

Kinship Care: JA to UK – Family Dynamics, Culture & Gender Context

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2023 Churchill Fellow



In Loving Memory of Ryan Isaiah McPherson-Peters
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**Platinum Heights AirBnB Host
Talibah**



**Community Council Gathering
Hut**

About the Author



Sharon McPherson is a daughter, mother, grandmother, community connector and change maker of Jamaican heritage, who grew up apart from her two oldest brothers due to Windrush economic migration. She is also a born and raised UK citizen and kinship carer who has been involved in the raising of 5 of her grandchildren in both formal and informal arrangements over the past 20 years. She is passionate about equity leading towards fairness and justice, particularly in relation to race and social activism and this is what led to her co-founding Families In Harmony, the leading specialist in kinship care organisation supporting families of Black African, Caribbean and Black Mixed Heritage. It is the intersections of being a Black woman of Caribbean heritage, coming from a working-class background that sparked her interest in the racial disparities present in kinship care, and how much of it is linked to historical racial trauma, structural and systemic racial biases. The Churchill Fellowship presented an opportunity to delve into the impact and influence of Windrush Migration of Jamaican nationals on current kinship care within the UK Caribbean community. It also provided a medium for transatlantic learning and social work practice development.

1. Executive Summary

This research into understanding the cultural and family dynamics context of kinship care came about initially due to the ongoing dearth in knowledge relating to the assessment, engagement and support needs of African and Caribbean kinship care families. My recognition of the need for such cultural context knowledge was further compounded by the death of my grandson Ryan aged 14 in 2022, as he experienced as a Black boy adultification by professionals which led to his mental health vulnerabilities as a child going unseen.

The choice of Jamaica as the country for my research is because the largest population of 'Windrush' migration came from there and this dominance is also reflected in the Families In Harmony (FIH) network. My interest is in the correlation between the adverse childhood experiences (ACEs) of the Windrush migration 'Barrel Children' left behind in Jamaica and the ACEs of Caribbean heritage kinship care children in England. This is coupled with exploring whether living in a predominately black populated country verses living in a host predominately white populated country had any bearing on the cultural parenting practices and support needs of kinship caregivers.

To explore these curiosities I had discussions with kinship caregivers and professional representatives from state agencies and community organisations, using semi-structured one-to-one interviews and focus groups whilst in Jamaica, alongside one-to-one online meetings before and after the field research visit.

A summary of the key findings from caregivers includes themes such as cross-generational tensions linked to changes in cultural practices of respect for elders, valuing faith practices and the materialistic shift in values, as well as concerns around the adultification of children, and the safeguarding particularly of girls. The key findings from professionals focused on monitoring and managing such high volumes of informal kinship care arrangements, including concerns around child shifting practices and its impact on missing in education figures. The issue of state welfare provision, and its ability to truly meet the basic needs of kinship families was expressed as a dominating factor impacting the lived experiences of kinship children.

You can find my detailed findings at the end of sections 6.1 and 6.2.

Recommendations

With the expansion of the preferred permanency option for children unable to live with their parents now being kinship care, for Black African and Caribbean families it is unlikely this can happen in an equitable manner without the minimum of the following:

Policy Improvements

- **National racial equity plan for children's social care:** a national strategy which includes specific reference to kinship care and improving the informal arrangements more akin to Black Africa and Caribbean families. This must include as a minimum, a vision, systematic review and clear objectives to deconstruct the historically embedded racial biases in state agencies policy and practice.
- **Education racial equity inclusion policy:** changing the approach of schools in supporting children who have experienced ACEs, reducing racial disparity by demonstrating a trauma-informed inclusion approach that factors in the impact of racism and racialised trauma.

Research Improvements

- **Ring-fenced research funding:** specific investment into the development and funding of a consortium project with co-production at its core. With research areas generated and co-researched in partnership with lived experience, caregiver or those raised in kinship care within Black African or Caribbean heritage families. This approach contributes to racial equity by increasing knowledge about and visibility of seldom seen community peer researchers.
- **Acknowledgement of historical context:** Research linked to kinship care relating to the Black African and Caribbean community must for integrity sake acknowledge the historical context, including the ripple effect legacy of the transatlantic slave trade, colonialism, economic migration, Windrush, structural and systemic racism.

Practitioner Improvements

- **Building racial equity bridges:** improving trust and access to support, contributes to closing the racial equity gap in kinship care. All local authorities must commit to working in partnership with Black led local and national organisations as part of developing a racially inclusive and equitable local offer.
- **Informal kinship care support packages:** practitioners must work from a principle of best interest of the child and stop using the caveat of private family arrangement to deny children and their caregiver's access to assessments, resources and support.
- **Racial context assessments:** The cultural nature of kinship care in Black families means that children are more likely to be cared for by a relative informally. Therefore, each family must be assessed through a racialised lens which includes their prior understanding and experiences of UK state system.
- **Early Help:** practitioner cultural complacency must be addressed through continual professional development and courageous conversations, to avoid "good enough" beliefs and attitudes, coupled with misdirected cultural curiosity and budget constraints missing opportunities to provide early help interventions that keep children safe and supported in stable family arrangements.

Support & Services Improvement

- **Improving education outcomes:** targeted support particularly for Black boys growing up in kinship care arrangements, emphasising the safety factor created when children remain in community school education. Ring-fence funding for culturally specific support co-produced in partnerships with Black-led organisations and ensure capacity building is included, alongside collaboration with the virtual school provision.

- **Culturally appropriate therapeutic interventions:** Children must not continue to be disadvantaged because their parents or caregivers are too afraid or racially traumatised to reach out for help. Caregivers must be given access to culturally appropriate therapeutic support to address the emotional and mental wellbeing of the children in their care. This offer should be extended to assist caregivers to access support to address their own adverse experiences to ensure they can continue to provide safe, loving and stable homes.
- **10-year multi-agency kinship care pilot partnership:** Fully funded, anti-racist, solution-focused partnership with key state stakeholders' children's social care, health, education, youth justice and housing fully present, funded and committed to changing the narratives, stressors and practices contributing to in arrangement and outcome racial disparities. This partnership must have resources and authority to sign off on decisions.

2. Introduction

My journey into kinship care began when my grandsons were born in 2004, with their parental landscape embedded in the intersections of race, care experience and mental health. I have fought many a successful battle along the way, to gain assessments, appropriate services and even correct diagnoses. Sadly, this journey has also included the deep, heartfelt loss of my beautiful grandson Ryan, aged just 14. His life seemed invisible to professionals at the time of his death, despite several requests for support with his mental health. He was a black boy whose vulnerabilities and support needs were unseen due to structural and systemic racial biases and adultification. Sadly, Ryan's story of being unseen is familiar in the Black kinship care community both in Jamaica and the UK, due to the greater proportion of kinship care arrangements being viewed as private or informal.

My journey to change the narrative of Black kinship families through improving racial equity in children's services didn't begin in 2022 when Ryan died. I started calling for improvements in 2018 whilst working at the national charity Kinship, as I observed the low level of carer engagement in service take-up across agencies and the lack of inclusion of lived experience in research data. I went on to co-found Families In Harmony with Johanna Bernard in 2021. After reading *Kinship Care: An Afrocentric Perspective* (Ince, 2009), a PhD submission to Birmingham University which captured the early narrative of kinship care from the UK Caribbean context, and hearing copious lived experience stories of racial inequalities, I knew crossing the racial equity in kinship care finish line was no sprint, but more of a marathon.

After joining The Kinship Care Alliance, I became Chair of the Race Equality Sub Group. The combination of the murder of George Floyd in the USA leading to the amplification of the Black Lives Matter movement in the UK, followed by the 40 year long awaited UK Government review of children's social care finally meant that the deconstruction of systemic and structural racism was recognised as a priority. This surge in support aligns with the rationale for my Churchill Fellowship aspirations to continue the research of Lynda Ince in understanding the Afrocentric dynamics that influence kinship care arrangements and converging this with understanding more than 70 years after the initial Windrush migration of the Caribbean community to the UK and the generational impact on families in both the UK and Jamaica.

2.1 Kinship Care

The UK Government defines kinship care as “any situation in which a child is being raised in the care of a friend or family member who is not their parent” (DfE, 2023). The 2021 UK census estimated around 121,000 children in England and Wales were being raised in kinship care arrangements (ONS, 2021). However, it must be noted that this figure does not take into account children in these arrangements where the family has six or more members, due to the census analysis not including families larger than five members. The estimated figure for larger families is 20,000, bringing the total to 141,000. As African and Caribbean households often are larger family groups, this may mean a lower recording of data related to kinship care arrangements in these communities.

