcher and held securely on a password-protected computer. The transcripts will be held on the university OneDrive (an online data storage service/device) for a period of 10 years and then destroyed. Confidentiality will only be broken if the researcher feels there is a risk of serious harm either to yourself or others, or where the researcher is legally obliged to do so (please see the limits to confidentiality below). All identifying or personal information will be replaced by pseudonyms to maintain anonymity. Your contact details will not be shared with any third parties and future use of personal contact information will be used only if you express interest in being informed of the results of the study once completed.

Limits to Confidentiality

Confidentiality may need to be broken, should the following circumstances occur:

Risk of harm to self or others. If during the research process the researcher learns that there might be a risk of harm to yourself, or anyone else, they will consider taking action.

Dangerous practice. If during the research process, the researcher observes dangerous practice, that might result in harm, then the researcher would need to consider taking action.

Criminal activity. If during the research process, the researcher learns that someone has been involved in criminal activity (e.g., acts of terrorism) then the researcher would consider taking action.

The necessary steps outlined will be followed. We will discuss the disclosure you made and it may involve contacting your next of kin, your named emergency contact, or for young people (e.g., social worker, personal advisor or CAMHS clinician) so that we take the necessary steps to ensure your safety.
Secondly, you will be encouraged to discuss matters with the psychologist research supervisor. Followed by contacting relevant services such as the GP, mental health services and or emergency contact. And lastly if you are in immediate danger, emergency services (e.g., 999) will be called.

Data privacy statement

City, University of London is the sponsor and the data controller of this study based in the United Kingdom. This means that we are responsible for looking after your information and using it properly. The legal basis under which your data will be processed is City's public task.

Your right to access, change or move your information are limited, as we need to manage your information in a specific way for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personal-identifiable information possible (for further information please see https://ico.org.uk/for-organisations/guide-to-data-protection/guide-tothe-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/.

City will use your name and contact details to contact you about the research study as necessary. If you wish to receive the results of the study, your contact details will also be kept for this purpose. The only people at City who will have access to your identifiable information will be the researcher, Yvette Anson. City will keep identifiable information about you from this study for 1 year after the study has finished.

You can find out more about how City handles data by visiting

https://www.city.ac.uk/about/governance/legal. If you are concerned about how we have processed your personal data, you can contact the Information Commissioner's Office (IOC) https://ico.org.uk/.

What will happen to the results of the research study?

The findings of this study will be written up as part of a thesis for a Professional Doctorate in Counselling Psychology. The findings may also be included in various future academic publications. All details, including direct quotations from interviews, will be listed under a pseudonym to maintain anonymity. There will be no identifiable or personal information in the final thesis or any other publications, so there will be no way for readers to identify you. If you would like to be sent the results of the study, please inform the researcher and consent to your contact details being kept for this purpose on the 'participant consent form.'

Who has reviewed the study?

This study has been approved by City, University of London Psychology Department Research Ethics Committee.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure. To complain about the study, you can phone 0207 040 3040. You can then ask to speak to the Secretary of the Senate Research Ethics Committee and inform them that the name of the project is *Being 'Care Experienced' or a parent of a 'Child in Care' in the UK: What is the lived experience of Black African & Caribbean children and their families?*

You can also write to the Secretary at:

[redacted]

Insurance

City University London holds insurance policies which apply to this study, subject to the terms and conditions of the policy. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Further information and contact details

[redacted]

Thank you for taking the time to read this information sheet.

