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SPECIAL GUARDIANSHIP DISRUPTION IN WALES IN 2020

AN EXPLORATORY STUDY

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The Authors

Joan Hunt OBE was appointed Honorary Professor in Cardiff University's School of Law and Politics in 2013, on her retirement from Oxford University, where she was a Senior Research Fellow in the Centre for Family Law and Policy, part of the Department of Social Policy and Social Work. She has researched and written extensively on kinship care and most recently produced an overview of the past two decades of kinship care research in the UK. She was a member of the Technical Group convened by Welsh Government to advise on changes to the Welsh Special Guardianship Regulations made in 2018 and the accompanying Code of Practice. She assisted AFA Cymru with the preparation of two Good Practice guides produced for the Welsh Government, one on kinship fostering, the second on support for special guardianship. In the study reported here she was primarily responsible for collecting and reporting on the research data.

Sarah Coldrick is the legal consultant for AFA Cymru. She was a local authority solicitor for many years before joining BAAF Cymru in 2009. She has developed an interest in special guardianship, being a member of the Welsh Government Technical Group reviewing the 2005 Special Guardianship Regulations. She was an author of the NFF Good Practice Guide for the Assessment and Support of Kinship Foster Carers, 2018 and the Welsh Government Guide for the Offer of Special Guardianship Support in Wales, 2020. Sarah was project manager for this study and devised the draft special guardianship support plan.

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1 Introduction

Background

Special Guardianship Orders (SGOs) were introduced by the Adoption and Children Act 2002 (section 115 (1)) which came into force at the end of 2005. They are intended to provide legal permanency for children unable to live with their birth parents but for whom adoption is not appropriate. The order does not sever the link with parents, who retain their parental responsibility, but this is shared with the special guardian, who can exercise it to the exclusion of anyone else. Parents also require leave of the court to apply for revocation and must demonstrate a substantial change in circumstances.

Although research indicates that the proportion of SGOs which disrupt is low (Harwin et al, 2019; Selwyn et al, 2014; Wade et al, 2014) the fact that some do not last is naturally a matter of concern. There has also been extensive concern over the adequacy of the support offered to special guardians and the children in their care (see Hunt, 2000 for an overview of the research studies).

In 2018 the original regulations were amended in Wales[1] and a Code of Practice issued.[2] In 2019, the Welsh government commissioned AFA Cymru to produce a framework for special guardianship support services, which was subsequently launched as *A Guide for the Offer of Special Guardianship Support in Wales* (AFA Cymru, 2020). This sets out the **minimum** services each local authority in Wales should provide and outlines (p 8) why an All-Wales Offer was deemed necessary:

> The provision of special guardianship support services varies across the country. Some local authorities are providing a full support package, including peer support, access to therapeutic services and an imaginative approach to helping children with keeping in touch or spending time with family members (contact). Other local authorities are only at the start of creating a more tailored system of support for special guardianship families, separate from the usual access through the 'front door' of the local authority social services department, available to all eligible families through the Social Services and Well-being (Wales) Act 2014.

The Guide sets out six *Outcomes* the framework is seeking to achieve:

> Outcome 1: To achieve and sustain an alternative permanent family life into adulthood where children may be stable, feel secure and flourish.
>
> Outcome 2: Children are supported to be happy and healthy into adulthood and helped to recover from their early adverse experiences.
>
> Outcome 3: Special guardians are supported, emotionally, financially and practically, to enable the children in their care to thrive.

[1] The Special Guardianship (Wales) (Amendment) Regulations 2018. SL5123.
[2] Special Guardianship Orders: Code of practice on the exercise of local authority functions in relation to special guardianship orders 2018. SL5124

Outcome 4: Children have the opportunity to develop and maintain safe and meaningful relationships with their parents and other people who are, or are likely to be, important to them.

Outcome 5: Children are able, where appropriate, to maintain and develop their relationships with their brothers and sisters.

Outcome 6: All children subject to special guardianship orders have knowledge and understanding of their past experiences and the reasons why they live with their special guardian.

Under Outcomes three to six the Guide lists a number of 'Offers' which set out what local authorities should be providing to deliver on all six Outcomes.

The research reported here, also commissioned by the Welsh Government from AFA Cymru, follows on from that work. Its remit was to explore why some special guardianships do not last, what services might prevent disruption and what could be learned in terms of 'The Offer'.

Research Design

The research was developed through a series of discussions, coordinated by AFA Cymru, involving the Welsh Government, the two authors of this report, Cafcass Cymru, and kinship practitioners from three Welsh local authorities which had been closely involved in the launch of the SGO support guide.

Given the time and resources available to undertake the research, and the lack of routinely collected data on SGO disruptions in Wales, it was agreed that the primary source of data would be a self-completion questionnaire to kinship practitioners in these three 'core' local authorities asking about all the special guardianships which had disrupted in the two years ending in November 2020. This questionnaire was developed with the assistance of kinship practitioners attending a meeting of the special guardianship special interest group convened by AFA Cymru. Although the original plan had been to confine this survey to our three 'core' authorities, when asked, several other members of this group said they would be willing to participate by filling in the questionnaire on one special guardianship case which had disrupted in the relevant time period.

Practitioners in the core group also suggested that, in addition to special guardianships which had disrupted, it could be useful to examine those which were continuing but were considered by the local authority to be at risk of disruption, or to have been at such risk in the past. The questionnaire therefore incorporated questions on these cases.

It was not considered feasible to try to interview children or young people whose placements had disrupted. However, it was very much hoped that we might be able to talk to some special guardians and local authorities were supplied with letters of invitation to be sent out to special guardians explaining the research and seeking their participation.

The research sample

In the event only four special guardians – two whose SGO had disrupted and two where it was continuing - agreed to be interviewed, one of whom was not willing for details from the interview to be included in the research report. These interviews were conducted by telephone in April 2021.

Change of personnel in one of our core authorities meant that they were only able to supply information on two cases, both continuing SGOs, and the number of questionnaires returned on disrupted cases was somewhat lower than we had expected. In total completed questionnaires were received on 20 special guardianships, 14 of which had disrupted, the other six being continuing but receiving services from the local authority because they were, or had been, considered vulnerable to disruption. These cases were drawn from 14 of the 22 local authorities in Wales, with questionnaires being completed during February and March 2021.

The sample, therefore, is small and cannot be considered to be representative. Given, however, that social workers were being asked to participate when they were under severe pressure due to the pandemic, we are very grateful that they took the time to complete what was a lengthy and complex questionnaire, and to provide such considered and detailed information.

In view of the constraints of time and resources, the questionnaire was largely based on closed-response and multiple-response options, although it did include some open-ended ones and opportunities for respondents to enlarge their answers.

Structure of the report

Chapter 2 of the report gives an overview of the disrupted cases in terms of the ages of the children involved, the interval since the SGO was made; the main reasons why practitioners thought the special guardianship had disrupted, and where the children moved to afterwards.

Chapter 3 goes back to the period before the order was made and looks at how far pre-placement factors which have been identified in previous research as linked to disruption were reflected in the sample cases and whether this varied between the cases which did and did not disrupt.

Chapter 4 moves on to look at the post-SGO factors which practitioners considered had contributed to the disruption or vulnerability to disruption.

Chapter 5 documents the involvement of Children's Services after the SGO was made and the services which were offered to special guardianship families in the most recent period of involvement.

Chapter 6 reports on what practitioners thought might have helped to reduce the risk of disruption and what might be done differently if the SGO was made now.

Chapter 7 sets out the messages which emerged from the interviews with special guardians.

In the final chapter, after summarising the key findings from the research we examine the implications of these findings for the framework for special guardianship support set out in *A Guide for the Offer of Special Guardianship Support in Wales* (The Guide). We also make some suggestions for moving forward.

2 Special Guardianship Disruptions: profile of the families and an outline of the circumstances

This chapter gives an overview of the disrupted cases in terms of the profile of the children and their special guardians, the interval since the SGO was made; the main reasons for the disruption offered by practitioners, and where the children moved to afterwards.

Profile of the children

All but one of the disruptions involved a single child. Typically, this was because the SGO had been made only on this child. However, in four families a sibling had also been subject to an SGO. In three of these that sibling remained in the household. In the fourth family an older sibling had left earlier, at the age of 17.

The gender distribution was almost even, with eight cases involving boys/young men, and six girls/young women (with one case involving two girls).

The age distribution at the disruptions, however, was not even, since half involved teenagers, all aged between 14 and 17. There were only three disruptions where the children were still no more than five years of age, those in the remaining four cases being between six and 10 years old.

Only two of the seven teenage disruptions involved children who were more than 10 years old when the SGO was made, while in three the children had been aged three or less.

Overall, at the point the SGO was made, in 10 of the disrupted cases the children were no more than five years of age, eight of these being three years old or less, with two no more than five years old. The ages of the remaining four were seven, nine, 11 and 15.

Profile of the special guardians

In all but one case (where the special guardian was a member of the child's social network) at least one of the special guardians was a blood relative of the child, typically an aunt or uncle (8), with only three disruptions involving grandparent special guardians.

At the point the SGO was made, in nine cases the special guardians were caring as a couple. Of those caring alone, four were female, one male. Of those caring as a couple, in two instances both carers were blood relatives; in the other four the blood relative was female and in two cases male.

In terms of age, none of the *singleton* special guardians were under 30 years old at the point the SGO was made and only one was aged between 31 to 40. Two were aged between 41-50; and two between 51-60. Of the *couple* carers, only one was under 30, the partner being older (31-40). In three other cases both partners were aged between 31-40; in three

between 41-50. There was only one where both were aged between 51-60 and one where they were in their early sixties.

Endings

When did the disruption occur?

Although we had asked practitioners to provide information about special guardianships which had disrupted in the two years ending in November 2020, in the event all the disruptions in the sample occurred in 2020, 11 of them after the first national lockdown was declared in the March. As we discuss in chapter 4, in five disruptions practitioners thought that the pandemic had been a contributory factor, although there was only one family in which it was said to have been 'very much a factor', while in the other four it was considered to have only contributed 'to some degree'. In the remaining six families it was said not to have been a factor in the disruption.

The interval between the SGO and the disruption

There was huge variation in the interval between the SGO and the disruption (table 2.1), ranging from a few months to 16 years. Only three, however broke down very quickly, i.e. within a year, while nine had lasted for more than three years.

Table 2.1 Interval between SGO and disruption (N=14)

Interval SGO to disruption	Number of cases
12 months or less	3
2-3 years	2
4-5 years	5
6-10 years	2
>10 years	2

Who took the decision to end the special guardianship?

The majority of arrangements (8) were terminated either by the special guardians (4) or the local authority (4). There were three instances in which the young person took the decision.

> Two 17-year-olds indicated that they wanted to move out and live independently while a 14-year-old voted with their feet, running away to their birth parent and refusing to return.

In one further case, also concerning a 14-year-old, it seems that neither the young person nor the special guardians were prepared to continue with the arrangement, although this decision was decidedly not an amicable one.

In one case the mother was reported to have taken the decision that the children should return to her, although the circumstances suggest that the change was probably agreed with the special guardian and at least not opposed by the local authority. In the final case it was not clear, since the practitioner selected 'other', without further explanation. It is possible

that, because the child moved to another relative, this may have been a family decision, although, again, the local authority was involved.

Reasons for disruption

In chapters 3 and 4 we examine in detail the factors which contributed to the disruption, both those evident prior to the SGO being made and those which subsequently became evident. This is largely based on data drawn from closed or multiple-choice responses to pre-set questions. Practitioners, however, were also invited to outline the reasons for the disruption, which we summarise here.

In most cases the reasons given fell into one or more of three broad categories. **First,** the behaviour of the child/young person combined with the special guardian/s being unable to cope with this, often after a considerable period of time during which they had attempted to do so. This reason was given in five cases:

> *The child's behaviour was becoming unmanageable; the special guardians had no knowledge on how to manage the complex behaviours the child presented. They maintained unrealistic boundaries and expectations of the child.*
>
> *The child's behaviours and the special guardians' expectations were poles apart.*

Second, relationship problems between the child/young person and the special guardian or their partner, which were also cited in five cases. Some of these came to a head when the special guardian hit the young person, or was alleged to have done so.