2.2 Race and Kinship Care

Kinship care research over the decades has included between 0% and 2% of participants from the African and Caribbean population, yet the 2021 census recorded Black communities as making up 4% of the population. In 2011, 18.9% of households in these communities were recorded as being headed up

by a single parent (Gov.UK, 2019). This lone caring is mirrored in kinship care households with 70% of Families In Harmony Peer Support Network households aligning to this. Race is important because systemic racism across many institutions in sectors such as education, health, policing and courts can arguably be considered a contributor to the routes into kinship care arrangements within the African and Caribbean communities. The BLACHIR Report (Birmingham City Council/Lewisham Council, 2022) findings showed that inequalities were contributing to the following in Black Caribbean families:

- **Mothers 4x more likely to die in childbirth**
- **Black Caribbean children 2x more likely to grow up poor compared to their white peers**
- **Black Caribbean children 2.5x more likely to be permanently excluded in education**
- **The overrepresentation of Black children in the care system, which can be characterised to socioeconomic status (SES), locality and type of intervention**

- **Black Caribbean young men 3x more likely to have had contact with mental health services in the year before suicide**
- **Black people 4x more likely to be detained under the Mental Health Act**
- **Black people 2x more likely to be unemployed compared to white peers**
- **Black people 3x more likely to be arrested**
- **Black people 9x more likely to be stopped and searched.**

These types of excessive pressures on families lead to increased racialised intersectional factors in family breakdowns linked to crime, poverty and mental health.



3. Methodology

This research was conducted using an exploratory mixed method approach which included semi-structured in-person one-to-one interviews with 10 kinship caregivers and 20 professionals working in children's social care, central government departments, schools, local politics, University of West Indies and faith leaders, ward councillors and community workers. In addition, two focus groups with social workers and a local men's gatherings. Desk-based tasks included pre-visit research to assist with formulating baseline knowledge into kinship care in Jamaica to help shape interview questions. Post-visit tasks included follow-up one-to-one unstructured online conversations and further research into themes generated from my visit to Jamaica.

4. England and Wales Context

4.1 Campaigns, Policy and Research

Over time, research has demonstrated racial disproportionality and disparity in child welfare resulting in Black children being overrepresented in the child welfare system (Selwyn et al, 2010). There is undisputed acknowledgement that existing research data fails to adequately capture the narrative of kinship carers from African and Caribbean heritage and that of informal arrangements (Children's Commissioner, 2022). Yet the publication of the ground-breaking Kinship Care Strategy (DfE, 2023) offered no clear plan as to how changing the narratives of these disparities will happen. It is the harm that is being caused in these disparities that is the focus of Families In Harmony's work.

Campaigns and the galvanising of kinship carers are happening across the sector within organisations such as:

- ❖ Family Rights Group:
 - #ActForKinshipCare (FRG, 2024b),
 - #TimeTo Define (FRG, 2023a),
 - #SameLoveSameLeave (FRG, 2023b).

- ❖ Kinship Charity: #ValueOurLove and their annual kinship care survey. Kinship has also produced reports such as 'Out of Order: The case for boosting financial support for kinship arrangements outside the care system' (Kinship, 2024b) and 'Forgotten: Support for kinship children's education and mental health' (Kinship, 2024a).

Research is gaining momentum too:

- ❖ Kinship Charity in partnership with the Rees Centre Oxford are completing baseline data research into the experiences of kinship families from Black and Asian communities, 'Raised By Relatives' (Kinship, unpublished). It is hoped this research will pave the way for a structured process of data collection that will not just inform policy and practice in racial equity developments, but also provide insight into areas where racial disparities are presenting as barriers to accessing support.

4.2 Practice Guidance and Resources

Efforts are being made to plug some of the knowledge and resource gaps – below are a few examples:

- ✓ **Children and Families Across Borders (CFAB)** produced a resource focused on Introduction to the history and culture of families of Jamaican heritage in 2023, as part of their Cultural Family Lives Library (CFAB, 2023), and in my opinion this is a good starting point for professionals wanting to gain cultural context when working with families.
- ✓ **CoramBAAF** is developing and piloting Form K which will provide an assessment tool specifically designed for kinship care arrangements, which Families In Harmony have also contributed lived experience insight to.
- ✓ **The Black Care Experience** has produced The Cultural Care Box, a resource to address supporting care experienced children and young people to better connect with their cultural identity.
- ✓ **Foundations** Kinship Care Practice Guide (2024) is aimed at senior leadership and offers guidance underpinned by research evidence on how to improve local offers.

- ✓ **Department for Education (DfE)** updated Kinship care statutory guidance, England (2024), offering guidance on how local authorities should support children who are cared for by extended family, friends or connected individuals.

However, in spite of all this forward trajectory in kinship care, there still remains a racial equity gap creating the need for Families In Harmony to act as a critical friend, ensuring that evolving policy and practice doesn't create further or compound existing race inequalities.

5. Jamaica Context

In 2010 Jamaica produced a National Development Plan: Vision 2030 Jamaica (PIOJ, 2010), and included in this plan were the following statements:

“Each child has equal opportunity to develop his or her full potential through access to the best care, affection and protection.”

“No one falls into, or remains in poverty for lack of adequate support.”

These, to me, sum up my whole ask for equitable kinship care both in Jamaica and the UK.

5.1 Defining Kinship Care

During the course of my exploration of kinship care in Jamaica the most challenging aspect was identifying individuals who identified as ‘kinship carers’ (no different from in England). During the preparation months leading up to our field visit I found myself spending copious amounts of time explaining to potential host site visits what a kinship carer was. As I intended to refer to the UK’s ‘Championing Kinship Care: national kinship care strategy’ as my comparative framework, I opted for the definition included in that.

However, as time went on and my discussions deepened, I realised that Jamaican terminologies were more akin to the USA, so ‘caregiver’ and ‘guardian’ proved helpful in my reasoning discussions.

5.2 Research Questions

The questions I sought clarity on from the perspective of the ‘caregivers’ related to understanding the challenges, system navigation and support needs of kinship care families, summarised as follows:

- ❖ **Cultural specificity:** What are the cultural factor influences?
- ❖ **Intersectional influence:** How do intersections in social identity such as gender, faith and poverty influence kinship caregivers’ experiences?
- ❖ **Navigating systems:** What challenges or barriers exist in the navigation of support systems such as state welfare provision, family support and education?

The focus for interviewing 'professionals' across various state agencies/departments, community and faith leaders related to three specific lines of enquiry:

❖ **Stigma and discrimination:** What are the issues influencing kinship care, including the challenges/barriers to providing support?

❖ **Impact of social identities and intersectionality:** How do social identities or intersectionality, for example gender, faith and poverty, influence the experiences of caregivers?

❖ **Policy and practice recommendations:** Based on your professional lived experience, what policy and practice recommendations could be made to better meet the support needs of kinship caregivers and their children?

6. Findings

6.1 Kinship Caregivers

This was one of my most treasured aspects of my Churchill Fellowship.

I was able to interview 10 caregivers (their preferred term) split across the farming/rural and urban/city areas of Jamaica. Jamaica has 14 parishes and the participants came from the Manchester, Kingston (the Capital), St Elizabeth, Portmore and St Ann's parishes. Participants came via recommendations of school principals, local pastors and word of mouth as news spread of the two English ladies 'asking a lot of questions'.

The 10 participants were 3 males (2 grandfathers and 1 uncle), the remaining 7 were females (4 grandmothers, 1 aunt, 1 sibling/aunt and 1 sibling). All carers were interviewed in the community at places of their choice which included church, school, at a wellbeing event and a local restaurant. The participants included working, unemployed and student economic representation. Their ages ranged from late 20s to 70s.

The first similarity that struck me, was the willingness to share their lived experience stories, once reassured that we were not state officials or connected to any intel gathering agency. Just like in England, it also helped that Families In Harmony is led by individuals of African/Caribbean heritage and have lived experience of kinship care.

The aim of this element of the research was to explore whether contextual themes exist within Caribbean kinship care families across age, gender, employment status and geographical location.

The hope was that any similarities recorded in theme findings could then form part of informing UK discussions on developing inclusive racialised policy and practice leading to racial equity. The themes and highlighted responses were documented under the two question headings as follows:

Question 1 – Cultural specificity: What are the cultural factor influences?