Appendix F - Participant Consent form

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Title of study: *Being 'Care Experienced' or a parent of a 'Child in Care' in the UK: What is the lived experience of Black African & Caribbean children and their families?*

Ethics approval code: ETH2324-0177

Name of principal researcher: Yvette Anson

Please initial box

1.	I confirm that I have read and understood the participant information sheet for the above-named study. I have had the opportunity to consider this information and to ask questions about what is involved. I have been given a copy of this consent form to keep for my records.	
	I confirm that I have read and understood the limits to confidentiality and the necessary steps to safeguard me and those around me, in the likelihood of any potential risk.	
2.	I understand that my participation is voluntary and that I can choose whether I participate. I can also choose to withdraw at any stage during the interview or up to 6 weeks following the interview stage without being penalised or disadvantaged in any way.	
3.	I agree with the interview being audio recorded. I understand that any information I provide is confidential and that no identifiable personal information will be published or shared with third parties. I understand that the original recordings will be accessible only to the researcher and will be held securely and destroyed following the completion of the research project.	
	I understand the information I provide, will be used as part of the researcher's doctoral thesis in counselling psychology and a pseudonym will be used when referring to this information, including direct quotations, as a way of maintaining anonymity.	
4.	I agree with City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) explained in the participant information and my consent is conditional on the university complying with its duties and obligations under the General Data Protection Regulation (1998).	
5.	I would like to be informed of the results of this study once it has been completed and understand that my contact details (documented on the demographic data sheet) will be retained for this purpose.	

6.	I agree to take part in the above study.	

Name of Participant Signature Date

Name of Researcher Signature Date

Appendix G - Pre-interview screening questions (telephone call)

Pre-interview Screening Questions
(Telephone Call)

This is Yvette Anson from City, University of London.
What is your name?
Is this the number that I should call you back on, in the event that the phone call disconnects?
How would you like to be contacted regarding the study (email, mail)?
What are the details of the chosen contact method?

Thank you for calling to find out more about my research, my name is Yvette and I am a Trainee counselling psychologist, studying at City, University London. I am conducting a piece of research regarding those who are of Black African or Caribbean heritage and identify as ‘Care Experienced’ or the parent of a ‘Child in Care’. To investigate this, I will be asking participants to take part in online interviews about their experience as a young person or a parent who has experienced this ‘Child in Care’ process. The interviews will last approximately 60 minutes to 90 minutes.

Do you have any questions about the study? Do you think you might be interested in participating now that you have a basic understanding of the research?

Should the caller express that they <u>do not</u> wish to participate: “That’s okay, thank you for your time and for your call today”.

Should the caller express that they <u>do</u> wish to participate: That’s great, but before enrolling people on the study, we will need to determine whether you are eligible to participate. I will need to ask you a series of short questions that will take 3- 5 minutes to determine suitability. Please remember that your participation is voluntary and that you do not have to answer these questions. Again, if you have any questions, concerns or wish to terminate this screening process, please feel free to stop me at any time. All the information you provide via telephone such as your name and any other identifying information will be kept confidential.

Inclusion Criteria: Screening questions for parents

- Are you over the age of 18?
- Are you of Black African and or Caribbean heritage? If so, where?
- Do you have experience as a parent of a ‘Child in Care’ in the UK?

Exclusion Criteria:

- Are you involved or been part of any recent care proceedings within the last 6 months?

Inclusion Criteria: Screening questions for young people

- Are you between the age of 16-25?
- Are you of Black African and or Caribbean heritage? If so, where?
- Were you born in the UK? If not where?
- Were you 'Care Experienced'?
- Do you currently reside in the UK?

Exclusion Criteria:

- Are you involved or been part of any recent care proceedings within the last 6 months?

Due to the sensitive nature of this research that looks at your experience of the 'Care Experience' process, it may bring up some difficult feelings for you. Therefore, we are advising that individuals who are experiencing a high level of stress or emotional distress to consider whether participation at this time is right for them.

Do you mind if I ask you a few questions to determine if there are any reasons that participation might be particularly difficult for you? [Should the participants response with 'no', thank them for their time and interest. Should they agree and respond with 'yes', then conduct screening interview.]

Appendix H – Screening Questions

Screening Questions

1. Have you read and understood the Participant Information Sheet and aware of the focus of this study?

2. Are you currently experiencing a high level of stress or any emotional distress?

   [If yes, use the *potential follow-up questions (below) to determine whether the distress is currently interfering with the person's mental well-being and significantly impacting their life in any way.]

3. Are there any reasons that might make participating in an interview, on your experiences of the care process too difficult for you?