Five of the seven instances in which either of these two types of reason were given concerned young people aged 14 or 15. In one the practitioner explicitly cited adolescence as a contributory factor.

In contrast, only one teenager featured in the **third** category of reasons: concern about the child's safety, which was cited in five cases. Indeed, three of the children concerned were aged five or less at the time. It should be noted that in three of these cases the special guardianship child had not actually been harmed; the concerns were about the risk of harm because of the family situation. The other two both involved child protection referrals because of bruising. In one the injury was deemed to be due to poor supervision by the special guardians due to their lack of parenting experience; in the other physical abuse was suspected.

There were only three cases in which none of the above reasons for disruption were given. In two instances, the only reason given was that the young person wished to leave and live independently, although, as will be shown in chapter four, other data suggest there were

underlying reasons in at least one of these. In the third case, the only reason cited was the serious, probably terminal, illness of one of the special guardians.

What happened to the children and young people?

Two young people moved to live semi/independently, and one to another relative. Another two went back to a parent. In most cases, however, (9) the children went into local authority care, although in one case only after they had gone to live with a relative.

It should be noted that in one case, after several months in local authority care, the young person was returned to the special guardianship home. However, this had only just occurred before the end of our research period and since the social worker had filled in the questionnaire sections relating to the disruption, this case has been included in the disruption group.

Summary

- Half the disruptions involved teenagers, all aged between 14 and 17. There were only three where the children were still no more than five years old. Only two of the seven teenage disruptions involved children who were older than 10 when the SGO was made, while in three they were under four years of age
- There was only one case where neither special guardian was a blood relative. Only three disruptions involved grandparent special guardians.
- All the disruptions occurred in 2020, 11 of them after the first national lockdown. In four cases practitioners thought that this had contributed ‘to some degree’ to the disruption and in one it was said to have been ‘very much a factor’.
- Intervals between the SGO and the disruption ranged from a few months to 16 years. Only three broke down within 12 months; nine had lasted for more than three years.
- In four instances the SGO was terminated by the special guardians, in four by the local authority and in three by the young person. In one neither the special guardians nor the young person was prepared to continue. There was one case where the mother was said to have been the primary decision-maker, though the move to her care was not opposed by either the special guardians or the local authority. In the final case it was not clear whether the local authority or the family took the initiative, but both were involved.
- In most cases the main reasons given by practitioners fell into one or more of three broad categories: the special guardians being no longer able to cope with the behaviour of the child/young person (5); relationship problems between the child/young person and the special guardian or their partner (5); concern about the

child's safety (5). The first two reasons typically involved teenagers; while the children in the third group were mainly younger.

After the disruption two young people moved to live semi/independently, and a third to another relative. Another two went back to a parent. In most cases, however, (9) the children went into local authority care, although in one case only after they had first gone to live with a relative.

3 Potential risk factors prior to the SGO

Although there is only a limited amount of UK research on disruption in either special guardianship specifically, or the broader group of care by kin, a number of potential risk factors have been identified either from research or from practitioner input. This chapter examines the sample cases to establish, where possible, the extent to which these factors were **reflected** both in the cases which did disrupt, and in continuing cases with which Children's Services were still actively involved. It is important to note that in doing so, or intention was not to determine whether our findings are statistically significant; given the small numbers of disrupted cases and the even smaller number of continuing cases, this would be impossible. Our use of tables and percentages in this and subsequent chapters is also only intended to make the findings more accessible to the reader than by using text alone.

Factors shown in previous UK research to have a statistically significant association with the disruption of kinship arrangements

Special guardianships which had disrupted

Eight factors have been identified in previous UK studies (Farmer & Moyers, 2008; Hunt et al, 2008; Selwyn et al, 2014; Wade et al, 2014) as having a statistically significant association with the disruption of kinship arrangements:

- The carer was not a grandparent;
- The child was over 10 years of age at the point they went into kinship care;
- The child had emotional or behavioural difficulties prior to the SGO;
- The relationship between the child and the future special guardian was not well-established before the events leading to proceedings;
- The bond between child and carer was not strong at the point the SGO was made;
- The child had spent some time in unrelated foster care prior to moving to the future special guardian;
- The child had had more than one prior placement in non-parental care.
- The child only moved to live with the special guardian at the point the SGO was made

At least one of these factors was reported by practitioners in 12 of the 14 cases which had disrupted (table 3.1). The only one which stood out, however, was that in 11 the special guardians were not the children's grandparents. This is almost twice the proportion reported for kinship arrangements in Wales in the analysis of the 2011 Census (79% compared to 40%, Wijedasa, 2017).

Table 3.1 Pre-SGO risk factors established as statistically significant in previous research

	Disrupted SGOs			Continuing SGOs		
Factor	Factor present in case	(N=)	%	Factor present in case	(N=)	%
Child >10 at SGO	2	(14)	14	1	(5)	20
Child emotional or behavioural difficulties prior to SGO	4	(12)	33	4	(4)	100
Special guardian not a grandparent	11	(14)	79	3	(6)	50
SG-child relationship not well-established prior to proceedings	3	(13)	23	1	(4)	25
SG-child bond not strong by SGO	4	(12)	33	3	(4)	75
Child not placed before SGO	2	(14)	14	0	(6)	0
Child did not move direct to SG	2	(14)	14	1	(6)	17
Child > 1 prior placement	0	(14)	0	0	(6)	0
Any of the above	*12*	*(14)*	*86*	*5*	*(6)*	*83*

The prevalence of each of the other individual risk factors was quite low:

- Only two children were older than 10 when the SGO was made; while eight were under five years of age;
- Just four children (of the 12 where these data were available) were identified as having emotional or behavioural difficulties prior to the SGO. Neither of the two over-10s were in this group;
- There were just two cases where the children only went to live with the special guardian at the point the SGO was made and only one of the other children had been placed for no more than three months. Four had lived there for between four and six months; three for between seven and 12 months and three for longer than this (no data on this in one case);
- Only three children had had little or no contact with their future special guardian before the proceedings which ended in the SGO; all the other relationships - except for one case where the child was placed soon after birth – were described as well-established;
- In most cases by the time the order was made the bond between the child and their special guardian was described as either strong (7) or quite strong (3), with only one

being categorised as weak. (In two of the three remaining cases the child was said to be too young for this to be known and in the third there were no data);

- Finally, there were only two cases in which the child did not move directly from parental care to the care of the future special guardian. Moreover, while each spent several months in unrelated foster care, neither had had more than a single foster placement.

In seven of the cases in the sample only one (4) or two (3) of these eight risk factors were identified. However, six had three or more, with two cases having five.

Continuing special guardianships (N=6)

As table 3.1 shows, as in the cases which had disrupted, at least one of these eight factors was also reported in the majority of the continuing cases (5 of the 6 and in the exception, data on 3 of the factors were missing). In contrast to the disruption cases, however, where 11 of the 14 of the special guardians were not the child's grandparents, in the continuing group the difference was less marked, with children in only half the cases living with carers who were not their grandparents. This could mean that the arrangement was less likely to disrupt. There were also two other differences which might have provided a firmer foundation for the continuing SGOs:

- None of the children only went to live with the special guardian at the point the SGO was made (compared to 2 [14%] of those in disrupted cases);
- All had lived with their future special guardian for a year or more prior to the SGO (compared to 4 of 13 [31%] disrupted cases.

In other respects, however, the prevalence of risk factors was very similar, while for two - the proportion of children over 10 at the SGO, and the proportion manifesting emotional or behavioural difficulties, it was actually higher in the continuing group.

In two of the five continuing cases for which data were available, no more than two of these eight risk factors were identified, but two of the others had three and one four.

Other potentially relevant factors

In addition to these statistically significant factors, previous research and input from practitioners suggest that four other factors prior to the SGO being made might be relevant:

- The local authority had had concerns about the wisdom of making an SGO;
- The time for completing the carer assessment was considered to be insufficient;
- An SGO was made, although a kinship placement under a care order was considered by the assessing social worker to be the most appropriate legal outcome,

because the prospective special guardians would not meet the criteria as connected persons carers;

- The child had been placed with the future special guardians in an emergency.

As table 3.2 shows, the prevalence of any of these factors was quite low, in both the disrupted and the continuing cases.

Table 3.2 Other potential risk factors evident prior to SGO

	Disrupted SGOs			Continuing SGOs		
Factor	Present in case	(N=)	%	Present in case	(N=)	%
LA concerns about SGO	4	(11)	36	2	(5)	40
Insufficient time for assessment	2	(11)	18	0	(5)	0
Would not meet fostering standards	0	(11)	0	0	(6)	0
Emergency placement	5	(12)	42	4	(6)	67
Any of the above	*9*	*(14)*	*64*	*5*	*(6)*	*83*

Special guardianships which had disrupted

Factor 1: The local authority had had concerns about the wisdom of making an SGO.
In the 11 cases for which data on this factor were available, there were two where the assessment report had concluded that the placement should not be made at all, although the local authority did not oppose the SGO at the final hearing; and two where there had been concerns but not enough to warrant recommending that the SGO should not be made. In three of these four cases the order had been made in care proceedings, the fourth in private proceedings.

The concerns in these four cases included: conditions in the prospective special guardian's home; their age, physical or mental health; ability to protect the child; the lack of contact between them and the child prior to the proceedings and concerns about their ability to manage parental contact.

In two of the three cases where the order was made in care proceedings the assessing social worker's concerns were not reported to be shared by the Cafcass guardian. In the exception the guardian had similar concerns about the prospective special guardian's age and their capacity to meet the needs of the children long-term, but, like the assessing social worker, did not consider that these were sufficient to recommend that the SGO should not be made.

Factor 2: The time for completing the carer assessment was considered to be insufficient.
There were only two cases (of 11 where data were available) in which the time available for the assessment was considered to be insufficient. The respondent who explained how this

affected the assessment said that more time was needed to assess the prospective carer's motivation, to address concerns about the home conditions and to build the child/carer relationship.

Factor 3: An SGO was made, although a kinship placement under a care order was considered by the assessing social worker to be the most appropriate legal outcome, because the prospective special guardians would not meet the criteria as connected persons carers.

This question was only asked where prior to the SGO the future special guardian had fostered the child/ren. Hence responses were only available in seven cases. With hindsight it should have been asked in all cases. However, there was no evidence in any of these that the SGO was made because of difficulties in fulfilling the fostering criteria.

Factor 4: the child had been placed with the future special guardians in an emergency. Of the 12 cases for which data were available, in five the children were placed in an emergency (including one where the future special guardian removed the child from the parental home) and seven were not.

In five cases none of these four risk factors were known to be present. In most of the rest (7) there was only one, and in two cases two.

Continuing special guardianships

As table 3.2 shows, for three of the four risk factors prevalence in the continuing SGOs was either similar to, or higher than in those which had disrupted. Moreover, the proportion in which any of these factors were evident was greater than in the disrupted placements.

In two respects, however, there were differences which might be important. **First,** in both the two continuing cases in which there had been local authority reservations about the placement, neither involved the assessing social worker having concluded that the placement should not be made at all, compared to two of the four disrupted cases in which there had been reservations. (In one of these continuing cases the assessing social worker had argued for the placement to be made under a care order but was reportedly overruled by the case manager). **Second,** insufficient time for the assessment was not reported in any of the continuing cases, compared to two of the disrupted ones.

All pre-SGO risk factors in disruption and continuing special guardianships

Amalgamating the two types of risk factors indicated that at least one was apparent in each of the 20 sample cases.

In those which had disrupted the average number of factors was 2.9, with five having more than three, and one having seven.

> This latter case was one of the two disrupted cases where the assessing social worker had concluded that the SGO should not be made, and where the informant considered that insufficient time had been available for the assessment. The other risk factors were that the special guardian was not a grandparent; the child was in unrelated foster care prior to moving to the special guardian, which only occurred after the SGO was made; there had been no prior contact with the child before the care proceedings began and although contact had been started during the proceedings, due to the child's young age the relationship was not well-established.