Interview conversations and theme finding activities identified 5 in-common factors as follows:

1. Gender role expectations: similarly to the lived experienced narrative of the Families In Harmony kinship carer network, female carers spoke of a ‘done deal’ expectation that they would step up into the caregiver role:	<p>“My sister doesn’t appreciate what I’ve given up for her to travel abroad, she just expects I will do it because she’s the one who got the opportunity to travel” (Female, sibling, 20s).</p>
	<p>“I am a young grandmother; I still have life in me. I grew my children then travelled to America and other Caribbean islands to work, but my daughter got pregnant, so I came back to Jamaica to help so she could finish her schooling. Now she travels abroad to work” (Grandmother, 40s).</p>
	<p>“Being a girl child in Jamaica automatically comes with care responsibilities; you help with your siblings, you help mama round the house, you can miss out on your childhood” (Grandmother, 50s).</p>
	<p>“I never get much schooling, so I want my children to; so, when she gets pregnant, I tell her she going to keep the baby and finish her studies, so she is in a better position to help herself” (Grandmother, 40s).</p>
	<p>“My mother raised us alone, then she left for foreign and my sister raised us; but when my sister has her babies she had to leave and look for work, so I finish raise my brothers them and still raising hers” (Sibling/Aunt, 30s).</p>
	<p>“My sister never behaves right, she never set no proper example for her child. My parents took him so he could grow right, go to school and church regularly. He spends time with me, so I’ve tried to be a role model even though I’m young, letting him see how me and my wife live” (Uncle, 30s).</p>
	<p>“You see, part of the issue is the girl is the one left to take up the responsibility, and these boys go on to live their life” (Grandmother, 40s).</p>

<p>2. Lone carer households: Jamaica has a noticeably high percentage of lone female headed households which mirrors the Caribbean UK population (Children's Commissioner, 2022; Gov.UK, 2019). Pressure of lone parenting was reported in 80% of participants' responses as to routes into kinship care arrangements. It was also a reported pressure within 60% of the caregivers' personal circumstances, primarily in females aged over 40.</p>	<p>"You see, part of the issue is the girl is the one left to take up the responsibility, and these boys go on to live their life" (Grandmother, 40s).</p>
	<p>"My niece's dad doesn't always have work, he will come take her couple of days sometimes, then he gone for months" (Aunt, 40s).</p>
	<p>"I lose my relationship because of this; no man wants to tek up responsibility for feeding, schooling and clothing a child whose parent deh ah foreign, especially if he wants to travel" (Grandmother, 40s).</p>

<p>3. Low or limited employment productivity: 40% of participants were not in work and 30% were in the equivalent of England's zero-hour contracts, called upon to provide farm, construction, domestic or childcare help. The 30% that did have regular work was dominated by the younger caregivers. Only the uncle had what would be considered 'white collar' employment. 100% of aunts, sibling and grandfathers, and 50% of grandmothers had a learnt trade/profession that could have afforded them a stable job. This is a similar narrative to the Families In Harmony network, with older carers reporting as having to pause their career aspirations or to work in lower level skilled jobs than their qualifications or aspirations. Younger caregiver participants shared a reluctance to take up roles they consider to be below their skill set, often linked to the possibility of economic migration.</p>	<p>"When their mum left for the England it was hard, but then the money to help started coming, now sometimes months pass and we don't get nothing" (Grandfather, 60s).</p>
	<p>"I have to work harder now I have the children. Their mum sent a phone, then some clothes, nothing more, but they can't eat these" (Grandmother, 50s).</p>
	<p>"School fees need paying, school uniform, shoes, books, it's like she forgets" (Grandfather, 70s).</p>
	<p>"I want to go train to be a nurse, maybe travel myself, that nah going to happen for now" (Sibling/Aunt, 30s).</p>

4. Cross-generational tensions: caregivers spoke at length of tensions in family relations relating to economic migration and what I am calling 'arm's length e-parenting'. 60% of participants shared stories of 'interference' and 'undermining', of parents not 'backing them up' in disciplining or maintaining 'respect boundaries and behaviour'. Technology was presenting as one of the biggest barriers in maintaining harmonious family relationships:	<p>"I have to be fighting with a 3-year-old to get her off the tablet her mum buy her, and when I tell her mum to talk to her, it's the same tablet I don't want her to use she Facetiming her on" (Grandmother, 40s).</p>
	<p>"I talk to the boys about the way they talk back at me, I'm their grandmother" (Grandmother, 50s).</p>
	<p>"The children nowadays don't have no fear of God, their parents or elders; when them is being rude I tell them to give me the phone they answer back" (Multiple Grandparents).</p>
	<p>"I could ah never talk to my parents the way these children feel seh they can talk to me" (Grandfather, 70s).</p>
	<p>"My sister and me catch up nuf times because of she mouth" (Sibling).</p>
	<p>"I don't get no support when I tell the mother how rude them is; she just trying to buy favour with the children and she can't see she spoiling dem rotten" (Grandmother).</p>

<p>5. Generational cycles: I wasn't surprised that 50% of the participants had personal lived experience of being a 'Barrel Child' or lived in a family home where a relative's child had come to live with them. However, I was surprised that despite the previous generation having accessed economic migration opportunities, the generations that followed appeared to be no better off economically, still striving to attain financial stability, let alone security. This notion of 'going to foreign to make it' was not evident amongst the participants' lived experience stories. Instead, I heard of hardships that their relatives were experiencing abroad that meant they weren't even consistent in sending support resources for their children:</p>	<p>"When mum left, she had to find somewhere to stay, money to go work, feed herself, so it was a while before we hear her say she want to send fe wi. But when she has her new life and get married, she stop talk about helping us come up" (Sibling).</p>
	<p>"You see many of my family gone America and England, but once them there it seems like them forget bout we" (Multiple Caregivers).</p>
	<p>"I nah left Jamaica! To many gone a foreign and tun fool, left them pickney, start new life and forget sey we ah get old" (Grandfather).</p>
	<p>"We had it hard when my mum left, and I do so much so my sister never have to go through certain things" (Sibling).</p>

Question 2 – Intersectional influence: How do intersections in social identity such as gender, faith and poverty influence kinship caregivers' experiences?

Intersectionality was coined in 1989, the same year the Children Act 1989 came into effect. Yet progress that recognises the impact of intersecting identities, and the levels of systemic discrimination and oppression within these is staggeringly slow. The fact that organisations such as Families In Harmony, The Black Care Experience and Afucare need to exist in the children's social care sector demonstrates that equality laws don't automatically translate into equity in policy and practice.

During the course of my conversations, it became apparent that certain guardians expressed feelings of oppression and disadvantage due to overlapping social identities. Jamaica has a strong identity embedded in the Christian faith. This generates certain gender role values, morals and expectations. Jamaica also has a legacy of caste differentiation linked to skin tone. Contributions also included disability and education attainment discrimination.

Interview conversations and theme finding activities identified the 2 most prevalent areas of intersectionality as follows:

1. Gender and religion:

All seven female participants self-identified as Christians, with five considering themselves to be active in the faith, i.e. attending church-related activities at least once a week. Two of the three male participants self-identified as Christians and one as a Rastafarian. One of the Christian males considered himself to be active in his faith, as did the Rastafarian.

All participants spoke of the decline in moral values impacting the breakdown in families and influence on gender role expectations. There was a clear belief amongst participants that women were more likely to both become caregivers for other family members' children, but also gain greater access to opportunities to migrate as they were more likely to be in professions such as nursing, teaching and social work that attracted certain work visas.

Participants spoke of how their faith was a strong contributing factor to 'helping them get through' the circumstances and challenges of each day. Participants spoke of women experiencing far greater levels of sexual exploitation and then being expected to 'put up and shut up' and deal with the consequences such as unwanted pregnancies.

"When our mum left my sister and I experience many offers of help for a sex price, even advances from men in the church" (Sibling).

"I had my first child young, not my choice. I couldn't talk who was the father, so to make it look better I married someone in the church much older who treated me bad for years. I never want my daughter to suffer like me, so when she got the opportunity to go to America, I just tek my grandchildren" (Grandmother).

Amnesty International produced research, Sexual violence against women and girls in Jamaica: "just a little sex" (Amnesty International, 2006), highlighting the same issues of sexual exploitation of school aged girls by older men offering protection, payment of school fees and safe transportation. To learn that this was still present in kinship care was quite hard to hear. But it also resonated with stories I had heard back in England of how some of the kinship carers there had experienced sexual exploitation and violence when growing up in kinship carer arrangements back home, and how they had never received any form of therapeutic support to help them heal.

All females reported having experienced some sort of familial abuse or unwanted sexual advances during their life; only two had shared this with a 'spiritual leader'. Yet, female participants expressed that their faith is what helps them to 'keep going', embedded in a belief that everyone eventually has to 'give an account'. This faith base resilience was something I could identify with, and I knew of many of my peers in Families In Harmony who shared a similar coping mechanism to this.

2. Education and socio-economic status:

This was an interesting intersection present in guardians, due to the fact that 50% of the participants stated they had concerns that the children in their care had need for greater support with accessing their learning. Many interchanged between the child having behaviour challenges and being 'slow', meaning having some sort of learning disability. However, because none of the carers had been through any assessment process to gain guardian status, and no state run or funded provision existed to specifically offer training and support to kinship care arrangements that they knew of, caregivers expressed that they just did their best.

Through talking about their own education experiences, it became apparent that 30% of participants had no formal education beyond elementary level, these all being grandparents. Only the youngest male caregiver had a university level qualification. Of the 70% that had accessed high school education, five completed, having gained the equivalent of five GCSEs. Interestingly, again, other than the uncle guardian, all had gone on to experience extended periods of zero-hour or ad hoc work in catering, farming and domestic help. 100% of participants saw education as a route out of poverty, but only 50% believed the children in their care would achieve university level qualifications. The dominant factor in these beliefs was not ability, but rather those of disability and finances.