   [If yes, use the *follow-up questions to determine whether anything can be done to mitigate this, or whether participation at this time does not seem appropriate].

4. Are you able to complete the demographics form that contains your phone number and emergency contact details? [To be used if risk were to emerge during the interview and to be also used for the routine follow up call, following the interview.]

5. There are circumstances that may require a break in confidentiality (e.g., when individual's pose a risk to themselves and others, when dangerous practice occurs or criminal activity is known). Have you read and fully understood the limits to confidentiality and the steps that will be taken, stated on the consent forms?

Participants who <u>do not</u> answer the screening questions affirmatively can progress to the interview stage and they will be notified of the interview schedule. However, if individuals answer any of the screening questions affirmatively, in which their answers to the follow-up questions indicate acute distress or safety concerns but no imminent danger, the following actions will be considered:

a) Do not schedule an interview.
b) Recommend that the individual contacts his or her GP/ mental health service/wellness support services.

If individuals respond to the screening questions affirmatively and provide information that suggests **imminent danger,** the following will be actioned:

a) Request the individual’s phone number so that they can speak with the psychologist research supervisor.
b) Recommend that the individual attend their GP/ A&E.
c) Request the individual’s address to call emergency services if required.

Potential Follow-up Questions

These questions will only be used if participant discloses high levels of distress and a wish to still participate in the study.

1. Can you tell me a little bit about your experience of high level of stress or emotional distress? (e.g., Is it linked to a specific mental health difficulty?)
2. Do you currently experience mental health difficulties? If yes, could you provide further details (e.g., mental health presentation, interventions – therapy, medication, currently monitored and accessing appropriate support).
3. Do these difficulties significantly impact your life in anyway (e.g., daily functioning)?
4. Assess previous and current risk (e.g., DSH, suicidal ideation, auditory & visual hallucinations).
5. Are your mental health difficulties as a result of your experience of the care process?
6. Following this screening and should you choose to progress to the interview stage, are there any things that I could do to make the interview process easier for you?

Demographic Details – Young Person

Personal Details

Name:

Age:

Telephone number:

Post code:

Please provide details of your next of kin, personal advisor, social worker or CAMHS clinician/worker:

Name:

Telephone number:

Your relationship to this person:

Appendix J – Parent Demographic Details

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Demographic Details - Parents

Personal Details

Name:

Age:

Telephone number:

Post code:

Next of Kin

Name:

Telephone number:

Relationship to the next of kin:

Appendix K - Interview Protocol

Interview Protocol

Participants will be interviewed online (via Zoom or Microsoft Teams). The duration of the individual interview's are planned to last between 60 to 90 minutes. Two sets of participants will be interviewed, firstly, young people who have experienced the 'Child in Care' process and secondly, parents who have had a 'Child in care'.

The interview schedule will provide exploration from two different perspectives. The interviews will be visually recorded, transcribed and interviews will be anonymised, prior to the analysis. The interview schedule will contain open-ended questions, and prompts as a guide, rather than dictate the course of interview. It will provide a flexible, yet purposeful research-participant dialogue as a means of further exploring this subject area (Smith, 2017).

Appendix L - Interview Questions

Interview Questions

Being 'Care Experienced' or a parent of a 'Child in Care' in the UK: What is the lived experience of Black West-African children and their families?

Welcome and thank you for agreeing to take part in today's interview.

Just a quick reminder about confidentiality - Although this was stated in the consent forms you signed, I'm gently reminding you about the limits of confidentiality. Although I work within the confines of maintaining confidentiality, there are circumstances in which I have an obligation to break this, especially if there was a danger of serious harm to yourself or others. In the likely event of this happening, we will discuss this in the first instance and contact the relevant services (e.g., emergency services) to make sure that you and those around you are safe. Is that alright? Do you have any questions?

Tell me a bit about yourself?

Could you provide a brief timeline of your life so that I can make sense of your personal journey and path into care?

How did you make sense of the process and how has this experience impacted you?

What was your experience of being 'Care Experienced'?/ What was your experience of being a parent of a 'Child in Care'?