In the special guardianships which were continuing, however, the average number of factors was slightly higher (3.6), with more than three factors reported in three cases, including two having five.

Overall, analysis of the pre-placement risk factors does not indicate that special guardianships which were continuing but considered potentially vulnerable were inherently less risky than those which did come to an end prematurely. On the one hand some protective factors were more in evidence in the continuing cases than in those which had disrupted: more special guardians being grandparents; children having lived with their future grandparents for a substantial period prior to the SGO. Some risk factors were also less prevalent: there were no cases where the local authority considered the SGO should not have been made and no cases where it was reported that there had been insufficient time for the assessment. On the other hand, some risk factors were more prevalent: the proportion of children over 10 at the SGO, and the proportion manifesting emotional or behavioural difficulties prior to the SGO. Moreover, the average number of risk factors was higher in the continuing group.

Reasons for the children needing substitute care

Two questions were included in the questionnaire asking about the reasons why the children who subsequently became subject to an SGO required substitute care. The first was an open-ended question asking informants to outline the reasons why the child/ren could not live with a birth parent. The second asked specifically about different forms of maltreatment.

To take the responses to the second question first. One possible explanation for SGO disruption is that the children in these cases were more likely to have experienced parental

maltreatment, or to have experienced multiple forms of abuse, than those where the SGO was ongoing. However, as table 3.3 shows, this was not the case. In all but one of the continuing cases (83%), at least one child had experienced some form of maltreatment, compared to 11 of the SGOs which had disrupted (79%). Moreover, where children had experienced abuse or neglect, those in the continuing group were more likely to have experienced more than one form of maltreatment.

This suggests the possibility of an alternative hypothesis, that the greater prevalence of maltreatment may have meant that those SGOs which were continuing were regarded as at greater risk of disruption from the outset, and were therefore treated rather differently.

Table 3.3 Reasons for care – child abuse or neglect

	Disrupted SGOs (N=14)		Continuing SGOs (N=6)	
Factor	Factor present	%	Factor present	%
Physical abuse	2	14	3	50
Emotional abuse	6	43	4	67
Sexual abuse	0	0	0	0
Neglect	10	71	4	67
Any of the above	*11**	*79*	*5***	*83*
More than one type of maltreatment	6	43	5	83
Mean number of types of maltreatment	1.8		2.4	

*In two of the disrupted cases where no child maltreatment was noted the children had never lived with a birth parent; and in the third, one parent was dead and the other in prison.
**In the one continuing case where no maltreatment was noted each of the children had lived with their mother and grandmother since birth, the mother subsequently abandoning each of them in turn.

In response to the first question, as shown in table 3.4, in all the disrupted SGOs and all but one of the continuing ones, practitioners identified particular concerns about the birth parents, in addition to any evidence of child maltreatment. The most striking feature in the disruption cases is the prevalence of concerns about parental substance abuse, which was cited in all but one case. There was also a greater prevalent of domestic violence. Overall, concerns about the parents did appear to be more a feature of the disruption cases than the continuing ones.

Table 3.4 Concerns about the birth parents

	Disrupted SGOs (N=14)		Continuing SGOs (N=-6)	
Concerns	Factor present	%	Factor present	%
Domestic violence	8	57	1	17
Mental illness	2	14	1	17
Learning disability	1	7	0	0
Substance abuse	13	93	2	33
Death or physical illness	4	29	0	0
Imprisonment	2	14	1	17
Abandonment	0	0	2	33
Sexual abuse of another child	1	7	0	0
Unstable life style	1	7	1	17
Any of the above	*14*	*100*	*5*	*83*
More than one concern	*12*	*86*	*1*	*17*

These data on the reasons for substitute care being required reinforce the conclusions in the previous section that, while, overall, the continuing SGOs were not inherently more likely to be stable from the outset, there were some factors which might indicate greater vulnerability in the SGOs which did disrupt.

Summary

- Eight factors, evident at the point the kinship arrangement was made, have been identified in research as having a statistically significant association with the disruption of kinship arrangements. At least one of these was reported in all but two of the **disruptions** in our sample. The most common (11 cases) was that the special guardians were not the child's grandparents. The prevalence of each of the other individual risk factors was quite low and in seven of the cases in the sample only one (4) or two (3) of the risk factors were identified. However, in six disruptions three or more were evident, with two cases having five.
- In most respects the prevalence of these statistically significant risk factors was similar in the **continuing** cases. Indeed, for two - the proportion of children over 10 at the point the SGO was made, and the proportion with prior emotional or behavioural difficulties, it was higher. However, there were three differences which might mean that the SGO was established on a firmer basis in those which were continuing: more of the special guardians were the child's grandparents; all the children had lived with the special guardians before the SGO was made; and all had done so for more than a year.
- Four other risk factors have been identified either in research or input from practitioners.

- In the disrupted SGOs:
    - In four the local authority assessment reported concerns about the wisdom of making the SGO, including two where they had advised against making it;
    - There were two where it was considered that the time available for the assessment had been insufficient;
    - In five cases the children had been placed with the future special guardians in an emergency;
    - There was no evidence that the SGO was made because of difficulties in approving the potential special guardian as a kinship foster carer;
    - In five cases none of these four risk factors were known to be present. In most of the rest (7) there was only one, and in two cases two.
- In the continuing SGOs:
    - For three of these risk factors prevalence was either similar to, or higher, than in those which had disrupted. The proportion in which any of these factors were evident was also greater than in the disrupted placements;
    - Two differences, however, might be important. First, in both the two continuing cases in which there had been local authority reservations about the placement, neither involved the assessing social worker having concluded that the placement should not be made at all, compared to two of the four disrupted cases in which there had been reservations. Second, insufficient time for the assessment was not reported in any of the continuing cases, compared to two of the disrupted ones.
- Amalgamating the two types of risk factors indicated that at least one was apparent in each of the 20 sample cases. In those which had disrupted the average number of factors was 2.9, with five having more than three, and one having seven. In the special guardianships which were continuing, however, the average number of factors was slightly higher (3.6), with more than three factors reported in three cases, including two having five.
- There was no evidence that the children on continuing SGOs were less likely to have experienced parental maltreatment than those whose which had disrupted. If anything, the reverse was the case, with more of the children in the continuing group having experienced more than one form of maltreatment.
- Concerns about the birth parents, however, apart from any maltreatment of the child, were more prevalent in the disrupted group. Most noticeably, in all but one case these concerns included parental substance abuse.

Overall, while the evidence does not show that, from the outset, the SGOs which disrupted were inherently less stable than those which were continuing, there were some differences in the two groups which might suggest greater vulnerability.

4 Post-SGO factors contributing to disruption or vulnerability to disruption

The previous chapter explored the factors prior to the SGO being made which might help to explain disruption. We turn now to the period after the order was made. Chapter 5 will examine the involvement of Children's Services over this period and what services were offered to the families. This chapter focuses on the factors relating to the children or their special guardians which practitioners considered contributed to the arrangement having disrupted or being considered vulnerable.

The questionnaire presented practitioners with a list of 26 factors, compiled from research and practitioner expertise, which might help to explain why special guardianship placements terminate prematurely, or might be vulnerable to disruption. For each factor informants were asked to select from the following responses:

a) the factor did contribute to disruption/risk of disruption;

b) the factor existed but did not/was unlikely to have contributed to disruption/risk of disruption;

c) the factor did not apply in in the case.

All but five of the 26 factors were said to be implicated in the disruption of at least one case where the SGO had terminated and all but eight to have contributed to the risk of disruption in those which were continuing.

This again serves to highlight the need to understand placement disruption or potential disruption as a complex phenomenon.

Most of the individual factors can be grouped into two main types: those relating primarily to the child and those relating primarily to the special guardian/s or their circumstances.

Child-related post SGO factors

Special guardianships which had disrupted

In 10 of the 14 special guardianships which had disrupted (table 4.1) at least one child-related factor was identified as having contributed to the disruption. In all but one of these (where the difficulty selected was the child's physical or health problems) some form of emotional, behavioural or mental health issue was identified. Apart from the broad unspecified category, which was cited by six practitioners, a number of specific difficulties coming under this umbrella were selected, viz:

- difficulties in or with school (e.g. behavioural problems, truancy, being bullied or bullying, school's lack of understanding of the kin child/ren's difficulties (5);

- attachment difficulties (4);
- aggression or physical violence towards the special guardian (4);
- misuse of drugs or alcohol (3);
- criminal behaviour or involved with gangs (3);
- death of a parent negatively impacting on the child (1).

In four cases the difficulties were said to have emerged or been exacerbated as the young person reached adolescence.

Table 4.1 Child-related factors in disrupted cases (N=14)

	No of cases in which factor present		
Factor	Contributed to disruption	Did not contribute to disruption	All cases
Emotional, behavioural or mental health difficulties, not specified.	6	2	8
School difficulties	5	1	6
Attachment difficulties	4	2	6
Aggression/ violence to SG	4	0	4
Substance misuse	3	0	3
Criminal behaviour/gang involvement	3	0	3
Death of parent negatively impacting on child	1	0	1
Any emotional, behavioural or mental health difficulty	*9*	*0*	*9*
Child's physical/health problems	2	2	4
Difficulties emerging or exacerbated in adolescence	4	1	5
Kin child never fully integrated into family	0	1	1
Any child-related factor	*10*	*1*	*11*

One or more of the above difficulties were also recorded as having featured in a few cases, although they were not considered to have contributed to the disruption:

- unspecified emotional, behavioural or mental health difficulties (2);
- attachment difficulties (2);
- physical or health issues (2);
- difficulties in or with school (1).

Only one child-related factor was not said to be implicated in any of the disruptions*: the kin child/ren had never fully integrated into the family* –although there was one case in which this was noted as existing but not contributing to the disruption.

Continuing special guardianships

Table 4.2 Child-related factors in continuing special guardianships (N=6)

	No of cases in which factor present		
Factor	Contributed to disruption risk	Did not contribute to disruption risk	Either
Emotional, behavioural or mental health difficulties, not specified.	4	0	4
School difficulties	2	2	4
Attachment difficulties	3	1	4
Aggression/ violence to SG	2	1	3
Substance misuse	0	0	0
Criminal behaviour/gang involvement	0	0	0
Death of parent negatively impacting on child	0	1	1
Any emotional, behavioural or mental health difficulty	*4*	*0*	*4*
Child's physical/health problems	0	1	1
Difficulties emerging or exacerbated in adolescence	2	2	4
Kin child never fully integrated into family	0	2	2
Any child-related factor	*4*	*1*	*5*

In four of the six continuing special guardianships, at least one child-related factor was identified as contributing to their vulnerability to disruption. Some form of emotional, behavioural or mental health issue featured in each. Three types of specific difficulty in that category were also cited, namely:

- attachment difficulties (3);
- difficulties in or with school (e.g. behavioural problems, truancy, being bullied or bullying, school's lack of understanding of the kin child/ren's difficulties (2);
- aggression or physical violence towards the special guardian (2);

However, neither substance abuse nor criminal behaviour/involvement with gangs, were cited in any of the continuing cases as contributing to the risk of disruption; nor was the negative impact on a child of a parent's death.

In two cases the difficulties were said to have emerged or been exacerbated as the young person reached adolescence.

At least one child-related difficulty was also recorded as having featured in a few cases, although they were not considered to have contributed to the risk of disruption:

- difficulties in or with school (2);
- child had never fully integrated into the family (2);
- difficulties emerging or exacerbated in adolescence (2);

- attachment difficulties (1);
- aggression/violence to the special guardian (1);
- death of a parent negatively impacting on the child (1);
- physical or health issues (1).

Only two factors were not mentioned at all in the continuing cases, namely substance misuse and criminal behaviour/involvement in gangs.

Child related factors contributing to special guardianship disruption or vulnerability to disruption

A comparison of the two groups of sample cases (table 4.3) reveals very few differences between the special guardianships which had ended and those which were continuing in terms of factors relating to the child/ren. Emotional, behavioural or mental health difficulties were a key feature in both. However, the nature of these did vary between the two groups. Criminal behaviour/gang involvement and substance misuse, for instance, were not implicated in any of the continuing cases, though each featured in a fifth of the disruptions.