Only 20% of participants had been able to access the government 'PATH Programme', a state provision equivalent to England's Universal Credit system. I will speak more about PATH in my reflections with professionals' interviews, but essentially of the 60% who had lived experience insight into the PATH Programme, all spoke of unrealistic thresholds to gain access to school fees, resources and food assistance.

Due to Jamaica not having a fully funded programme of assistance offering all children under 20 access to free education, as in the UK, I was told it was not uncommon for children to drop out of school to work and help support the family or just to get by themselves. I learnt that the two carers who did receive support from the PATH Programme, which has an education assistance element, both were still having to contribute to education provision.

"Yes, there is assistance, but so many parents and guardians aren't literate, so when they have to fill out long forms to access assistance it means without help, they just go without. I helped over 20 families to get a laptop and other assistance by just completing the forms for them during Coronavirus. When these assistance programmes are offered, they need to think about things like does the family have access to internet, or already have a device to complete the form or even print it" (Aunt, 40s).

"One of my grandchildren is a little slow, he finds school difficult. I try to look about help for him by talking to the teacher and guidance counsellor, and then do push him to do better" (Grandmother).

"The Guidance Counsellor help me to apply for the PATH Programme, and even though me is not working and have me grandchildren, them still never give me. When I ask why, they say I have mobile phone and television. But it was their mum who buy these things and she not always able to help due to her own problems. The school helps out by giving me grandchildren food assistance when things get really bad" (Grandfather).

Further insight into the PATH Programme can be found under the professionals' interviews. But at this point it is important to mention that consistently caregivers spoke of how they don't know anyone who benefits from the programme, highlighting barriers to acceptance as being outdated. Criteria like having a television, indoor flush toilet or mobile phone rules people out, and I admit I found this hard to believe until the sharing of these types of experiences became reoccurring narratives.

Caregiver Key Findings and UK Correlations

- The term 'kinship care' is preferred or the identifiable term 'caregiver'.
- **Trust** was more easily gained due to the culturally and lived experience peer-led and non-governmental involvement in conversations. The ability to clearly demonstrate FIH's independent status and purpose for the research led to less censured discussions.
- The **gender** of participants was dominated by lone female caregiver households, with fewer formal qualifications linked to adolescence spent helping at home with younger siblings and domestic work. The dominance of lone caring is reflected in the Caribbean cohort of FIH, although they have pursued their education as adults in England.
- Birth parents' **socio-economic mobility** linked to overseas and inter-island migration fuels kinship care more so than high levels of social issues found in UK. The shift in routes fuelling kinship care in the Black communities in the UK need to be better understood.
- Female participants spoke of settling in **exploitative relationships** in their past and this is mirrored in birth mothers' current situations as a means of **economic survival**. The theme of **generational trauma** is present in the UK landscape; FIH hear from those born overseas the stories of historical familial childhood abuse/exploitation and attachment issues linked to **Windrush separation**.
- The lack of employment opportunities fuelling **economic migration** was being spoken about from a trauma informed perspective by caregivers, without specific reference to therapeutic parenting. The understanding of the impact of decades of the practice of **Barrel Children** seemed to be better articulated in Jamaica, particularly as some caregiver participants were themselves 'Barrel Children'.

- The generational issue of childhood separation is present in the UK Black kinship care community narrative, and the similarities of **lack of therapeutic exploration or support** to make sense of life experiences is evident across Jamaica and the UK.
- The intergenerational conversations linked to **parenting styles** was causing much family tension, particularly around the issue of **respect for elders** and the use of **digital technology**. These fractions were primary factors in fragility of kinship care arrangements. Such tensions are reflected in the UK, with kinship carers using similar narratives related to 'sparing the rod and spoiling the child'. In the modern context this is linked to giving the child rights without the context of responsibilities and **materialistic parenting**.
- The narratives of the female caregivers were strongly linked to their Christian beliefs, and the **role of females as primary caregivers**. This was also contextualised in the expectation that the maternal family females would step in when issues occurred. FIH has seen a shift in this in the UK with a growing number of paternal families intervening.
- Jamaica is dominated by the Christian faith beliefs and standards. Perceived **decline in morals and values** featured high up in caregivers' concerns. The unwillingness of the children in their care to 'come to church' as adolescents was linked to behaviour decline with no reference to the adverse childhood experiences they had encountered. FIH hear this narrative of linking decline in family time, cultural and faith practices to behaviour challenges within the UK.
- **Sexual violence against women and girls** remains a national concern. Unplanned and unwanted pregnancies, some from rape or sexual exploitation were a feature of kinship care in Jamaica. Females being pressured into **sexual transactional exploitation**, linked to practical and financial help, was spoken about very openly by both female and male caregivers. Concerns around safeguarding particularly girl children in their care featured high. FIH have heard from carers within the UK concerns about exploitation of females present in a different way. Kinship carers express their fears around the impact of peer and gang pressures to become sexualised young and the impact of adultification of their children.

- Caregivers having lower socio-economic and **formal education status** seemed to serve as a driver for raising expectations for their kinship children. All viewed their intervention in parenting as an opportunity to **break family patterns of poverty** and unwanted behaviours, with this leading to improved generational social mobility and financial status. This mirrors the UK narrative that **achievement in education** leads to greater job prospects, which is the key to social mobility.
- Jamaica operates a state provision equivalent to UK Universal Credit to prevent families falling into absolute poverty. Caregivers spoke of the 'PATH Programme' **support threshold being too high** and the need for interventions that addressed what I would classify as 'relative' poverty issues. The issue of **informal caregivers lacking appropriate support** to meet the basic needs of food, shelter and education was a common theme in Jamaica. Just like in the UK Caribbean community, informal caregivers make up the majority population of kinship care.

6.2 Professionals and State Agencies

This element of the research visit was far more fluid in approach. Before arriving in Jamaica, I had managed to secure interviews with Dr Crawford-Brown, who coined the concept 'Barrel Children'; Dr Thompson: Director at Child Protection and Family Services Agency (CPFSA); Sandra Latibeaudiere: Social Work Lecturer, University of West Indies; Rev Dr Marcia Knight: Santa Hill New Testament Church of God; and Cllr David Knight (PNP): Walderston Division North East Manchester. These interviews then led to introductions to Mr Palmer: Accountant, Ministry of Labour and Social Security (PATH Programme); Jacqueline Bryan: Jamaica Association of Social Workers; social workers based in The Kingston & St Andrew Family Court; presenter at I Yaad Radio Station; and Jamaicans For Justice Policy and Advocacy Lead.

These connections and conversations provided rich and diverse perspectives of what was happening and what needed to change and be implemented to improve the outcomes for children growing up in kinship care in

Jamaica, including support for caregivers and professional practice improvements. The openness of professionals and their willingness to discuss perceived shortcomings in provisions was refreshing. **There were notable differences between the lived experience narratives of caregivers, frontline professionals such as teachers and guidance counsellors, and the strategic professionals in state office positions.** However, the unifying opinion was that kinship care could be better regulated and in turn this would help to inform what state provision could be developed as a targeted approach to improve outcomes of children in these arrangements.

In order to highlight the specifics of conversations and the types of support and assistance available, I have chosen to discuss key findings under the following headings: Education; State Welfare Assistance; Faith Groups and Community Support; Political Localism Assistance; Legal Assistance and Non-Government Agency Assistance. Something that was evident regardless of who was providing the assistance or support was the overwhelming cultural

perspective that caregivers were doing what generations of family members had been doing without monitoring, state intervention or dedicated resources. **Outside of Dr Crawford-Brown and others' research into 'Barrel Children' there is little evidence of the impact of these types of arrangements as contributors to generational trauma and/or cycles or patterns of behaviour. There was also a consensus that matters relating to safeguarding children in these arrangements from incidents of domestic servitude and all forms of abuse was a concerning challenge and often only coming to light via community or school reporting.**

Bellefield High School (Education)



We were gifted the opportunity of an immersive experience of the high school and spent a day at Bellefield High School. It felt like interviewing education professionals in their own environment opened up richer conversations based on transparency and authenticity. We interviewed 4 teachers, 1 year group head, a guidance counsellor and 2 support staff. These diverse voices provided a contextual mix on children's wellbeing and attainment. What was apparent that, just like in England, nutrition was linked to performance and behaviour, and an emphasis on being creative in ensuring all children were provided with a hot meal once a day via the school was top priority.

Teachers' perspectives: interestingly, these were framed around not just assisting students to achieve top grades, but building trauma-informed environments where trust was integral to child and teacher relationships. Teachers spoke of being the first port of call to spot signs and symptoms of neglect, abuse and changes in circumstances. I have heard it said by teachers in England that they feel like social workers as well as teachers due to the rising volume of children with additional psychosocial support needs in a classroom.

However, in Jamaica, this challenge was viewed as an opportunity to reduce and address safeguarding concerns, and to offer students an identified pathway to share any troubles that were happening at home.