What support was made available to you and your family?

What was your experience of the proposed interventions made by social services and the other professionals involved?

Can you describe whether your racial or cultural background was considered during the assessment process and following the 'Care Experienced' intervention? (e.g., were they considered relevant or widely ignored?)

How do you make sense of this experience now?

Is there anything else you would like add, for me to understand your experience better?

General Probes:

Why?

How?

Can you tell me more about that?

Tell me what you were thinking?

How did you feel? What

do you mean by...?

Can you give me an example of...?

Specific Probes:

What do you think about that….?

What does that mean for you….?

How does that relate to/impact on/affect …?

Appendix M – Participant Debrief Protocol

Title of study: *Being 'Care Experienced' or a parent of a 'Child in Care' in the UK: What is the lived experience of Black African & Caribbean children and their families?*

Ethics approval code: ETH2324-0177

Name of principal researcher: Yvette Anson

Thank you for taking part in this research study. In contributing to this project, you have provided valuable information into understanding the experiences of being ‘Care Experienced’ or parent of a ‘Child in Care’ of Black African & Caribbean heritage. Hopefully you have had the opportunity to speak openly about matters that may have impacted you. As well as the opportunity to reflect on your lived experience. You have contributed to an important topic that provides some insight for those who have been and are currently going through a similar experience with children’s social care. It has also contributed knowledge to the ‘Care Experienced/Child in Care’ subject area and field of counselling psychology research.

If participating in this study has raised any concerns, please do not hesitate to contact the researcher on the contact details provided below. Additionally, please find a list of support lines and websites that might be helpful in cases of psychological distress:

For young people

- The Mix: themix.org.uk, text line: 85258 or call 0808 808 4994
- Hope Line UK: 0800 060 4141
- Shout (text line) 85258
- Childline: childline.org.uk or call 0800 1111
- Action for children: actionforchildren.org.uk
- Barnardo’s: barnardos.org.uk

For parents

- Stop Hate UK: Confidential support to those affected by hate crime and discrimination. http://www.stophateuk.org/
- Victim Support: Emotional support for victims of crimes. Call 0808 168 9111 (24/7)
- Contact your local GP service

- Urgent NHS mental health helpline: https://www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/

For young people & parents

- The Samaritans: Someone to talk to who won't judge. Call 116 123 (24/7)
- Campaign Against Living Miserably (CALM): thecalmzone.net or call 0800 58 58 58

If at immediate risk, please be advised to attend your local A&E service.

With your consent a follow up phone call will be made the next day following the interview.

We hope you found the research interesting. If you have any other questions, please do not hesitate to contact us at the following:

Researcher: Yvette Anson [redacted]

Appendix N - Distress protocol

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This protocol is for managing distress in the context of a research focus group or interview.

This protocol has been adapted and was originally taken from Draucker C B, Martsolf D S and Poole C (2009) Developing Distress Protocols for research on Sensitive Topics. Archives of Psychiatric Nursing 23 (5) pp 343-350

Distress

- The participant exhibits high levels of stress or emotional distress and expresses this.
- Or they present with behaviours that indicate that the discussion or interview is stressful (e.g. shaking, sweating, uncontrolled crying, agigitation, etc).

Stage 1 Response

- Stop the discussion or interview process immediately.
- Provide immediate support and contact a named health professional if necessary.
- Assess the participant's mental state: What thoughts are you having? how/what are you feeling right now? Do you feel safe? Are you able to keep yourself safe and continue with your day?

Review

- If the participant feels able to carry on, continue the interview/discussion
- If the participant is unable to continue, go to stage 2

Stage 2

- Discontinue the interview/discussion by sensitively removing the participant from the ongoing discussions. If appropriate accompany to quiet area physically or use the appropriate online platforms (e.g. a breakout room) or simply call the participant via telephone.
- Encourage the participant to contact their GP or mental health provider OR with participant consent contact their next of kin or member of their health care team on their behalf or for further advice/support (e.g., they may have a current care plan or a crisis contingency plan).