Table 4.3 Child-related factors contributing to disruption or disruption risk

	Factor contributed to			
Factor	Disruption (N=14)		Vulnerability to disruption (N=6)	
	No	%	No	%
Emotional, behavioural or mental health difficulties, not specified.	6	43	4	67
School difficulties	5	36	2	33
Attachment difficulties	4	29	3	50
Aggression/ violence to SG	4	29	2	33
Substance misuse	3	21	0	0
Criminal behaviour/gang involvement	3	21	0	0
Death of parent negatively impacting on child	1	7	0	0
Any emotional, behavioural or mental health difficulty	*9*	*64*	*4*	*67*
Child's physical/health problems	2	14	0	0
Difficulties emerging or exacerbated in adolescence	4	29	2	33
Kin child never fully integrated into family	0	0	0	0
Any child-related factor	*10*	*71*	*4*	*67*

As chapter 7 will report, all the special guardianship families interviewed talked about the behavioural problems they had to face.

The key message, which reinforces the findings of much previous research, is that providing services to help special guardians cope with children's emotional, behavioural and mental health difficulties and to help the children themselves, has to be part of the support available to special guardianship families.

Factors related to the special guardians and their circumstances

Special guardianships which had disrupted

Table 4.4 Factors relating to the special guardians or their circumstances in disrupted SGOs cases (N=14)

	No of cases in which factor present		
Factor	Contributed to disruption	Did not contribute to disruption	All disruptions
Ability to cope affected by high levels of stress, anxiety or depression	10	1	11
Ability to cope affected by increasing age, physical illness or disability	7	0	7
Ability to cope affected by changes in circumstances	5	1	6
SG/s not understanding reasons for child difficulties/unable to cope with them	5	4	9
SG/s limited support network or unsupportive extended family	2	6	8
Increased demands on SG/s	2	2	4
Poverty	1	1	2
SG or partner not highly committed to kin child/ren	1	2	3
SG/s never fully bonded with kin child	0	2	2
Overcrowded or unsuitable accommodation	0	1	1
Death of child's parent negatively impacting on SG/s	0	0	0
Any of the above	*11*	*8*	*14*

Carer-related factors were cited as contributing to disruption in 11 cases. By far the most frequent factor, selected in 10 of the 14 cases – and noted as existing in an 11th - was *the special guardian's ability to cope being affected by high levels of stress, anxiety or depression.* This indicates that helping special guardians to manage and reduce stress should be an integral element in any support package.

However, we know from many research studies (see Hunt, 2020 for an overview) that stress is, sadly, an all-too-common experience for kinship carers. And that most struggle on despite the impact caring is having on their mental health. Hence while it may well have been the tipping point for the families in this study, in itself it is an insufficient explanation. Other carer-related factors cited were:

- Ability to cope affected by increasing age, physical illness or disability (7);

- Ability to cope affected by changes in their circumstances (e.g. death of SG or partner, separation, re-partnering, increased financial difficulties) (5);
- The SG/s not understanding the reasons for the child's emotional, behavioural or mental health difficulties or unable to cope with them (5);
- SG/s had a limited informal support network or unsupportive extended family (2);
- Increased demands on the SG/s resulting from significant changes within the household or extended family (e.g. birth of carer's own child; illness/special needs of own child; partner or relative requiring substantial care) (2);
- Poverty (1);
- SG or partner not highly committed to the kin child/ren (1)

All but one of these factors – *the special guardian/s' ability to cope affected by increasing age, physical illness or disability* - were also noted as being present in a case even though they were not thought to have contributed to the disruption. Two further carer-related factors were not cited as contributing to disruption although they were noted to exist: *the SG/s had never fully bonded with the kin child/ren* (2); and *overcrowded or unsuitable accommodation* (1). Only one factor - death of the kin child/ren's parent negatively impacting on the SG/s – did not feature in any of the disrupted cases.

Continuing special guardianships

Table 4.5 Factors relating to the special guardians or their circumstances in continuing special guardianships (N=6)

	Factor present		
Factor	Contributed to vulnerability	Did not contribute to vulnerability	All cases
Ability to cope affected by high levels of stress, anxiety or depression	3	2	5
Ability to cope affected by increasing age, physical illness or disability	1	2	3
Ability to cope affected by changes in circumstances	3	1	4
SG/s not understanding reasons for child difficulties/unable to cope with them	3	1	4
SG/s limited support network or unsupportive extended family	2	1	3
Increased demands on SG/s	4	1	5
Poverty	0	1	1
SG or partner not highly committed to kin child/ren	0	3	3
SG/s never fully bonded with kin child	1	1	2
Overcrowded or unsuitable accommodation	1	0	1
Death of child's parent negatively impacting on SG/s	0	1	1
Any of the above	*6*	*6*	*6*

In each of the six continuing special guardianships at least one carer-related factor was considered to have contributed to the placement's vulnerability. The most common were:

- Increased demands on the SG/s resulting from significant changes within the household or extended family (e.g. birth of carer's own child; illness/special needs of own child; partner or relative requiring substantial care (4 cases);
- The carer/s' ability to cope being affected by stress, anxiety or depression (3);
- The carer/s' ability to cope affected by changes in their circumstances (e.g. death of SG or partner, separation, re-partnering, increased financial difficulties) (3);
- The SG/s not understanding the reasons for the child's emotional, behavioural or mental health difficulties or unable to cope with them.

Other carer-related factors cited were:

- SG/s had a limited informal support network or unsupportive extended family (2);
- The SG/s had never fully bonded with the kin child/ren (1);
- Overcrowded or unsuitable accommodation (1);
- Ability to cope affected by increasing age, physical illness or disability (1).

All but one of these factors –*overcrowded or unsuitable accommodation* - were also noted as being present in at least one case even though they were not thought to have contributed to the risk of disruption.

Three further carer-related factors were not cited as making the SGO vulnerable to disruption although they were noted to exist:

- SG or partner not highly committed to the child/ren (3);
- Death of the kin child/ren's parent negatively impacting on the SG/s (1);
- Poverty (1).

Factors relating to the special guardians or their circumstances in disrupted or continuing special guardianships

Overall, a clear pattern does not emerge from a comparison of the prevalence of the 11 risk factors relating to the special guardians or their circumstances in the two groups of cases (table 4.6). The proportion of cases in which any of these factors were cited was actually higher in the group considered vulnerable to disruption than in those which had disrupted. Similarly, there were six factors for which prevalence was also higher in this group. Further, in two of the four where the reverse was the case the difference was slight. It may be important, however, that both of the two factors where prevalence was higher in the disrupted cases related to the carer's ability to cope being affected, either by high levels of stress, anxiety or depression, or by increasing age, physical illness or disability.

Table 4.6 Factors relating to the special guardians or their circumstances in special guardianships which disrupted or were considered at risk of disruption

	Factor contributed to			
Factor	Disruption (N=14)		Vulnerability to disruption (N=6)	
	No	%	No	%
Ability to cope affected by high levels of stress, anxiety or depression	10	71	3	50
Ability to cope affected by increasing age, physical illness or disability	7	50	1	17
Ability to cope affected by changes in circumstances	5	36	3	50
SG/s not understanding reasons for child difficulties/unable to cope with them	5	36	3	50
SG/s limited support network or unsupportive extended family	2	14	2	33
Increased demands on SG/s	2	14	4	67
Poverty	1	7	0	0
SG or partner not highly committed to kin child/ren	1	7	0	0
SG/s never fully bonded with kin child	0	0	1	17
Overcrowded or unsuitable accommodation	0	0	1	17
Death of child's parent negatively impacting on SG/s	0	0	0	0
Any of the above	*11*	*79*	*6*	*100*

Other post-SGO factors

Five of the 26 factors did not fit neatly into either the child-related or carer-related categories.

Two concerned relationships within the kinship household, namely:

- The kin child/ren causing serious tension between the carers;
- Conflict between kin child/ren and other children in the household/ negative impact of kin child/ren on other children.

Two related to interactions between the kinship household and the child's birth parent/s:

- Problems in the special guardian/s relationship with a birth parent;
- Issues arising out of parental contact.

The fifth factor was *allegations of maltreatment by the special guardians.*

Special guardianships which had disrupted

All five of these factors were identified as contributing to the disruption in at least one case and all were reported as being present, although not contributing to the disruption in others (table 4.7).

Table 4.7 Other in-placement factors in disrupted special guardianships (N=14)

	No of cases in which factor present		
Factor	Contributed to disruption	Did not contribute to disruption	All disrupted cases
Kin child/ren causing serious tension between the carers	3	1	4
Conflict between kin child and other children /negative impact on other children in household	2	1	3
Problems in SG's relationship with birth parent/s	2	4	6
Issues with parental contact	3	1	4
Allegations of maltreatment by SG	5	1	6
Any of the above	*8*	*5*	*9*

Of the two factors concerning relationships within the kinship household there were three cases where serious tension between the carers, occasioned by a kin child, was said to have contributed to the disruption, and two where it was attributed to either conflict between a kin child and other children in the household or the adverse impact of a kin child on those children. Both of these factors were also noted as being present in one other case, although not considered to have contributed to disruption.

In two cases problems in the special guardian/s relationship with a birth parent were cited as contributing to disruption, and noted as existing in a further four. Issues arising out of parental contact were identified as contributing to disruption in three cases and to have existed as a fourth.

Finally, in five cases allegations of maltreatment by the special guardians were deemed to have contributed to the disruption while in one additional case, although such an allegation had been made, it was not identified as a factor in the disruption.

Continuing special guardianships

In the continuing SGOs, however, this last factor was not reported at all, either as contributing to the risk of disruption or being present (table 4.8). In terms of the other factors, there were two cases where serious tension between the carers occasioned by the kin child was said to have contributed to their vulnerability, and two where it was attributed to either conflict between a kin child and other children in the household or the adverse impact of a

kin child on those children. Both of these factors were also noted as being present in one other case, although not considered to have contributed to their vulnerability.

In two cases problems in the special guardian/s' relationship with a birth parent were cited as contributing to the risk of disruption, and noted as existing in a further three. Issues arising out of parental contact were identified as contributing to vulnerability in three cases and to have existed in a further three.

Table 4.8 Other in-placement factors in continuing special guardianships(N=6)

	No of cases in which factor present		
Factor	Contributed to vulnerability	Did not contribute to vulnerability	All continuing cases
Kin child/ren causing serious tension between the carers	2	1	3
Conflict between kin child/negative impact on other children in household	3	1	4
Problems in SG's relationship with birth parent/s	2	3	5
Issues with parental contact	3	3	6
Allegations of maltreatment by SG	0	0	0
Any of the above	*4*	*2*	*6*

Other in-placement factors contributing to disruption or vulnerability to disruption

As table 4.9 shows, with the exception of allegations of maltreatment by the special guardian/s, the other four factors all appeared to be more prevalent in the special guardianships which had *not* disrupted.

Table 4.9 Other in-placement factors contributing to disruption or vulnerability

Factor	Contributed to disruption (N=14)		Contributed to vulnerability (N=6)	
	No	%	No	%
Kin child/ren causing serious tension between the carers	3	21	2	33
Conflict between kin child/negative impact on other children in household	2	14	2	33
Problems in SG's relationship with birth parent/s	2	14	2	33
Issues with parental contact	3	21	2	33
Allegations of maltreatment by SG	5	36	0	0
Any of the above	*8*	*57*	*4*	*67*

All post-SGO factors contributing to disruption or vulnerability to disruption

Table 4.10 summarises the data on the prevalence of the three categories of factors identified by practitioners as contributing either to the disruption of the special guardianship or the risk of disruption. They indicate that, overall, there was very little difference in the two samples. Risk factors were no less evident in the continuing cases. If anything, the reverse was the case.