Teachers spoke of the importance of children having a voice and using it. They shared that because discipline in the class was very structured and given high importance, students who did deregulate and present with challenging behaviour or signs of neglect were approached from a supportive perspective as opposed to a punitive starting point, so the focus was not exclusion but inclusion. This meant interventions were developed and implemented from a child-centred approach, offering solutions to keep children in school, because often this was where the child felt safest, heard and able to be a child. We were told that does not mean that behaviour correction techniques were not applied, it just meant that it was done in a nurturing way to assist students to develop what was considered better values, morals and conduct.

Guidance counsellors: the second tier in the process of helping students to regulate. They hold the equivalence of designated safeguarding leads in schools in

England. Members of staff with a safeguarding concern are required to do an immediate referral to the guidance counsellor. No one else is permitted to talk to a student about any incidents post disclosures. However, the guidance counsellor's role had many other functions including the equivalent of the following roles in England's education system: special education needs coordinator (SENCO), school counsellor, family support worker, attendance officer and emotional lead support assistance (ELSA). This amalgamation of roles and the sheer volume of students needing assistance meant that the guidance counsellor we spoke with expressed an overwhelming sense of pressure to perform. This was in contrast to teachers, who came across as much more relaxed in approach and able to apply time to students in need.

The guidance counsellor spoke in-depth around issues relating to therapeutic intervention, child shifting, and state welfare support. We will first look at the practice of child shifting.

Child shifting: this is when a child experiences multiple moves within the family. We were told this occurs more commonly when parents migrate, die or are incarcerated.

The migration aspect can be linked to financial assistance stopping or becoming inconsistent, as well as the current caregiver gaining an opportunity to migrate. Often, the child/ren will be moved with little notice to another relative, sometimes having no previous relationship with them. Child shifting creates a specific challenge in relation to safeguarding and education.

Jamaica has an off-rolling practice in education, which means should a child have 28 consecutive days of non-attendance the school is required to remove the child from their school register. During those 28 days of absence the school guidance counsellors are required to make every effort to make contact with parents, caregivers and child. However, with the practice of child shifting, children may be moved to another parish and the resources to outreach across areas is limited. The guidance counsellor spoke of trying to make contact via phone and digital/virtual options. But we were also told that too often the off-rolling time constraint and pressures of caseload meant that children were able to literally disappear without the school knowing what had happened. In cases where safeguarding concerns were present, the

guidance counsellor would be required to make a referral to the Child Protection and Family Services Agency (CPFSA) but the reporting back of the investigation outcome of a child that had been off-rolled was inconsistent.

This practice of child shifting could explain some of the informal kinship care arrangements happening in the Caribbean communities in the UK. We know research has shown that Black children come into the child's social care system at a much later age than their white peers, missing out on early help and sitting often in child protection. We know of children in the Families In Harmony network who have experienced multiple informal moves before being placed with their current carer through special guardianship orders. But if families are unaware of the trauma such practice may cause and the impact of fragmented attachments, this cultural practice may continue and contribute to racial disparities by way of producing poorer outcomes and limited access to early help and therapy interventions.

State assistance: a bone of contention for the guidance counsellor, with parallel concerns of those expressed by caregivers and teachers, with the issue of threshold and assessment practices resurfacing.

The guidance counsellor raised concerns that in these progressive times criteria such as indoor flushing toilets and televisions were being used as an indicator of wealth. They stated that they knew of children who had mobile phones but no food at home. Migrating parents would often ensure children left behind had a means of staying in contact with them, in hope that should there be a problem the child could reach out quickly. We were told that young children who were being exploited by local criminals would be given phones in exchange for drug runs and involvement in criminal activities. Children being exploited were being recruited young to avoid the age of criminal competency laws. This resonated with criminal exploitation of children in England.

The guidance counsellor shared they had tried to support caregivers who they knew were experiencing extreme hardship to try to access the PATH Programme, but they were rejected, in contrast to families that were receiving assistance and were known to be misusing funds, who were often working and receiving assistance from other avenues too. They stated that once a child was on the programme there didn't seem to be a review of circumstances, so a parent or caregiver may now be working, in a

new relationship or there might be other factors that improved their household income, but they were still receiving state assistance. They felt this was an issue because the state had quotas for giving assistance, so some families were being left in poverty at the expense of someone else's dishonesty. This harsh system was causing children to drop out of education and gain employment to support their families, or caregivers, and were often found working in very low paid farming, street peddling and unskilled labour. Because of the 28-day off-rolling policy, again, it was easy for families to withhold information during investigations and not re-enrol a child.

I gained the impression that unlike state welfare in the UK, Jamaica's was not universal in the sense that if your household income fell below a certain threshold assistance would be offered. But what was more concerning was the lack of accountability in safeguarding children who were deemed missing in education. I know England has seen a spike since the Covid-19 pandemic of children missing in education (Children's Commissioner, 2024), but active steps from the Department of Education are being taken to identify their whereabouts and secure some sort of suitable

provision to reengage them. It appeared the sheer volume of the problem in Jamaica linked to poverty, meaning that that such a task would require significant allocation of government resources, which some may argue is better spent providing greater welfare assistance to those experiencing poverty but who remain engaged in education.



Legal context: Jamaica's main law for safeguarding children is the **Child Care and Protection Act 2004**; contained in it are a few subsections relating to children being raised by relatives:

- Part 1 Section 14 (1) permits the placement of a child into a relative's care when there are safeguarding issues of neglect or abuse.
- Section 14 (2) (e) allows for the provision of prohibiting persons (including parents) from contacting or interfering with, or attempting to contact or interfere with, the party who has custody of the child.
- Section 24 (2) (b) permits an order for the placement of a child with a fit person, whether a relative or not, who is willing to undertake the care of the child. However, this relates to a child who is deemed out of parental control, and is an alternative to juvenile detention.
- Section 26 sets out the expectation of such relatives undertaking the care of a child under a legal order. It states 'such person to whom the care of a child is committed under the Act shall have the same rights and powers and be subject to the same liabilities in respect of the child as a parent'.
- Section 27 (1) states it shall be the duty of said person to provide adequate maintenance for the child including food, lodgings and health care. And section 27 (2) states any person not able to financially provide for the child in accordance with subsection (1) shall apply to the Minister for assistance.

- Section 28 (1) outlines the expectation that guardians ensure children between the ages of four and sixteen are enrolled in education and subsection (2) states that guardians unable to financially afford education provision and resources shall apply to the Minister for assistance.

I have specifically highlighted these sections as, firstly, unlike in England **the provisions in law cover guardians and kinship care arrangements regardless of who brought the matter to court.** However, **as the majority of kinship care arrangements are informal, both in Jamaica and in the Caribbean community in the UK, many don't realise these support provisions are available to them.** Therefore, **the provision for the state to provide financial and practical support clearly set out in law is mainly actioned when children come through children's social care applications or a professional advises family of these rights.**

Changing UK gatekeeper systems to align with Jamaica, in that a child should not have had to be care experienced to access Special Guardianship Allowances as well as the Adoption and Special Guardianship Support Fund, would contribute to addressing the racial disparities of poverty and early help.

James Baldwin correctly identifies that "not everything that is faced can be changed, but nothing can be changed until it is faced". With this in mind, it is important to remove as many systemic barriers as are identified, particularly to enable Caribbean informal kinship carers in the UK who have a cultural legacy of non-state involvement in family matters 'not airing their business in public' to better understand how changing that narrative will help kinship children to access life story and therapeutic support before reaching crisis point.

Secondly, often it is the family or community that raise the safeguarding alarm and remove the child to a place of safety or position of stability in Jamaica, as is the case in UK informal arrangements. **Because the Child Care and Protection Act 2004 in Jamaica makes no distinction between private and public applications, the emphasis is clearly on safeguarding the child and everyone having a duty to do this.** This approach reduces the feeling of shame and blame from the kinship caregiver as they are seen as part of the solution and thus afforded as much assistance in principle to keep the arrangement stable.

This approach again can contribute to a reduction in racial disparity, as informal care arrangements would be more likely to come out of the shadows through a statutory offer of rights to financial assistance, employment law protections and support assessments. Just like in Jamaica, the child's safety and stability should form the primary bench mark for entitlement.

Child Protection and Family Services Agency (CPFSA)



Interviewing Dr Warren Thompson, Director at CPFSA, provided in-depth insight into the complexities of social work practice and safeguarding in Jamaica.

CPFSA is the umbrella government agency that provides the social work lead in enforcement of the Child Care and Protection Act 2004. This government agency also provides an Ofsted type function overseeing the standards and practices within children's homes, social work, the School Feeding Programme, disability support, child therapeutic and mental health interventions, adoption, fostering and kinship care.