Follow up

- If participant consent has been given, provide a follow up courtesy call
- Or encourage the participant to call should they continue to experience increased distress in the hours or days following the interview.

Appendix O – Follow-Up Phone Call

Once again, I wanted to thank you for taking the time to participate in yesterday's interview.

I wanted to check in with you, how are you and how are you feeling now that the interview process has come to an end? Have you had time to process and reflect on the interview at all? How did you find the whole process?

Do you have any additional questions?

I wanted to remind you that all the relevant information about the study and my contact details can be found in the participant information sheet, should you need to contact me at a later stage.

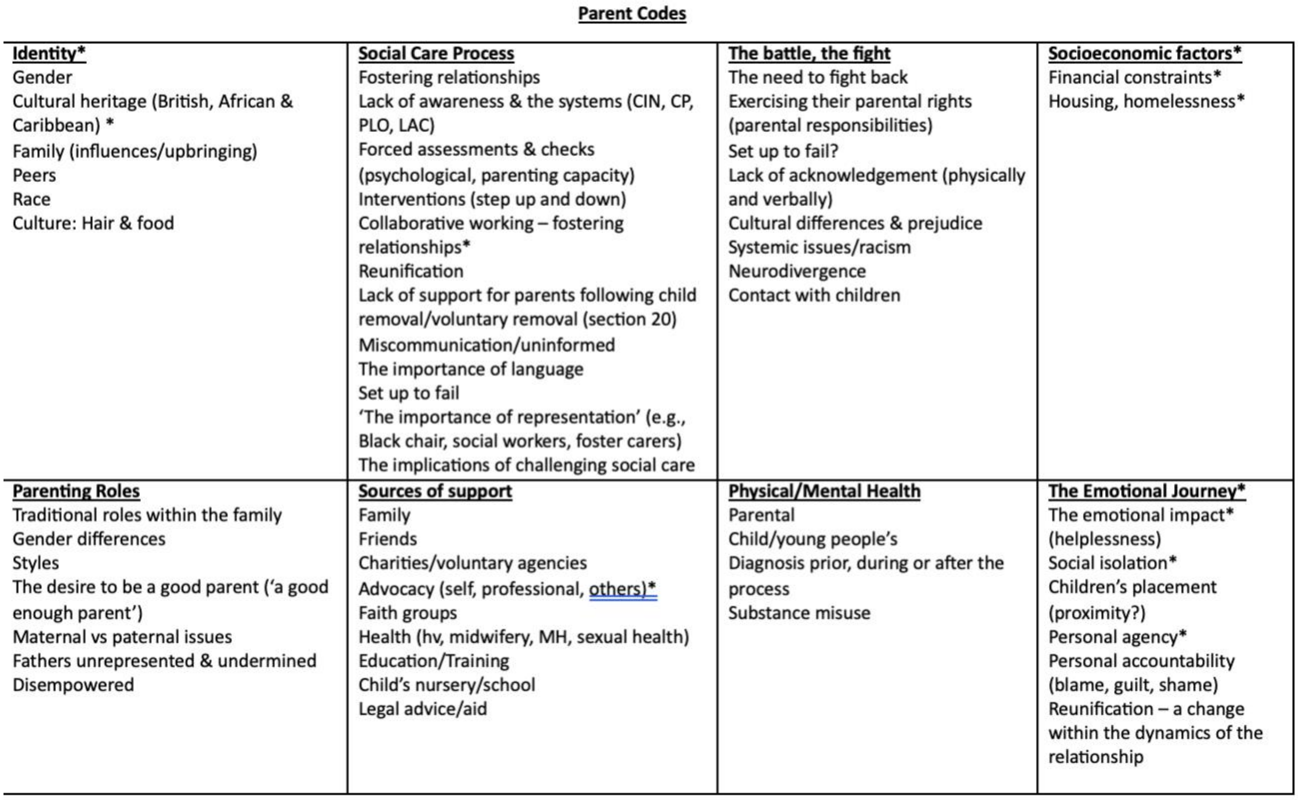
I also wanted to refer to the information found in the debrief protocol, should you require specialist support services following your participation in this study.