Table 4.10 Post-SGO factors contributing to disruption or risk of disruption

	Factor contributed to			
Factor	Disruption (N=14)		Risk of disruption (N=6)	
	No	%	No	%
Child-related	10	71	4	67
Carer-related	11	79	6	100
Other	8	57	4	67
Any of the above	*14*	*100*	*6*	*100*

Post-SGO risk factors by case

In the previous chapter it was noted that in terms of the numbers of risk factors evident prior to the SGO the data did not suggest that special guardianships which were continuing were inherently less risky than those which did come to an end.

It was also noted that children in the continuing group were actually *more* likely to have experienced maltreatment while living with their parents, and also to have experienced *more* than one form of ill-treatment, than those whose special guardianships had disrupted.

Analysis of the post-SGO factors considered to have contributed to disruption or vulnerability (table 4.11) similarly reveal that prevalence was, on average, higher in the continuing group (mean of 6.5, compared to 5.8). The range, however, was wide in both groups.

Table 4.11 Number of post-SGO factors per case

Number of factors	Cases in which factor contributed to			
	Disruption (N=14)		Vulnerability to disruption (N=6)	
	No	%	No	%
1-2	4	29	1	17
3-5	3	21	3	50
6-10	5	36	1	17
>10	2	14	1	17
Range	*1-12*		*2-13*	
Mean	*5.8*		*6.5*	

Special guardianships which had disrupted

At one end of the spectrum in the disruption group there were two cases where only one post-SGO factor was cited as having contributed to the disruption. The two, however, were very different.

In the first, the sole disruption factor cited was one of the special guardians being diagnosed with a terminal illness. No other in-placement factors were noted as being present. This was one of two cases where both the local authority and the Cafcass guardian had had concerns about the placement, in this instance because of the age of the carers, and a Family Assistance Order was made for a year. There were also other pre-placement risk factors – the placement was made in an emergency and the children had emotional or behavioural difficulties. Nonetheless the placement lasted for four years without any issues coming to the notice of Children's Services. One explanation for this may be that the arrangement was built on firm foundations in that the children and their carers had a well-established relationship and a strong bond and by the time of the SGO the children had been living with their future special guardians for a year.

In the second, the local authority terminated the placement just over a year after the SGO was made, following an injury deemed to be the result of 'poor supervision', attributed to the carers' lack of parenting experience, which was cited as the only contributory factor. However, although this was undoubtedly the trigger point, other potential risk factors which were noted as being present may have also been relevant: the child having physical or health problems; the special guardians not understanding the reasons for the child's emotional or behavioural problems; and their limited support network. This was also one of only two cases where poverty was mentioned either as being present or contributing to the disruption. Strikingly, it was this case which was cited in the previous chapter as having the highest number of pre-SGO factors associated with placement disruption, including the local authority assessment concluding that the placement should not be made.

At the other end of the spectrum more than 10 post-SGO factors contributing to the disruption were cited in two cases. Both these special guardianships had lasted for over five years and in each the principal reason for the disruption was said to be the inability of the special guardians to tolerate the young person's behaviour any longer. The specific problems in each were somewhat different – attachment difficulties were cited in the case of the younger child, whereas for the adolescent they included substance abuse, involvement with criminality and repeatedly going missing. One common factor, however, was aggression or violence towards the special guardians. Not surprisingly, the young person's behaviour was reported to have caused tension between the carers and in both, carer stress was cited as a contributory factor in the disruption. Neither of the special guardianships would have been considered an especially high disruption risk prior to the SGO, except that in both the child was already manifesting emotional or behavioural problems.

Continuing special guardianships

None of the continuing SGOs were considered to be vulnerable for a single reason, and there was only one with less than five factors cited (compared to 6 of the 14 which had disrupted):

The primary factor contributing to the risk of disruption in this special guardianship, which had lasted for 10 years, seemed to be the separation of the special guardians and the female SG's re-partnering. The young person, now an adolescent, was unable to accept the new partner and their relationship was poor. Apart from this change of personnel, however, there were said to be problems in the relationship between the young person and the female special guardian. Matters came to a head following an argument, when the young person went to stay with her mother and refused to return. Although support from Children's Services enabled the arrangement to be restored, the young person has stated she wishes to live with her mother when she is 16.

In contrast, in one continuing case nine factors were considered to be making the arrangement vulnerable to disruption and in a second 13 were reported.

The impact of Covid 19 on disruption and vulnerability to disruption

All the disruptions in the sample occurred in 2020, 11 of them after the first national lockdown was declared in the March. In five cases, in response to a specific question, informants said that they thought the pandemic had been a factor in the placement disruption, with four selecting the response 'to some degree' and one 'very much so'.

In this latter case the SGO had been made some four years ago. Prior to the SGO there were several factors suggesting the arrangement might be a disruption risk, particularly the fact that prior to the SGO the child had never lived with the special guardian with whom s/he had had limited contact prior to the proceedings. This may explain why a supervision order was made. Nonetheless there had been no reported issues since the case was closed when the supervision order expired, until concerns were raised about the special guardian's alcohol use and 'inappropriate' adult relationships, arising, it was considered, from the stresses on a single parent of coping with the Covid restrictions. Without the pandemic, this SGO may have continued.

In the other cases it seems that Covid exacerbated, rather than caused, the difficulties or support services could not be provided in the same way. In one family, for instance, the respite care they had been accessing was no longer available, and they were not able to make use of on-line Camhs services because of their poor internet connection. In another, where the special guardians had been struggling for some time with the young person's behaviour, Covid increased the tensions because s/he would not comply with the Covid restrictions.

Where the special guardianship was continuing, Covid was said to have contributed to the difficulties in two cases, in one of which this was said to have been 'very much the case'.

Prior to Covid the special guardians were having high levels of social work support and respite care for the children. They were struggling to manage behaviours and have stated

that this continued over lockdown and they felt that they were ignored as respite was not available during the majority of 2020.

In the other instance, where Covid was said to have affected vulnerability to some extent, the impact of schools being closed was said to have had both a positive and negative impact:

Difficulties with managing the child's behaviour were made easier to some extent by Covid as there were no longer battles getting him to school. However, his lack of school meant little or no respite for the carers and this exacerbated the problems.

Summary

- In terms of **child-related** factors considered by practitioners to have contributed to the disruption or vulnerability to disruption the two samples were very similar:
    - At least one such factor was cited in around two thirds of each group.
    - Emotional, behavioural or mental health difficulties were a key feature in both, again constituting two-thirds of each. The proportions in which aggression towards the special guardian and school difficulties were similar.
    - In around a third of both groups the child's difficulties were said to have emerged, or been exacerbated, during adolescence.
- There were some differences in the nature of the difficulties, however:
    - Criminal behaviour/gang involvement and substance misuse were not cited in any of the continuing cases, though each featured in three of the disruptions.
    - Attachment difficulties featured more in the continuing group.
- Similarly, overall, a clear pattern did not emerge from a comparison of the prevalence of the contributory factors **relating to the special guardians or their circumstances** in the two groups of cases:
    - The proportion in which any of these factors were cited was actually higher in the continuing group than in those which had disrupted.
    - There were also six factors for which prevalence was also higher in the continuing group.
    - Further, in two of the four where the reverse was the case the difference was slight.
    - However, both of the two factors where prevalence was higher in the disrupted cases related to the special guardian's ability to cope being affected, either by increasing age, physical illness or disability (cited in half the cases) or by high levels of stress, anxiety or depression (the most frequently cited factor, reported as a contributory factor in 10 of the 14 cases and as featuring, but not directly contributing to the disruption in one other case).

- Five **other factors** could not be readily categorised as relating simply either to the child or the special guardian.
- Of these, four were more prevalent in the cases which were continuing than in those which had disrupted, namely:
    - The kin child/ren causing serious tension between the carers;
    - Conflict between kin child/ren and other children in the household/ negative impact of kin child/ren on other children;
    - Problems in the special guardian/s relationship with a birth parent;
    - Issues arising out of parental contact.
- The important exception, however, was allegations of maltreatment by the special guardians, which was not cited in any of the SGOs which were continuing, compared to around a third of the ones which had disrupted.
- Analysis of the number of post-SGO contributory factors per case indicate that although the range was wide in both groups, the average was higher where the case was continuing (6.5 v 5.8). None of the continuing SGOs were considered to be vulnerable for a single reason (compared to two of the disruptions). However, the proportion of disrupted cases with more than five contributory factors was higher (7 of 14 compared to 2 of 6 continuing SGOs).

5 Children's Services post order involvement and service provision

So far we have examined the factors evident prior to the SGO being made which might help to explain why the sample cases either disrupted or were considered vulnerable to disruption (chapter 3) and then post-SGO factors relating to the children and their carers which might shed some light on these questions (chapter 4). In this chapter we look at the involvement of Children's Services since the order was made and what services were offered in the most recent period of continuous involvement.

Duration of Children's Services continuous involvement post SGO

As can be seen from table 5.1, many of the SGOs had been made some considerable time ago. This was particularly so for the special guardianships which had disrupted, where five of the 14 orders had been made more than five years ago.

Table 5.1 Interval since SGO made

Time since SGO made	Disrupted SGOs Interval SGO to disruption (N=14)		Vulnerable SGOs Interval SGO to end 2020 (N=6)	
	No	%	No	%
1 year or less	3	21	0	0
2 -3 years	2	14	2	33
4-5 years	4	29	3	50
6-10 years	2	14	1	17
>10 years	3	21	0	0

It was striking, however, that there were no disrupted cases in which Children's Services were known to have remained involved with the family for more than a year after the order was made. Of the 11 cases for which this data was available, five were closed when the SGO was made and a further six were closed after a year (table 5.2). Only one of these closures (12 months after the SGO) coincided with the disruption.

Table 5.2 Duration of continuous involvement post SGO

Duration of continuous involvement post SGO	Disrupted cases (N=11*)		Continuing cases (N=6)	
	No	%	No	%
Case closed at SGO	5	45	1	17
1 year	6	55	0	0
3 years	0	0	3	50
5 years	0	0	2	33

*No data on three disrupted cases

In contrast, in all but one of the continuing cases Children's Services had been continuously involved for at least three years. As we have previously suggested (chapter 3), it is, of course, possible that this was because at the point the SGO was made at least some of

these special guardianships were already considered at risk of disruption and therefore requiring on-going social work input.

Where Children's Services had not been continuously involved, practitioners were asked whether they thought the outcome would have been different if they had been. Some informants found the question impossible to answer, and four said no. In each of the latter the case had remained open for 12 months after the SGO. However, in six of the disrupted cases the response was yes. In all but one of these the case had been closed at the SGO.

Perhaps the clearest example is an SGO which was made in private proceedings. By that point the young person, who was in her mid-teens, had been living with her older sibling and his partner for just over a year, after he had removed her from home because of concerns about her mother's alcohol abuse and neglect. The relationship between the young woman and the special guardians was well-established and the bond was said to be strong. In these circumstances, and the fact that the mother was fully in support of the SGO, and neither the young person nor her carers were deemed to have any need for local authority services, it is perhaps understandable that no ongoing contact was thought necessary. Three months later, however, the local authority was informed that the placement had broken down, and the young woman had returned to her mother:

The young person was broadening her sense of independence and had established a relationship with a young man. She started pushing some of the boundaries - staying out late and started smoking. When challenged by the couple and when they tried to prevent this relationship continuing, she made an allegation against her brother's wife which then led to the complete breakdown of the SGO. I feel the carers had not considered how this child's behaviour may change when the SGO had been granted and she felt safe and secure to explore her own identity and independence. Despite secure relationships prior to this, this couple were not equipped to be confident in managing this child through the transition to her adulthood.

Responses to the question in other cases where it was considered that longer post-SGO involvement might have made a difference to the outcome included:

I think if some level of involvement had continued following the SGO support would have been available for the child and guardian, information and advice could have been given early on, relationships would have been developed and children's services would have been able to identify what was happening within the home. (LA closed the case after the SGO; placement disrupted two years later).

Perhaps some earlier intervention and knowledge building around trauma impact on the child's development. Parenting strategies for aggressive and or upsetting behaviours at an earlier age may have assisted. (12 months post SGO involvement; placement disrupted five years later).

The SGO assessment indicated that the carer's learning needs may have affected her ability to meet the growing and changing needs of the child. Further support may have benefited the family. (Case closed at SGO; disruption 11 years later).