Dr Thompson stated that from his observations over time, the main drivers for kinship care arrangements were parental death, incarceration, migration and mental health. He spoke of how **their assessment processes included a social enquiry report which then formed the foundation of care planning and referrals to agencies such as the PATH Programme and therapeutic intervention.** They operate a 'Family First' model. This aligns with the Child Care and Protection Act 2004 principle that assistance should be put in place at the point when a kinship care arrangement is considered viable. **I felt the practice of one assessment serving many functions reduced the risk of early strain on the arrangements and retraumatizing a caregiver due to having to tell their story to several professionals from different services, as is the case in the UK.**

Although Jamaica has no formal kinship care strategy or law, there is uniformity in practice to a degree, as **all social workers in CPFSA use the same social impact assessment form regardless of which of the 14 parishes across Jamaica the child/ren or parents reside in, thus reducing the postcode lottery effect.** The Form K, which is being developed and piloted in England, could have the capacity to act in this way if all assessing authorities were required to implement it. Having been involved in Form K's development I also believe that, with further work, **by adding an expanded section on therapeutic and education support, it could be used for access to ASGSF and referral to EHCP, ADHD and ASD assessments, thus getting children into the CAMH's queue earlier.**

From our discussions about the Kinship Care Strategy for England and Wales, it was felt the following legislation and practice development adjustments would be beneficial in Jamaica:

- ❖ Development of a regulatory framework specific to kinship care arrangements with clear standards for care expectations would provide guidance to caregivers on the quality and consistency expectations of care. The absence of this was contributing to child shifting, children missing in education and children being used as domestic help in Jamaica.
- ❖ Contact Orders to be used as, too often, although the judge orders removal, family reunification occurs because the child is placed within the family and the risk is not always understood or accepted.

- ❖ Development of a mandatory training offer for kinship caregivers to improve the quality of care and reduce risk of placement breakdown due to a caregiver falling foul of breaching the Child Care and Protection Act 2004. Introducing a statutory licensing of all caregivers such as SGO, starting with all those coming through a formal court arrangement. Currently, once a child is placed with a caregiver, unless the family seek assistance at a later point no form of follow-up service is provided. This mirrors UK practice and affords no opportunities for trust rebuilding and encouraging participation in peer support activities or further training. Such welfare and wellbeing checks could be implemented as part of the annual financial review, thus demonstrating to kinship families that local authorities' duty of care is not embedded in saving money.
- ❖ PATH Programme fully accept CPFSA assessment and provide assistance via a universal standardised support package attached to the child. This would be administered through PATH and include assistance such free school meals, school resources and uniform, alongside home necessities such as beds, coupled with a grocery allowance payment. Reducing the amount of physical cash through a voucher system would ensure children receive the greatest benefit of the assistance.
- ❖ Improve the working conditions of social workers by way of increased recruitment quotas and wages. Currently CPFSA Social Workers can be expected to carry out in excess of 250 assessments each year, meaning they can have an open caseload of over 100 at any given point.
- ❖ CPFSA does operate one therapeutic centre, Maxfield Park, which offers a range of therapies, a mobile mental health team, and occupational and speech and language therapists. But just like in the UK wait lists are long. However, what is positive is the racially inclusive practice and resources that help enhance a sense of self. This is mirrored in Dr Crawford-Brown's play therapy centre.

- ❖ Dr Warren also raised his concerns around the way in which partnership working with overseas authorities works. He would like to see improvements in the area of shared information. He stated that too often they carried out assessments on behalf of the UK but once the report was filed little or no information to outcome or if the child had been placed with relatives in Jamaica was shared. This creates a problem monitoring such placements and cases have been known where safeguarding concerns are present and not known until something serious occurs.

Ministry of Labour and Social Security (MLSS) (PATH Programme)



Via an impromptu introduction we interviewed Mr Palmer, an accountant overseeing the financial assistance for the PATH Programme. We attended the MLSS office and were able to see at first hand where those seeking PATH Programme assistance were expected to bring their paper application.

The PATH Programme came into effect in 2002, initially funded via the Jamaican Government and World Bank up to 2017. Since 2017 it has been funded solely by the Jamaican Government. PATH sits under the Public Assistance Division of MLSS. We discussed the issue of assessment criteria and why CPFSA social impact assessments weren't accepted as evidence for meeting the benchmark for assistance, particularly as they were accepted in the court to determine where a child was best placed to live and what assistance would be needed if placed with a family member. We were told that PATH acceptance often meant that, if accepted, the child and family would receive a much wider support package than that focused on just where a child should live. **When questioned about the criteria used of whether someone had an inside flush toilet, television or mobile devices, we were told that in many rural areas these were considered wealth indicators.**

We discussed why locality distinctions weren't made in assessments between urban and rural and were told that over time acceptance criteria were being adjusted.

The types of assistance available via PATH included bi-monthly stipends, school feeding programme, targeted resources for adult poor, disabled persons, elderly 60+ and post-16 assistance to aid college and university completion and graduation.

Depending on the composition of the family, and specifically in the case of kinship carers often being grandparents, and depending on the needs of the children they are caring for, they could be eligible to receive assistance under multi criteria. **Mr Palmer did state that it wasn't uncommon that once someone qualified for assistance this help could be offered for a number of years as they transition through various life stages.** When questioned about a bi-monthly rather than weekly or monthly payment, we were told that due to the sheer volume of those on the programme and the loss of the World Bank assistance, bi-monthly was to ensure everyone who was approved received some assistance. He did state the assistance often wouldn't cover a month, let alone two weeks' of necessities, but some help was better than none.

The Kingston & St Andrew Family Court

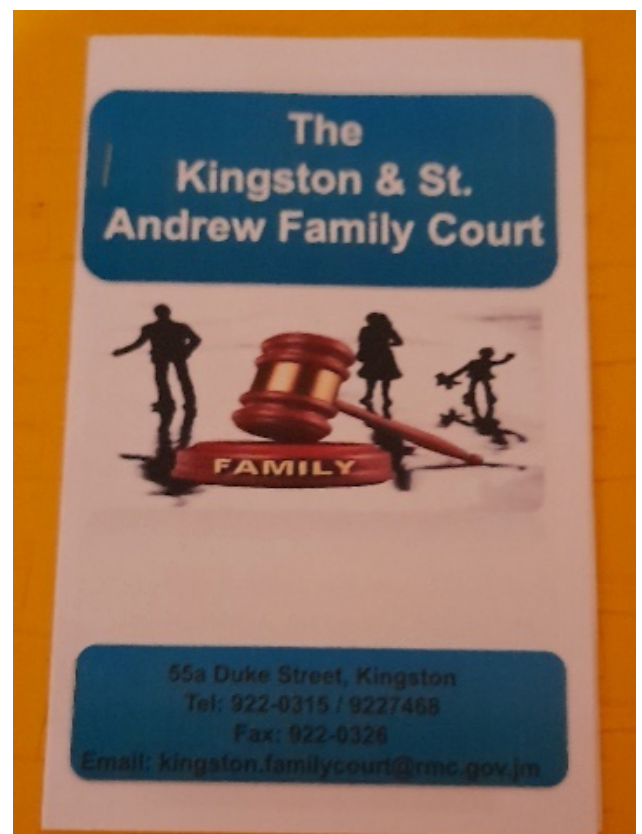


Through another impromptu introduction I was invited to attend a court induction workshop with a group of medical students. These introductory workshops give students whose course will lead to a profession that may require them to contribute to safeguarding or family assessment court reports an opportunity to have an immersive learning experience, seeing at first hand a court hearing, meeting the different court personnel and gaining an understanding of the roles and the court processes. This opportunity allowed me to learn more about the types of family cases coming court.



I was told that previously the predominant reason for children being in court was parental maintenance claims, but now the greatest reason is domestic abuse between parents or main caregiver and safeguarding concerns in such cases. I was also told of the **noticeable rise in females being brought to court as the perpetrator in these cases**, leading to children needing to be removed from the mother's care and found suitable caregiver if the father was deemed not suitable or was unable to do so. This correlated with what I had previously heard from the school guidance counsellor and Dr Warren in relation to circumstances contributing to kinship care arrangements.

The court social workers I spoke with shared their concerns around the sheer volume of cases, and the rise in parental murder. I recall thinking that since 2018, when I started working directly with kinship families, I have only known of 3 cases where parental murder was the factor leading to a kinship care arrangement. It made me think about Jamaica's support systems in relation to refuges and violence against women and girls. It also made me reflect on previous conversations about teenage pregnancy through child sexual abuse being a contributor to kinship care arrangements. **I was told that families would often deal with these matters privately, and so the court records weren't a true reflection of the scale of these problems.**



These discussions prompted thoughts about the hidden army of informal or unsupported kinship carers in the UK and the statistics that suggest African, Asian and Caribbean kinship families make up the significant number of these kinship care arrangements. **Could a cultural norm of 'dealing' with family issues behind closed doors and not bringing 'shame' to the family be a barrier to accessing early help? Caribbean families migrated to the UK to prosper, so the reality of systemic biases that contribute to mental illness leading to sections rather than talking therapies, incarceration rather than community orders, school exclusions rather than EHCPs and CAMHS assessments, may be fuelling racial disparities in kinship care.** But these social issues are not what families would want aired in public, so early help is less likely to be spoken about and therefore interventions such as family group conferences less likely to happen and to generate a family plan.