Please let me know if you would like support in contacting these services.

Appendix P - Sample Parent Transcript

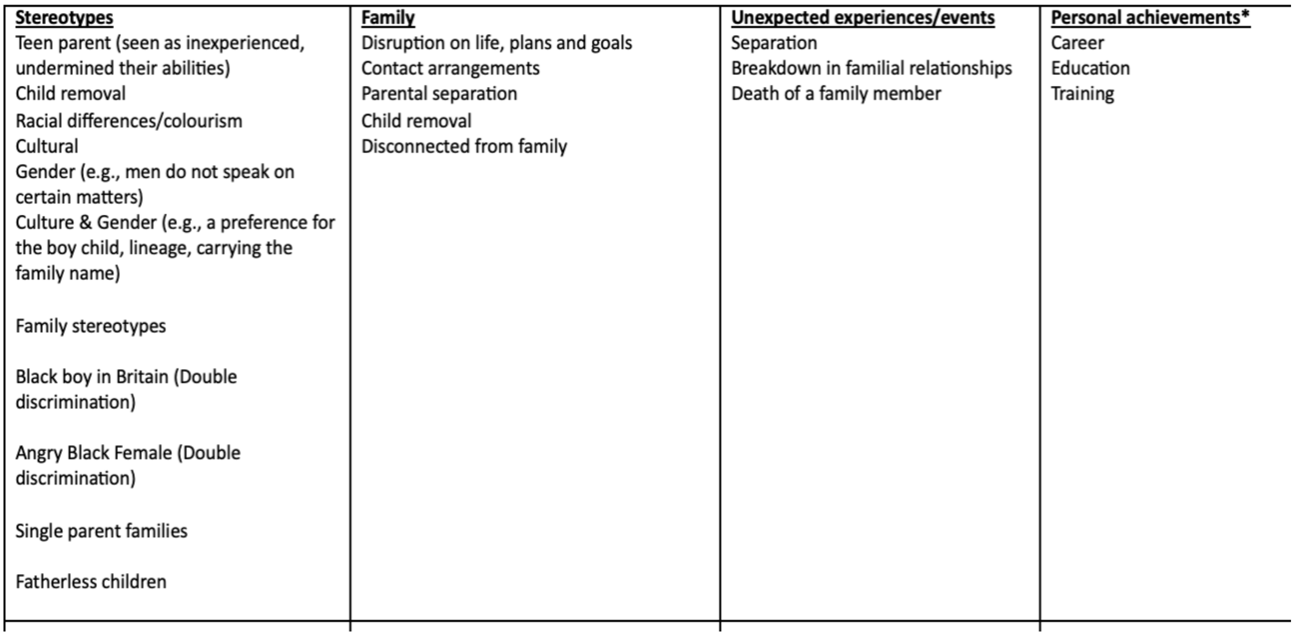
Appendix Q - Sample Young Person’s Transcript