Subsequent Children's Services involvement

It was not considered feasible, given the constraints of a self-completion questionnaire, to ask for details of all the occasions Children's Services had become re-involved with the special guardianship cases which had been closed. It was therefore decided to focus on the most recent period of continuous involvement and simply ask whether there had been any earlier episodes.

Special guardianships which had disrupted

As noted above, there was only one disrupted case where Children's Services had remained continuously involved until the placement broke down, around a year after the SGO was made. For all the rest the most recent period of continuous involvement since case closure began in either 2019 or 2020. In two cases this was less than a year after the case had been closed (one month and three months respectively) (table 5.3). At the other end of the scale, in three it was more than 10 years (11, 13 and 15). Perhaps surprisingly, there were only five cases where this was not the first time that Children's Services had been involved since the case was closed.

Table 5.3 Interval case closure to most recent re-involvement (disrupted cases)

Interval since case first closed	(N=13)*
Less than 12 months	2
1-2 years	2
3-5 years	5
6-10 years	0
More than 10 years	3
ND	1

* CS continuously involved in one case

The reasons for Children's Services re-involvement in cases which disrupted

In two instances, Children's Services only became re-involved after the special guardianship had disrupted. As shown in table 5.4, the most common reason among the other 11 was some aspect of the child or young person's behaviour (7 cases). In five of these the special guardian took the initiative and asked for help, in the other two it was not clear how this had come about but in both the young person had expressed an intention to move out and live independently. In two cases there was a child protection referral and in one, which has already been mentioned, one of the special guardians was seriously ill, generating concerns in the family about the special guardian's ability to care for much longer. In the final instance, unusually, a recently appointed special guardianship support worker pro-actively made contact with the family.

Table 5.4 Reasons for most recent re-involvement (disrupted cases)

	(N=13)*
Child's behaviour	7
Child protection referral	2
Concerns about SG's health	1
Placement had disrupted	2
CS pro-active initiative	1

* CS continuously involved in one case

Interval re-involvement to disruption

In four cases, little or no time elapsed between Children's Services' re-involvement and the disruption. Indeed, as noted above, in two of these Children's Services only became aware of the difficulties after the child/young person had left the household and in each the disruption proved irretrievable, with the special guardians reported to have declined all offers of help. In two further instances, both involving child protection concerns, the interval seems to have been less than a month. In one of these, however, the case had only been closed the previous month, the special guardians being, reportedly, reluctant to work with the local authority once the supervision order, made alongside the SGO, had expired. In the other, where there had been no CS involvement for three years, although services were offered, they were refused.

In the remaining cases intervals between re-involvement and disruption ranged from two to three months to over a year, affording more opportunities to provide services which might have helped to prevent the disruption. It should also be noted that in the one special guardianship case which had never been closed, Children's Services had been involved for around a year since the SGO was made.

Services received in the most recent period of continuous involvement in disrupted cases

As table 5.5 shows, the service most frequently reported as being *offered* in disrupted cases was signposting to other services (11 instances). In terms of specific forms of support offered, advice/training for the special guardian/s on dealing with the child's emotional or behavioural difficulties was cited in eight cases; therapeutic support for the child and assistance with parental contact in six; life story work and intervention with the child's school in five; and peer support for the special guardian in four, with the remaining services being offered in only one or two cases.

Not all these offers of services were taken up by the special guardians, although particular services were more frequently accepted than declined – notably therapeutic support for the child, guidance for the special guardian on dealing with the child's emotional and behavioural difficulties, and intervention with the child's school.

There was considerable variability across the cases, however, with seven special guardians reported as having accepted everything on offer, four to have declined everything, and three accepting some services but rejecting others.

Table 5.5 Services offered in the most recent period of continuous involvement in disrupted cases (N= 14)

Service	Offered & accepted	Offered but not accepted	Either of these
Therapeutic support for the child	5	1	6
Family therapy	1	1	2
Life story work	3	2	5
Support group/peer mentoring for the child	1	1	2
Bereavement counselling for the child	1	0	1
Advice/training for SG/s on dealing with child's emotional or behavioural difficulties	6	2	8
Bereavement counselling for the SG/s	0	1	1
Other counselling for the SG/s	1	1	2
Assistance with parental contact	4	2	6
Short breaks	2	0	2
Carer support group/peer mentoring	2	2	4
Intervention with child's school	5	0	5
Advocacy re housing	1	0	1
Signposting to other services	7	4	11

Disruptions where all offers of services were accepted (7)

One family was both offered and accepted a particularly wide range of services but sadly to no avail.

The special guardian contacted Children's Services because of concerns about the behaviour of the child, who would become distressed and physically aggressive. Intensive family support was provided, including life story work and therapeutic intervention for the child; training in parenting strategies for the carers; assistance with parental contact, which had been difficult for both the child and the special guardians; and intervention with the child's school. Whether these would have been sufficient without Covid is unclear – the special guardians said they were not helping and additional services (respite and family therapy) were being explored. Covid, however, meant that face to face sessions with Camhs were terminated, the carers were unable to take part in virtual sessions because of internet connection problems, and respite could not be provided. Two months later the special guardians said they were unable to cope any longer.

Of the families who were reported to have accepted all services, this was the only one in which both service delivery and the outcome was said to have been affected by Covid.

Another family in the group where all offered services were accepted was notable because the placement had disrupted almost a year previously but the child had then been gradually reintroduced after a few months in an unrelated foster placement, only for the arrangement to break down again when, two months later, the special guardian/s said they could not continue:

Children's Services had been offering support for around six months before the first disruption, after the special guardian made contact to ask for help in dealing with the child's behavioural difficulties. These were said to include '*allegations against the special guardian and their birth children, physical altercations in the home, saying mean things to sibling to break their trust in the special guardians and general challenging behaviours'*. Both before and after the first disruption therapeutic support was instituted for the child and support for the guardians in managing the child. The special guardians were not said to have requested any other service and our informant considered that nothing further could have been done at that stage to prevent the final disruption. S/he did, however, suggest that earlier therapeutic support for the child and the whole family might have helped. Her response to the question *If the SGO was being made now, what, if anything, do you think your LA would do differently?* also highlighted the importance of the support plan and carer preparation.

Disruptions where some services were declined

Although three families were reported as declining some of the services offered, it should be noted that all three accepted more services than they turned down. These included therapeutic support and life story work for the child; family therapy; advice on managing the child's emotional and behavioural difficulties; short breaks; assistance with contact; intervention with the child's school; advocacy re housing and signposting to other services. No pattern, however, was evident in the services which were rejected, with three services – life story work, family therapy and signposting – which were declined by one family being accepted by another. The only exception was peer support for the special guardian, which was declined by both the special guardians to whom this was offered.

Disruptions where all offers of service were declined

Reference has already been made to two of the cases in this group where Children's Services only became aware of the difficulties after the child/young person had left the household. In both of the others the placement ended following alcohol-related child protection concerns which had only very recently become apparent to the local authority.

In one of the latter, where the difficulties were considered to have developed as the result of Covid restrictions, the special guardian was offered a referral to alcohol abuse services but declined.

In the second case, which had been closed immediately after the SGO, after a special guardianship support worker was appointed s/he made contact and offered assistance. A further offer of support was made after circumstances in the family changed, but the special guardian again said no support was needed. It was only after a birth child was assaulted that the special guardian's chronic problems with alcohol emerged. Asked what might have been done differently to prevent this disruption, the practitioner suggested that, with hindsight, a more probing approach was needed:

Ask more questions; some of which being direct, visit the home more, ensure to see the children within the placement, link in with school, support guardian in accessing signposted support (maybe by going with them), have supervision check-ins so many times a year.

Services received in continuing special guardianships

As noted earlier, in four of the six cases considered vulnerable to disruption Children's Services had remained continuously involved since the SGO was made, at least three years previously. In both the exceptions, Children's Services had been previously involved with the family on a number of occasions before their more recent contact. There had therefore usually been more opportunities to offer support to this group of families than in those where the special guardianship had disrupted.

As shown in table 5.6, the service most frequently offered in these cases was guidance to the special guardian on dealing with the child's emotional and behavioural difficulties, which was offered to every family. Therapeutic support for the child and assistance with parental contact were offered in all but two cases and life story work for the child and peer support in four. All but one of the other specified services were offered to at least two families, the exception being advocacy in relation to housing.

Table 5.6 Services offered in continuing cases (N= 6)

Service	Offered & accepted	Offered but not accepted	Either of these
Therapeutic support for the child	3	1	4
Family therapy	1	1	2
Life story work	4	0	4
Support group/peer mentoring for the child	2	1	3
Bereavement counselling for the child	1	1	2
Advice/training for SG/s on dealing with child's emotional or behavioural difficulties	5	1	6
Bereavement counselling for the SG/s	3	0	3
Other counselling for the SG/s	2	0	2
Assistance with parental contact	4	0	4
Short breaks	2	0	2
Carer support group/peer mentoring	1	3	4
Intervention with child's school	2	0	2
Advocacy re housing	0	0	0
Signposting to other services	2	0	2

Acceptance of these individual services was generally high, with only six of the 14 listed being rejected by any family and none of the families rejecting all the services offered. However, only one family accepted everything, all the others turned down at least one of the services on offer. As we reported in relation to the disrupted cases, there was no detectable

pattern in the services rejected, with all the six services which were turned down by at least one family being accepted by another. Peer support for the special guardian was the only service which was more often declined than accepted.

Service provision and acceptance: comparing disrupted and continuing cases

As table 5.7 indicates, most of the services listed below had typically been offered less frequently to families in which the special guardianship had disrupted than those where the arrangement was continuing. There were only three exceptions to this: intervention with the child's school, advocacy in relation to housing and signposting to other services. This could, of course, simply be explained by the greater longevity of Children's Services involvement in the continuing cases.

Table 5.7 Services offered in disrupted and continuing cases

Service	Disrupted cases (N=14)		Continuing cases (N=6)	
	No	%	No	%
Therapeutic support for the child	6	43	4	67
Family therapy	2	14	2	33
Life story work	5	36	4	67
Support group/peer mentoring for the child	2	14	3	50
Bereavement counselling for the child	1	7	2	33
Advice/training for SG/s on dealing with child's emotional or behavioural difficulties	8	57	6	100
Bereavement counselling for the SG/s	1	7	3	50
Other counselling for the SG/s	2	14	2	33
Assistance with parental contact	6	43	4	67
Short breaks	2	14	2	33
Carer support group/peer mentoring	4	29	4	67
Intervention with child's school	5	36	2	33
Advocacy re housing	1	7	0	0
Signposting to other services	11	79	2	33

Analysis of the respective take-up rates for particular services offered in both groups (table 5.8) also indicates a greater level of acceptance by families in the continuing group. Thus for eight of the 14 services a higher proportion of vulnerable families accepted what was offered. Lower rates were reported in only three (therapeutic support and bereavement

counselling for the child, and peer mentoring for the special guardian) while in a further two (family therapy and intervention with the child's school) the proportions were the same.

Table 5.8 Service acceptance in disrupted and continuing cases

Service	Disrupted cases		Continuing cases	
	No	%	No	%
Therapeutic support for the child	5/6	83	3/4	75
Family therapy	1/2	50	1/2	50
Life story work	3/5	60	4/4	100
Support group/peer mentoring for the child	1/2	50	2/3	67
Bereavement counselling for the child	1/1	100	1/2	50
Advice/training for SG/s on dealing with child's emotional or behavioural difficulties	6/8	75	5/6	83
Bereavement counselling for the SG/s	0/1	0	3/3	100
Other counselling for the SG/s	1/2	50	2/2	100
Assistance with parental contact	4/6	67	4/4	100
Short breaks	2/2	100	2/2	100
Carer support group/peer mentoring	2/4	50	1/4	25
Intervention with child's school	5/5	100	2/2	100
Advocacy re housing	1/1	100	NA	NA
Signposting to other services	7/11	64	2/2	100

At the level of the individual case, rather than service, the difference is less evident, with 10 of the 14 families where the special guardianship had disrupted accepting all or most services (71%) compared to five of the six families where the special guardianship was considered vulnerable (83%).