Jamaica Association of Social Workers

Jacqueline Bryan (President of Jamaica Association of Social Workers), who oversees the 14 parish social work teams and is Chair of Jamaica Association of Social Workers, hosted a Zoom session so I

gained access to student and practising social workers representative of 10 Jamaican parishes.

This group of social workers stated migration, mental illness, parental death and domestic abuse as main drivers in kinship care arrangements. They spoke of 'overbearing pressures' on caregivers linked largely to lack of support and resources. They also spoke to the child shifting narrative, many stating that this was occurring due to the pressure getting too much and feeling they have done their bit of time for someone else to help now.

The group shared some of the challenges they saw caregivers experiencing, such as:

- Development stage challenges, like teenage 'rebellion'. Frustration about disrespect and generational value differences.
- Verbal and physical abuse, and living in fear in their own home.
- Lack of assistance from parents in enforcing discipline and boundaries and, in many cases, parents siding with the child and encouraging unacceptable behaviour.

- Conflict between birth children and kinship children, often linked to disrespectful behaviour or bringing problems to the family home.

Some of the challenges they shared in relation to the kinship child's experience was:

- Feelings of not being loved, being treated more harshly or differently.
- Caregivers not attending parent-teacher meetings, leaving the child feeling their education or achievements are not important.
- Stigma and previous trauma impacting emotions and behaviour.
- Fear of being put out, being exploited, further abused or even killed when living in areas of high criminal activities.
- Not being supported with resources to go to school.

Social work practice challenges:

- Sheer volume of informal kinship care arrangements, and these mostly coming to light when something has gone wrong.

- Time and resource constraints to fully investigate safeguarding allegations, as they often hold caseloads of over 100.
- Resistance from family to work with social workers.
- Ongoing training to upskill and career progression opportunities. This often leads to the economic migration situation of professionals leaving to practice overseas.

“Even without a legal framework for kinship care, there needs to be a larger budget allocated to help with these families’ social welfare and amenities” (Social Worker).

University of West Indies Social Work Programme



To study and work in the UWI Mona Campus must be amazing: lush mango trees and an outdoor swimming pool. My conversations with Sandra Latibeaudiere, Social Work Lecturer, generated themes around economic migration, policy development and family complexities. **I delivered a seminar to students across social work, therapy and law disciplines and was surprised that when I asked how many intended to progress their career in Jamaica upon graduation, only 2 out of the 17 were a definite yes.**

The challenges students felt they faced were:

- ❖ Access to employment in their discipline – “The government is not adding new positions in our field, and our colleagues are not taking retirement early, so what are we expected to do?” (Law Student). “The universities know that there are maybe 100 social work positions across the island, yet they are training 100 social workers per year, so of course we have to leave Jamaica to work in our disciplines” (Student).
- ❖ Student debt – “The government knows there are challenges with large caseloads, but yet there are no new funds to recruit social workers. We have student debts, so migration is our best option” (Social Work Student).
- ❖ Social mobility – “I want to practice in Jamaica, but I can earn more working in a store in America and clear my debts quicker. I know once I study further there, I will have better opportunities, and can help my family back home” (Therapy Student).

The University's challenging themes included:

- ❖ Over the past several decades, close to a million Jamaicans have emigrated to the United Kingdom, United States, and Canada. Recent approximations indicate that over 80 per cent of Jamaicans with tertiary level education and living outside of Jamaica were trained in Jamaica (IOM, UN Migration, 2020).
- ❖ "Jamaica has a serious issue with the number of professionals leaving the island. We know we recruit more students than there are jobs in certain disciplines, but many students also choose their courses according to best options for migration. Often our social work students are not knowledgeable of overseas child protection law, so if this economic migration practice is to continue then these countries need to invest more post-migration into preparing students for overseas practice." "We also need to see greater investment in migration preparation training that gives individuals understanding of the parenting practices of the country they are heading to, so better understanding of what is acceptable is known in advance of safeguarding issues occurring" (Lecturer, UWI).
- ❖ UWI Mona has funded extensive research into the Barrel Children Syndrome via Dr Crawford-Brown's work over a 40+ year period. Having this consistent lens on the subject matter has helped to inform state interventions and direct funding into therapeutic services, although this is still very much under resourced.
- ❖ UWI Mona is currently conducting extensive research into aging well via Sandra Lati PhD work which does look into the needs of grandparent kinship caregivers. This work considers the impact of not considering the health challenges associated with growing older and the impact on caregivers' ability to keep providing safe care. Such considerations must be explored in the assessment processes of UK kinship care, particularly as the health disparities associated with the African and Caribbean communities report higher percentages of lifestyle conditions that can lead to life shortening outcomes.

**Cllr David Knight (PNP): Walderston
Division North East Manchester**



clothing, school resources, home repairs and even farming equipment. He said there was never enough funds to meet all the needs; however, the elders and children were considered a priority. He spoke of how economic migration was the main driver for kinship care, and that the church and community leaders offered assistance also. I learnt that the church and wealthier members of the community were more likely to provide local assistance than the state.

It was a pleasure hanging out with Cllr David Knight and some of his constituents talking and reasoning about the issues relating to kinship care and parenting practices. Hearing a male perspective led me to better understand why gender roles still remain quite fixed in Jamaica. Men and women in the church in Jamaica generally marry quite young, divorce is very much frowned upon, and children are considered blessings in these unions even when financial resources are stretched.

Cllr David talked to me about how his role administered a local welfare assistance pot which would often assist kinship caregivers with items of

Professional Key Findings and UK Correlations

- The importance of **trauma informed practice** and teaching staff acting as **first responders** to home and community linked safeguarding issues was universal across teaching staff interviews. However, many spoke of using 'common sense' and a safeguarding approach rather than actually being trained in this area.
- The **stretch on resources** leading to multiple roles converged into one, such as guidance counsellors who act as the safeguarding leads, emotional support learning assistants, attendance officers and family liaison workers within schools.
- **School is the 'safe place'** for many children who are exposed to **exploitation by gangs, peers and familial abuse**. Professionals spoke of children sharing what was happening, but not wanting to engage in support services for **fear** of being put out of the home or **'child shifted'** to somewhere which could be worse.
- The practice of **'child shifting'** was mentioned several times. This is where a child or children are placed by parents or other relatives with a family member due to responding to safeguarding concerns, social issues or economic migration, and then that **child is moved around relatives' homes**. According to professionals, this shifting occurs due to perceived **challenging behaviour from the child**, to address or suppress **safeguarding concerns**, from **domestic servitude** or when a carer's circumstances change and the child must 'move on'.
- It was evident that **behaviour management** was administered from **an inclusion rather than exclusion perspective**. Professionals were clear that children wanted to learn but **external factors beyond their control** often impacted that desire. They linked this to safeguarding, as it was recognised that more often the children 'acting up' were the ones who were experiencing **poverty challenges, exploitation pressures, parental absence or child shifting in kinship care arrangements**.

- Professionals questioned **state assistance** to address childhood poverty. Most education professionals and faith/community leaders spoke of the PATH Programme having **unrealistically high thresholds**. They stated that **lack of financial support was driving economic migration and increasing kinship caregiving arrangements**.
- Children's social care professionals expressed concerns around **workforce capacity and development**. **Large caseloads** inevitably lead to **children slipping through the gaps or needs going unseen**. These concerns **heightened** where children were in kinship care arrangements as social workers expressed that, **due to child shifting**, they vanish easily.
- All professionals raised concerns about the **off-rolling practice in education law**. This is where a child is removed from the school roll if they have not had contact with the school for 28 consecutive days. Child shifting in kinship care contributed to this off-rolling and **increased safeguarding risks, particularly in teenage years**.
- Concerns around Jamaica having no **kinship care legislation or strategy** and how this was possibly **putting children** in these informal and formal arrangements **at risk**.
- **Literacy levels, digital skills and knowledge of rights and services** were the common reasons given by professionals as **challenges for caregivers to navigate state systems and access support**.
- **International kinship care placements** raised cause for concern. Professionals stated that many of these arrangements **weren't known to them until something goes wrong**, with the problem brought to their attention via their education colleagues. Many expressed that this was **amplified in teenage years**.
- **International recruitment of social workers, teachers and nurses** leading to a skills drain in the country whilst also perpetuating economic migration kinship care.

6.2 Professionals and State Agencies

Jamaicans For Justice Policy and Advocacy Lead

Through my UWI Mona connection I was able to attend a Jamaicans For Justice conference that brought together community leaders, human rights and family support NGOs and children's safeguarding professionals to debate the proposed changes in law to address the issues related to violent youth crime. **I was shocked to hear the sheer volume of peer-on-peer sexual assaults. The discussions led me to reflect on my interviews with caregivers and their concerns in protecting particularly their female kinship children.** It also made me think about what had been shared with me in relation to what were the drivers of kinship care.