Appendix R - Coding sample in Microsoft Word

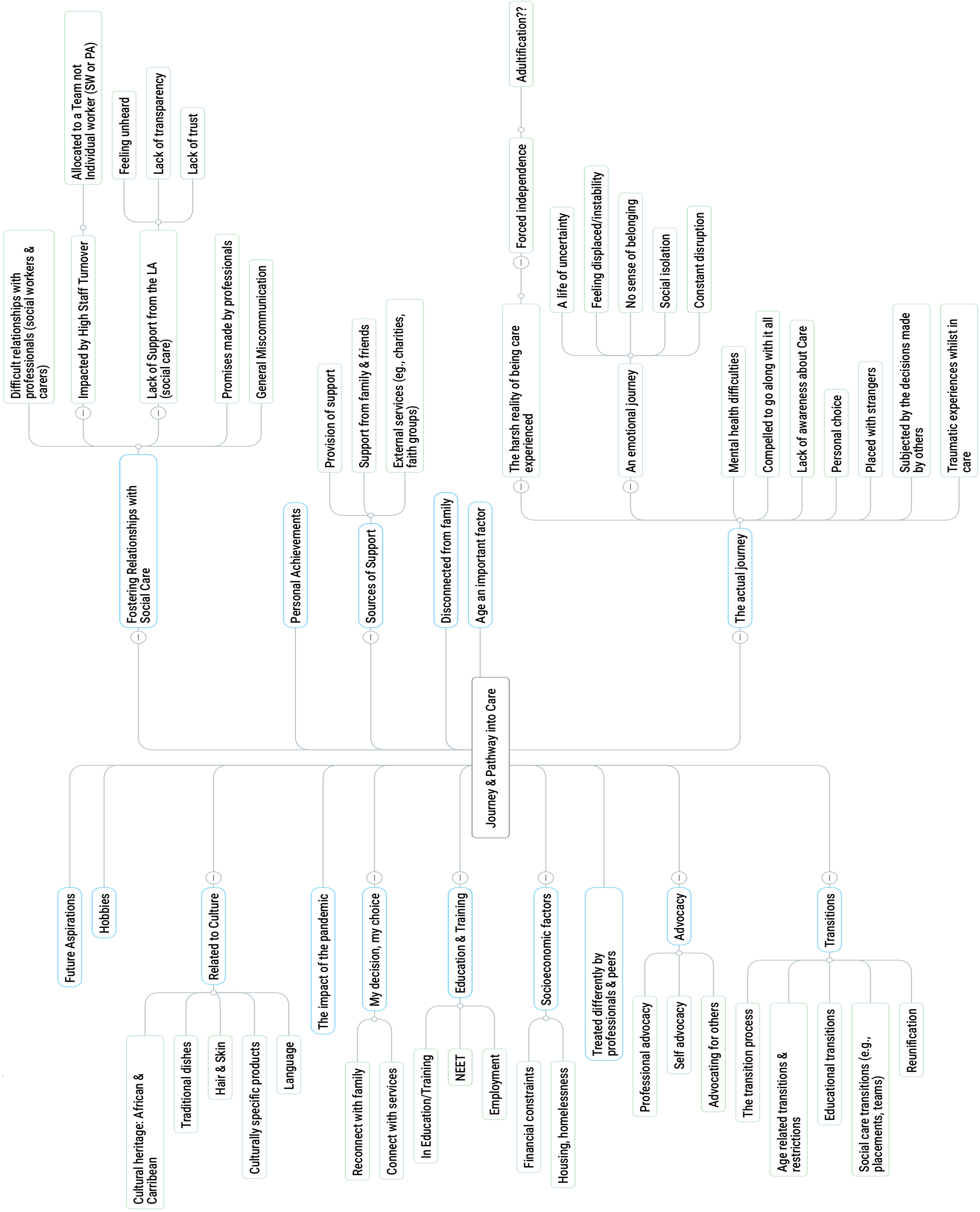


Parent Codes

Identity*	**Social Care Process**	**The battle, the fight**	**Socioeconomic factors***
Gender Cultural heritage (British, African & Caribbean) * Family (influences/upbringing) Peers Race Culture: Hair & food	Fostering relationships Lack of awareness & the systems (CIN, CP, PLO, LAC) Forced assessments & checks (psychological, parenting capacity) Interventions (step up and down) Collaborative working – fostering relationships* Reunification Lack of support for parents following child removal/voluntary removal (section 20) Miscommunication/uninformed The importance of language Set up to fail 'The importance of representation' (e.g., Black chair, social workers, foster carers) The implications of challenging social care	The need to fight back Exercising their parental rights (parental responsibilities) Set up to fail? Lack of acknowledgement (physically and verbally) Cultural differences & prejudice Systemic issues/racism Neurodivergence Contact with children	Financial constraints* Housing, homelessness*
Parenting Roles Traditional roles within the family Gender differences Styles The desire to be a good parent ('a good enough parent') Maternal vs paternal issues Fathers unrepresented & undermined Disempowered	**Sources of support** Family Friends Charities/voluntary agencies Advocacy (self, professional, others)* Faith groups Health (hv, midwifery, MH, sexual health) Education/Training Child's nursery/school Legal advice/aid	**Physical/Mental Health** Parental Child/young people's Diagnosis prior, during or after the process Substance misuse	**The Emotional Journey*** The emotional impact* (helplessness) Social isolation* Children's placement (proximity?) Personal agency* Personal accountability (blame, guilt, shame) Reunification – a change within the dynamics of the relationship