These two factors - services offered and acceptance rates - help to explain why, as shown in table 5.9, the proportion of families receiving a particular specified service was greater where the special guardianship was continuing than in those which had disrupted. There were only three services – intervention with the child's school, advocacy in relation to housing and signposting to other services – where the reverse was true and one – peer support for the special guardian - where the proportions were equivalent.

Table 5.9 Services received in disrupted and continuing cases

Service	Disrupted cases (N=14)		Continuing cases (N=6)	
	No	%	No	%
Therapeutic support for the child	5	36	3	50
Family therapy	1	7	1	17
Life story work	3	21	4	67
Support group/peer mentoring for the child	1	7	2	33
Bereavement counselling for the child	1	7	1	17
Advice/training for SG/s on dealing with child's emotional or behavioural difficulties	6	43	5	83
Bereavement counselling for the SG/s	0	0	3	50
Other counselling for the SG/s	1	7	2	33
Assistance with parental contact	4	29	4	67
Short breaks	2	14	2	33
Carer support group/peer mentoring	2	14	1	17
Intervention with child's school	5	36	2	33
Advocacy re housing	1	7	0	0
Signposting to other services	7	50	2	33

At the individual case level, families in the continuing group were also likely to have received more services than those in the disrupted group (mean of 5.8 compared to 2.8) This holds true even if we exclude the families who had received no services at all – either because the SGO had disrupted prior to Children's Services being involved, or the family had declined any support – when the mean for the disrupted group still only reaches 3.9). As noted in an earlier section, however, a few of the disrupted cases had had equivalent levels of support, in terms of the numbers of services received, as those which were continuing.

Services which might have helped to prevent disruption or the risk of disruption

Only two families were reported by practitioners to have requested services which were not provided. One special guardian, in the disrupted group, asked for respite, but was advised to look at their support network. The second family, in the continuing group, had been receiving therapeutic support some distance away but were not happy with this, on several occasions asking for an alternative nearer to home. As mentioned in chapter 4, Covid 19 also meant that respite care, on which they had been relying, was no longer available. Similarly, again as mentioned in chapter 4, one of the families in the disrupted group found that face to face

therapeutic support was no longer available, and the limitations of their internet connection meant they could not take advantage of virtual sessions.

The questionnaire also asked whether there was any other support which might have helped prevent the disruption or, where the placement was continuing, reduce the risk of disruption. In two of the continuing special guardianships practitioners suggested a particular service, both citing respite care, while a third made a general comment about the difficulty of organising services when the family are living outside the local authority area. A fourth indicated that it was more a question of the special guardian/s' level of engagement with the support on offer:

The special guardians don't participate in peer support or training that we offer. They have been offered therapeutic support but refused to continue. They state they want support but don't engage when services are provided.

Where the special guardianship had disrupted, in all but four cases particular services were identified. All but one of these (therapeutic support for the child, identified in one case) either included, or were aimed at, the special guardian:

- Respite (3);
- Family therapy (2);
- Training for the special guardians (2);
- Support in relation to alcohol misuse (2);
- General parenting support (2);
- Support around the developing needs of teenagers (1).

In six of these cases, however, a caveat was entered that these services could have helped **if** Children's Services had been involved at an earlier stage:

I think all was done at this point but perhaps too late, earlier intervention may have assisted. Family therapy was being explored but breakdown happened before it could be arranged.

Earlier intervention, training and a more robust support service for special guardianship. As we (the special guardianship support team) *have only been in post a short while, we believe that if the family had received SGO support sooner, this may have saved the placement from breakdown.*

This is one of the themes which emerges across the interview responses. In the next chapter we draw together all the data from the practitioner survey which help to elucidate what might prevent special guardianships disrupting or becoming vulnerable to disruption.

Summary

- In all but one of the continuing cases Children's Services had been continuously involved for at least three years. In contrast, there were no disrupted cases in which Children's Services were known to have remained involved with the family for more

than a year after the order was made. In six instances, all but one of which were closed at the SGO, practitioners considered the outcome would have been different if they had remained involved. In most of the disrupted cases (8 of 13) Children's Services only became reinvolved in the period which ended in the disruption.

- The most common reason for reinvolvement (7 cases) was the child or young person's behaviour.
- In four cases either the disruption occurred within a month of Children's Services becoming re-involved (2) or they were only informed after the child had left the household (2). In the remainder intervals between re-involvement and disruption ranged from two to three months to over a year.
- Signposting to other services (11 instances) was the service most frequently reported as being *offered* in disrupted cases. Advice/training for the special guardian/s on dealing with the child's emotional or behavioural difficulties was cited in eight cases; therapeutic support for the child and assistance with parental contact in six; life story work and intervention with the child's school in five; and peer support for the special guardian in four, with other services being offered in only one or two cases.
- Not all the services offered in disrupted cases were taken up by special guardians. Seven were reported as having accepted everything on offer, four to have declined everything, and three to have accepted some services but rejected others. Some services were more frequently accepted than declined – notably therapeutic support for the child, guidance for the special guardian on dealing with the child's emotional and behavioural difficulties, and intervention with the child's school.
- Most services had typically been offered less frequently where the SGO had disrupted than where it was continuing. Acceptance of particular services was also generally lower. At the individual case level, families in the continuing group were also likely to have received more services than those in the disrupted group.
- Only two families were reported by practitioners to have requested services which were not provided.
- In all but four of the disrupted cases, practitioners identified particular services which might have made a difference. With one exception (therapeutic support for the child) these either included, or were aimed at, the special guardian: respite (3); family therapy (2); training (2); support in relation to alcohol misuse (2); general parenting support (2); support around the developing needs of teenagers (1).
- In six of the 10, however, a caveat was entered that these services could have helped if Children's Services had been involved at an earlier stage.

6 Preventing disruption: practitioner perspectives

At various points in the questionnaire, we introduced a few 'what if' questions aimed at explicitly exploring what might have been done differently to prevent these special guardianships disrupting or being at risk of disruption:

In the special guardianships which had disrupted:

- In six (of the 9 where the question was answered) practitioners considered that the special guardianship support plan needed to be stronger;
- In six (of 10 responses) it was thought that the outcomes would have been different if Children's Services had remained continuously involved after the SGO was made;
- In eight (of 12 responses) it was thought that the outcome might have been different if the special guardian had sought help earlier;
- In 10 cases (of 13) respondents suggested something which, with hindsight, might have been done differently to reduce the risk of the placement breaking down.

In all but four cases practitioners identified at least one of these ways in which the disruption might have been averted. Further, in all but two cases (where the question was not answered) practitioners said that if the SGO was being made now, their local authority would do things differently.

In the special guardianships which were continuing:

- In four (of the 5 where the question was answered) practitioners considered that the special guardianship support plan needed to be stronger;
- In three cases (of 5) practitioners suggested something which, with hindsight, might have been done differently to reduce the risk of the placement breaking down;
- There was one case in which it was said that the outcome might have been different if the special guardian had sought help earlier.

There were only two continuing cases in which Children's Services had not been continuously involved and no response to this last question was given in either.

In all six continuing cases practitioners suggested at least one way in which the risk of disruption might have been reduced and in all but two (where the question was not answered), respondents said that if the SGO was being made now, their local authority would do things differently.

In addition to the responses to these specific 'what if' questions, practitioners in both the disrupted and continuing cases often also made comments pertinent to these issues in responses to other questions. In this chapter we try to pull all this information together, drawing out the common themes.

Assessment and decision-making

There were only two cases where practitioners considered that the SGO should never have been made (one which had disrupted, the other continuing). In both the assessing social worker had had reservations about the placement, although these were not considered sufficient to justify recommending it should not go ahead. In one of them, however, there had been an internal dispute within the local authority as to whether an SGO or a care order was more appropriate.

Slightly more practitioners indicated either that the assessment had been deficient (1) or that if the SGO was being made now, it would be different (3). Their comments variously indicated that assessments needed to be future-focused (1); assess the emotional resilience and motivation of carers more deeply (1); explore potential contact issues and the need to support contact (1); consider difficult/worst case scenarios (2); and build in contingency plans (3).

With respect to this latter point, it was notable that there were only three cases where contingency plans were reported to have been made at the time of the SGO and in each this was simply local authority care. No-one mentioned consideration of potential alternative carers in the extended family.

Carer preparation

Five practitioners emphasised the importance of preparing special guardians for the challenges which may lie ahead, when, as one put it '*they set off on their road without having the support of the LA'*:

> *Give special guardians a clear idea…in regards to the difficult behaviours and attachment difficulties children who have experienced trauma can present.*
>
> *Provide early training on managing complex behaviour, allegations and attachment in children who have experienced ACE's.*
>
> *Provide life story training so special guardians are aware of the importance of accurate and open narratives.*
>
> *Better communicate with potential special guardians in terms of the impact of the placement on themselves & their birth children.*

Better support plans

As noted at the beginning of this chapter, in six cases it was said that the special guardianship support plan needed strengthening in relation to either the child, the carer or both. A further three practitioners (all reporting on disrupted cases) when asked what might be done differently if the SGO was made now, made reference to support plans which would now be clearer, more in-depth or more robust. Three comments were more specific:

Support plans need to consider the future challenges of the child– i.e. in their adolescent years - and the impact of the trauma they have received.

Support plan needs to be written with carers, not just the child's social worker.

A more robust support package where the SGs would have to engage in training during the supervision order.

Earlier involvement of Children's Services post SGO

As reported at the end of the previous chapter, six practitioners, when identifying services which might have prevented disruption, indicated that these would only have been effective had they been available at an earlier stage. In six cases, as indicated above, it was also said that the outcome might have been different if Children's Services had remained continuously involved after the SGO was made.

In total, in nine disrupted cases, responses to these two questions referred either to the need for Children's Services to remain continuously involved, or for them to be involved earlier than they had been.

As we report in chapter 7, both these themes also emerged in the interviews with special guardians.

It was notable that in three of the continuing cases, in each of which Children's Services had been continuously involved from the start, practitioners attributed the preservation of the arrangement to local authority support.

Another pointer to the need for earlier involvement is the response to the question 'would the outcome have been different if the special guardian/s had sought help earlier?' Ten practitioners (all but two reporting on disrupted cases) said either *yes,* or *possibly.*

Practitioner responses to the question 'why do you think the special guardians did not seek help earlier' fell into three groups. Some were said not to perceive that they needed help:

The special guardians are receptive to support and engage with support, but with referrals often needing to be made by other professionals involved with the family – the carers do not necessarily anticipate or see the issues themselves, meaning services are reactive rather that proactive or preventative.

Some, who did recognise the need, it was reported, might be reluctant to make this public:

Ashamed, worried, frustrated they may have been unable to cope, didn't want people to intrude, didn't want family members to be aware they were finding it hard.

Perhaps, as professionals, they were reluctant to acknowledge they needed help for fear of stigma and criticism as to an inability to manage.

For others, it was said to be negative attitudes to Children's Services or to a particular social worker. The value of earlier involvement is likely to be dependent, at least in part, on special guardians' readiness to engage with the support they are offered.

> It should be noted, however, that, in the interviews with special guardians, none of these reasons for not accessing help at an earlier stage were offered. Rather, as we report in chapter 7, they spoke about not knowing how to access help and, sometimes, also about having sought help but being refused or ignored.

In two cases (both of which had disrupted) practitioners said that if the SGO was being made now, a supervision order would be attached.

It is important to note, however, that supervision orders had been made in at least three of the cases which had disrupted, while in a fourth there was a Family Assistance Order. Moreover, in a further three cases Children's Services had remained involved for 12 months after the SGO. Such involvement, therefore, whether or not it includes formal monitoring under a court order, is not, in itself, a solution. Keeping the case open for a year after the SGO, of course, does not indicate what this meant in practice, but the constraints of this project meant this was not something it was feasible to establish. It could usefully, however, be considered in any future research.