Dr Claudette Crawford-Brown

Dr Claudette offered invaluable insight into the children's perspective of kinship care in Jamaica. She has conducted numerous trials into therapeutic interventions to improve the support mechanisms for 'Barrel Children'. **Dr Claudette spoke at length about the attachment, abandonment and generational trauma. She felt that for too long economic wellbeing has trumped the wellbeing and safeguarding of children.** Her research has demonstrated consistently that unresolved trauma seeps out in various forms of behaviour.

Dr Claudette expressed that the countries who are benefiting from economic migration skills drain have a duty to reinvest in the countries they are benefiting from; and that this should be aimed at addressing the support needs of the children and caregivers who are left behind. It is important, she said, to capacity build access to the therapeutic interventions to help stem some of the trauma behaviours impacting families and communities.

Dr Claudette showed great interest in the work of FIH and potential collaborations, particularly in the areas of Windrush and kinship care racialised research and therapeutic

interventions. **As a result of our conservations Johanna as FIH Training and Therapeutic Lead agreed to work with Dr Crawford Brown in expanding race specific trauma informed practice in the UK, starting with embarking on a specialist course that forms part of the Caribbean Association of Play Therapist qualification and accreditation.**

Rev Dr Marcia Knight: Santa Hill New Testament Church of God

Rev Marcia hosted some of the kinship caregiver interviews at her church. I was able to talk with her about the spiritual resilience mentioned by so many of the carers both in Jamaica and the UK. **Rev Marcia alluded to the cultural aspect of kinship care, and how it is a way of life in Jamaica due to economic migration, poverty and mental health rise linked to the stresses of life.** *She spoke of how the church provided an extended family, this something we have often heard caregivers in the FIH network speak about.* Rev Marcia heard how children formed friendships, joined in family and peer activities, all of which maintained structure and helped develop character and discipline. She shared how **the church also, when possible, offered practical assistance by way of food and clothing to families.** She spoke of how

kinship caregivers were often proud, so church members would discreetly help by sharing produce they had grown or with finances. These acts of kindness struck a chord with me. I remembered how difficult it was when I left my job to become a kinship carer and how the church I was a member of supported me, but also how the Rehoboth Community Outreach Project was birthed and has gone on to partner with FIH for years supplying cultural food hampers to kinship families across South London.

Presenter at I Yaad Radio Station



It was a pleasure to share some of my learning with radio listeners as part of a phone in, but also to hear from a wider audience more about the impact of economic migration and kinship care. Interestingly, callers wanted Jamaica to do more to stem

the skills drain and to improve the state welfare assistance and employment opportunities to lift families out of poverty. Many spoke of economic migration as the cause in decline in family wellbeing and generational fragmentation.

Welfare refers to the resources available to individual, families and communities to promote wellbeing, whereas wellbeing can be attributed to the impact of the physiological and psychological state being experienced, both are equally important.

Recommendations

With the expansion of the preferred permanency option for children unable to live with their parents now being kinship care, for Black African and Caribbean families it is unlikely this can happen in an equitable manner without the minimum of the following:

Policy Improvements

- **National racial equity plan for children's social care:** learning from Jamaica, the UK must develop a legal framework which offer support to kinship care regardless of whether the child entered the arrangement via formal or informal route. This will lead to improving the informal arrangements more akin to Black Africa and Caribbean families. This equity plan must include as a minimum, a vision, systematic review and clear objectives to deconstruct the historically embedded racial biases in state agencies policy and practice. The vision should demonstrate that every child is seen and how 'Each child has equal opportunity to develop his or her full potential through access to the best care, affection and protection', ensuring that 'No child falls into, or remains in poverty for lack of adequate support' because of the colour of their skin.
- **Education racial equity inclusion policy:** changing the approach of schools in supporting children who have experienced adverse childhood experiences. Currently, children who are looked after have Personal Education Plan (PEP) multi-agency meetings, but kinship children who have often shared experiences do not receive that individualised approach. Children from Black communities are more likely to be excluded from school. To change this racial disparity, just as in Jamaica, schools should be required to demonstrate a trauma-informed inclusion as opposed to exclusion approach to supporting children with ACEs to remain in mainstream provision.
- **Local Offer Guidelines:** as part of their kinship care local offer must demonstrate the commissioning or development of racialised support provisions through partnerships with Black-led organisations that work in collaboration with the virtual school provision extension of duties, so we can start to see a reduction in racial profiling, adultification and improvement specifically in the outcomes of Black boys' attainment levels.

Research Improvements

- **Ring-fenced research funding:** the previous and current government have highlighted the challenge of addressing racial disparities due to the dearth in research and evidence reflective of the needs of Black African and Caribbean kinship care families. Specific investment into the development and funding of a consortium project with co-production at its core must be prioritised. Research areas should be generated and co-researched in partnership with those with lived experience of kinship care within Black African or Caribbean heritage families. Funding bodies should prioritise research in this area as part of their commitment to equity, diversity and inclusion. This approach also contributes to diversifying the researcher community and improving the narratives associated to the Black community.
- **Acknowledgement of historical context:** Research linked to kinship care relating to the Black African and Caribbean community must for integrity sake acknowledge the historical context, including the ripple effect legacy of the transatlantic slave trade, colonialism, economic migration, Windrush, structural and systemic racism.

Practitioner Improvements

- **Building racial equity bridges:** improving trust and access to support, contributes to closing the racial equity gap in kinship care. All local authorities must commit to working in partnership with Black led local and national organisations as part of developing a racially inclusive and equitable local offer.
- **Informal kinship care support packages:** practitioners must work from a principle of best interest of the child and stop using the caveat of private family arrangement to deny children and their caregiver's access to assessments, resources and support. This should also focus on changing the narrative of Black families being less likely to be given access to early help and more likely to go onto Child Protection Plans at the point of intervention.

- **Racial context assessments:** The cultural nature of kinship care in Black families means that children are more likely to be cared for by a relative informally. Therefore, each family must be assessed through a racialised lens which includes their prior understanding and experiences of UK state system.
- **Early Help:** practitioner cultural complacency must be addressed through continual professional development and courageous conversations, to avoid “good enough” beliefs and attitudes, coupled with misdirected cultural curiosity and budget constraints missing opportunities to provide early help interventions that keep children safe and supported in stable family arrangements.

Support & Services Improvement

- **Improving education outcomes:** targeted support particularly for Black boys growing up in kinship care arrangements, emphasising the safety factor created when children remain in community school education. Ring-fence funding for culturally specific support co-produced in partnerships with Black-led organisations and ensure capacity building is included, alongside collaboration with the virtual school provision.
- **Culturally appropriate therapeutic interventions:** Children must not continue to be disadvantaged because their parents or caregivers are too afraid or racially traumatised to reach out for help. Caregivers must be given access to culturally appropriate therapeutic support to address the emotional and mental wellbeing of the children in their care. This offer should be extended to assist caregivers to access support to address their own adverse experiences to ensure they can continue to provide safe, loving and stable homes.
- **10-year multi-agency kinship care pilot partnership:** Fully funded, anti-racist, solution-focused partnership with key state stakeholders’ children’s social care, health, education, youth justice and housing fully present, funded and committed to changing the narratives, stressors and practices contributing to in arrangement and outcome racial disparities. This approach would allow for the recognition of extenuating external factors such as higher deaths in childbirth, greater custodial incarceration, mental health detention, and education exclusion are having on the Black community which leads to children growing up in kinship care, both formal and informal. This partnership must have resources and authority to sign off on decisions.

7. Moving Forward



We at Families In Harmony will continue this learning journey and embed the new knowledge into our ongoing campaign to improve racial equity in England. Johanna is completing the Caribbean Play Therapy Diploma under Dr Claudette Crawford-Brown's evidence based programme. Upon completion she will be a certified practitioner bringing these skills to the UK, meaning a shift in practice to offer a racialised model of play therapy. We intend to offer this as part of Families In Harmony therapeutic support, and improving professional practice training offer. This will continue to be developed as part of a collaboration with Dr Claudette to see more UK therapists trained.

This research opportunity combined with evidence collecting amongst FIH network in England, has led us to conclude that the unseen needs particularly of informal kinship families and the more general invisibility of Black kinship care families is driving arrangement instabilities, prolonged trauma and financial hardship. Therefore, in addition to this report we will also be launching our **#SeeEveryChild Campaign** in the summer of 2025.

This encompasses the recommendations to acknowledge racialised disparities and apply an anti-racist framework to all things kinship care, including education and children's social care policy and practice development. FIH's campaign will encompass driving forward the recommendations of this report and gaining commitments to the deconstruction of racial biases in kinship care. It will also serve as a vehicle of accountability, a critical friend in professional spaces, advocating for all children to be seen and their needs met, through the proportionate distribution of public funding and resources targeted at the provision of awareness raising, research and racialised services led by and for African and Caribbean communities.

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