Stereotypes	**Family**	**Unexpected experiences/events**	**Personal achievements***
Teen parent (seen as inexperienced, undermined their abilities) Child removal Racial differences/colourism Cultural Gender (e.g., men do not speak on certain matters) Culture & Gender (e.g., a preference for the boy child, lineage, carrying the family name) Family stereotypes Black boy in Britain (Double discrimination) Angry Black Female (Double discrimination) Single parent families Fatherless children	Disruption on life, plans and goals Contact arrangements Parental separation Child removal Disconnected from family	Separation Breakdown in familial relationships Death of a family member	Career Education Training


Journey & Pathway into Care
Fostering Relationships with Social Care
Difficult relationships with professionals (social workers & carers)
Impacted by High Staff Turnover
Allocated to a Team not Individual worker (SW or PA)
Lack of Support from the LA (social care)
Feeling unheard
Lack of transparency
Lack of trust
Promises made by professionals
General Miscommunication
Personal Achievements
Sources of Support
Provision of support
Support from family & friends
External services (eg., charities, faith groups)
Disconnected from family
Age an important factor
The actual journey
The harsh reality of being care experienced
Forced independence
Adultification??
An emotional journey
A life of uncertainty
Feeling displaced/instability
No sense of belonging
Social isolation
Constant disruption
Mental health difficulties
Compelled to go along with it all
Lack of awareness about Care
Personal choice
Placed with strangers
Subjected by the decisions made by others
Traumatic experiences whilst in care
Future Aspirations
Hobbies
Related to Culture
Cultural heritage: African & Carribean
Traditional dishes
Hair & Skin
Culturally specific products
Language
The impact of the pandemic
My decision, my choice
Reconnect with family
Connect with services
Education & Training
In Education/Training
NEET
Employment
Socioeconomic factors
Financial constraints
Housing, homelessness
Treated differently by professionals & peers
Advocacy
Professional advocacy
Self advocacy
Advocating for others
Transitions
The transition process
Age related transitions & restrictions
Educational transitions
Social care transitions (e.g., placements, teams)
Reunification

Appendix S - Sample of Reflexive Journal

Extract following the completion of the ten interviews (10.05.24)

I sit here reflecting on the several amendments I have made throughout this research journey. Even contemplated whether I would need to incorporate the secondary data sources I had identified. Yet I am pleased to have finally completed recruitment after persevering for almost a year and a half.

Although I had tried to transcribe once I completed the individual interviews, I found this technique incredibly difficult, especially with the parent interviews. I was mindful of how much longer it had taken me to transcribe their accounts. Possibly due to the highly emotive nature of their accounts and recognising the painful parts of their stories. It almost felt as if I was vicariously experiencing these encounters alongside them, which I found to be emotionally draining at times. However, it made me reflect on my own journey of motherhood as a black parent raising children in the UK.

I noticed that several segments have highlighted what I think are microaggressions or forms of misogynoir, although I am slightly uncertain about this, I will need to delve deeper into reviewing the literature to clarify this. I'm mindful that there is so much to do with this thesis and so many areas I could explore.

Lastly, I also reflected on how important it was to take my time to immerse myself in the data, to fully capture the participant's experience and do it real justice. I felt rushing through their accounts due to the tight timescales would be a disservice to the participants. Especially as one of the hopes for this research is that it would bring change to the lives of families who may find themselves in this situation, of encountering the 'child in care' process.

Section B: Combined Process Report and Client Study

An Integrative Approach to Working with Families

Title: “He Saved Me!”

Section C: Publishable Paper

The Experiences of Black African and Caribbean Families who Navigate the ‘Child in Care’ Intervention in the UK.