Support services

In the previous chapter it was reported that in 13 of the 20 sample cases practitioners identified specific services which might have helped prevent disruption or reduced vulnerability to disruption. Some suggestions were also made in response to our other 'what if?' questions.

The three types of service most frequently identified were respite care, carer training, and therapeutic support.

> These were also among the services which special guardians said had either helped them or, would have helped them, particularly if they had been available at an earlier stage (see chapter 7).

Respite care

The service most frequently cited by practitioners as having the potential to reduce the risk of special guardianship disruption was respite care. This was mentioned in four of the cases which had disrupted and two of the ones which were continuing. These six cases included one in which, as been mentioned earlier, the special guardian had requested respite but it could not be provided and another where the respite which had been provided was no longer available because of the pandemic.

The potential importance of respite care is also indicated by the fact that, as mentioned in the previous chapter, it was accepted by all the special guardians in the four cases (two disrupted and two continuing) where it had been offered.

Training for special guardians

The potential for reducing the risk of disruption through some form of training for special guardians, particularly in the early years of the placement, emerged in five cases (four disrupted, one continuing). Of the three practitioners who specified the type of training envisaged, each referred to training and/or managing the emotional and behavioural difficulties the children they are caring for were likely to present.

This is not surprising given the prevalence of emotional and behavioural difficulties reported in the sample, which, as described in chapter 4, were deemed to have contributed to the disruption of 10 cases and vulnerability to disruption in an additional four continuing cases. Another relevant finding is that in five of the disrupted cases the special guardian not understanding the reasons for the child's difficulties or being unable to cope with them was cited as contributing to the placement disrupting, and as a factor in the case, although not contributing, in a further four. Similarly, in three of the continuing cases, this lack of understanding/inability to cope was cited as contributing to the placement's vulnerability and being a non-contributory factor in a fourth.

It seems clear, however, that the importance of helping special guardians cope with such difficulties was well recognised by practitioners, since, as noted in chapter 5, advice/training on dealing with them was reported to have been offered in 14 of the 20 sample cases (8 disrupted; all 6 continuing). Further, since only three special guardians (2 in disrupted cases, one continuing) were reported to have turned this offer down, it was presumably also something most were willing to try. This suggests, therefore, that further work may be needed to develop training which is more effective in supporting special guardians to cope with the challenges the children they are caring for are likely to present.

In three additional cases, all disruptions, practitioners suggested that the outcome might have been different if the special guardians had been provided with either 'general parenting support' (2) or 'support around the developing needs of teenagers' (1). Both of these, although not described as 'training', might reasonably be incorporated under this umbrella.

Therapeutic support or counselling

In five instances (3 disrupted, 2 continuing) it was considered that some form of therapeutic support - for the child (1); for the special guardian (1) or for the whole family (4) - might have helped.

Therapeutic support was more likely to have been offered for the child (6 disrupted; 4 continuing) than for the special guardian (1 continuing) or the whole family (2 disrupted; 2 continuing). It was also more likely to have been accepted in both disrupted cases (5 of 6 compared to one of 2) and continuing ones (3 of 4 compared to one of two).

No practitioner specifically suggested that the outcome might have been different if any form of counselling had been provided for either the child or the special guardian. However, the two cases (both disrupted) in which it was suggested that support in relation to the special guardian's alcohol abuse might have made a difference could perhaps be categorised either under this heading or therapeutic support. In each case, however, this was rejected by the special guardian.

Other forms of support

Three other forms of support were mentioned, each by only one practitioner, as potentially reducing the risk of disruption: direct work with other children in the family; peer support for the special guardian and support for contact. All these concerned continuing cases.

These tiny numbers are slightly surprising.

Direct work with other children in the family

In relation to the first, this is because, as noted in chapter 4, there were three cases in which there was said to be either conflict between the kin child/ren and the birth children or the kin child/ren were considered to be having a negative impact on those children. And in two of these cases this factor was deemed to be contributing to the risk of disruption. Since we did not specifically ask about this form of support it is not possible to ascertain whether it was not seen as a need in the two cases where it was not mentioned, or whether it was actually being provided.

> According to one of the special guardians interviewed, as we report in chapter 7, the detrimental impact on the other children in the family of the behaviour of one of the children on an SGO almost led to the breakdown of the placement. Accessing support for the other children, however, particularly the birth children, was not easy.

Peer support for the special guardians

One reason for surprise in relation to peer support for the special guardian is that while this was offered in eight cases, and was therefore presumably considered to be important by the local authority, it was only accepted in three (2 of the 4 disrupted cases; one of the four continuing). Another reason is the high number of disrupted cases (11 of 14) in which practitioners selected the response 'the special guardian's ability to cope was affected by high levels of stress, anxiety or depression' as contributing to the disruption. Peer support is

widely considered (see Hunt, 2020, for summary of the research) as one of the ways in which kinship carers can receive emotional support from those who have lived experience of the challenges of kinship care.

> The value of belonging to a peer support group, however, was a key theme in one of the interviews with special guardians (see chapter 7).

Support for contact

In terms of *contact support*, the only practitioner who said that this might reduce the risk of disruption was not referring to any overt contact difficulties destabilising the placement. Rather, it was concern that the child, whose special guardian was not a relative, was not having any contact with his/her extensive family network. In another case, however, where there had been overt difficulties, it was considered that if the SGO was being made now, the issue of contact would be addressed in the assessment.

> Contact difficulties were mentioned in only one of the interviews with special guardians.

The paucity of references to the need for contact support services may reflect two factors. First, that although either difficulties in the relationship between the special guardians and parents, or specific difficulties with parental contact, were noted by practitioner in nine cases, in four these were not considered to have contributed to the placement's disruption or vulnerability. Second, that in the five where either of these factors were identified as contributing, in all but one services to support contact had been both offered and accepted. In the only exception to this, contact was only one of multiple difficulties, and it seems likely that the focus of the intervention was on trying to address these.

Summary

In almost all cases practitioners suggested particular ways in which the risk of disruption might have been reduced:

- Specific services were mentioned in 13 cases, most frequently respite care (6), carer training (5), and therapeutic support (5), particularly for the whole family (4);
- Improved support plans were identified in nine cases;
- In nine cases reference was made either to the need for Children's Services to have remained involved after the SGO or for them to be reinvolved earlier than they had been;
- Five practitioners emphasised the importance of preparing special guardians for the challenges they might face;
- Improved assessments were cited in four cases;

- In two cases it was said that if the SGO was being made now, a supervision order would be attached;
- There were only two cases in which practitioners considered that the SGO should never have been made.

7 Messages from the interviews with special guardians

> *We've all got different needs but at the end of the day there should be some sort of help for SGO carers.*

We were only able to interview four special guardians, one of whom did not want details from the interview to be included in the research report. Since the circumstances in each case were very different, understandably the areas they chose to focus on varied. Hence some of the points reported below were made by only one or two people rather than necessarily being common themes. Nonetheless, the messages they conveyed were very powerful both in terms of the ways Children's Services could improve the support they provide, as well as the ways in which they had been helpful.

Make it easier for special guardians to access support when needed

> *That's the sort of thing that could change with SGOs, when they do need the help make it much simpler to get it.*

One issue was **lack of knowledge about the support available and how to access this**, with one interviewee suggesting that written information about this was needed:

> *How do you get the help? Where do you get the help? What help are you entitled to? Nobody tells you what you're entitled to, there's nothing on paper that tells you this. If we could have things put down on paper it would help.*

Interviewees, however, wanted more than just written information, they wanted **a named professional** in Children's Services they could approach for help when this was needed:

> *There's nobody to go back to 'what do I do about this, or that? If there was somebody in an SGO office, just someone to speak to, that would be good. It would just be nice to be able to phone a number and they know who you are and say 'sorry to bother you but I've got problems with this or problems with that, is there anybody to help me? Is there advice to help me, somebody you can put me on to help me with this problem?*

One special guardian was fortunate in that their previous social worker was still in post and although unable to help directly, made a referral for support:

> *We had to get hold of our old social worker. She said 'I can't do it because I'm not on your case anymore', but she said 'I can put you in touch with somebody' and that's what happened and that was good.*

Another, however, was not able to short-circuit the system in this way:

> *We had to go through the front door of Social Services and had to go through it all again. But 'you know everything about us'. 'Oh, I'm sorry, you have to go through the front door'. So you have to go through everything over and over, different people all the time, before the help came. So all that as well. It's so unnecessary. 'You know all our history, you've got all that paperwork, you know everything about the children, everything about us, everything about our history, we're telling you how it is now, but we have to go through everything all over again'. And that was frustrating. 'Do we*

really have to go through all of this'? Because when you're exhausted already, 'is it worth it, can I do it, can I cope with this right now, on top of everything else'.

This special guardian was very appreciative of the help the family did eventually receive, which had enabled them to continue, but said it had been a battle to get it:

> *We asked for help, we got none. We asked again, we got none. It was a fight. And it was a fight we really didn't want at that time, when we were desperately in need of some help. When you're already in crisis and emotional, the last thing you want is to be fighting people. That's the problem.*
>
> *I knew (someone) who works for the council and she said 'If you want help the only way you'll get it is if you use the buzz word crisis'. Unless you say that they will not act. And we did get to that point. I phoned Social Services and said 'we can't do this anymore'. They came straight down then. 'OK, what you want, what do you need? What's going on, what's happening'. Then they stepped in and started giving us some assistance. They acted because they knew (otherwise) they would end up with a child back at their door.*

Children's Services should keep in touch after the SGO is made

In two of the interviews special guardians suggested that as well as being able to access support easily when they needed it, some special guardians needed someone to keep in touch with them after the SGO:

> *Someone who just checked in every now and again as well. Because sometimes you feel you don't want to bother them. Just someone to say to 'I've had a bad day today'. Then you realise those bad days are becoming more than the good. It's a gradual process and I think when you're in it it's bad before you spot it, whereas if you're speaking to someone on a regular basis they might pick up on it, they should because they're a professional, they've got the understanding of what all that is. I just think we needed someone keeping an eye and giving their advice, just to start with. I know* (Children's Services) *want to back off and there are so many children to help out there and they haven't got the resources, so yes, there are reasons for them wanting an SGO and having people out there on their own. That's OK, if they're coping, and everything is OK and the child isn't traumatised and has all these extra issues. But not every family is like that and not every child is like that.*
>
> *If there was somebody coming out every six or seven weeks, it's as if you exist. But when nobody wants to know you, it's as if you don't exist. A lot of the special guardians we speak to, I think they would be happy to have a bit of help every six weeks, just someone coming out and if there were any problems, discuss it with you. It's that fall-back, isn't it?*

In both cases these special guardians adversely compared their position in this respect with that of foster carers. One, who had been a kinship foster carer for one of the children she was now caring for on an SGO, spoke of the abrupt transition this had involved:

> *We went from weekly contact. And weekly do this, do that, fill in this form, to nothing. We went from one extreme to the other. I think if there had been a slower transition from all that help and assistance at the end of the phone, someone just to vent, 'this has happened this week and I'm really stressed, what do I do' and someone listening to help me with what I was coping with as well. All that went. My support went, my ears went. The person I was speaking to, that went. My offload had gone. So I think…yes, give us the SGO, but because of our situation we needed much more*

regular professional help, monitoring, and them being able to jump in when they saw it (was necessary). *Just knowing that they're there helps.*

Although the other interviewee was not able to speak from personal experience as a previous foster carer, s/he had reached the same conclusion on the basis of talking to other special guardians who had been:

> *I'd say, if you're fostering and you want to take an SGO out, if you want to be left alone, that's the way to go. But if not, then don't, until it's changed. Because once you've changed over from fostering to SGO - we've met couples who've done it - it's as if you don't exist no more. A lot of the SGs we speak to, they were foster-carers and Social Services have talked them into taking an SGO out, instead of the kinship fostering. That's what a few of them have said 'they talk you into taking out an SGO' and then that was it, they didn't want to know then, as if they were wiping their hands, to get them off their books, sort of thing.*

Annual reviews need to be meaningful and responsive to concerns

Although annual reviews were reported by one of our interviewees, these were considered to have been ineffective in securing early assistance when the family was starting to struggle:

> *They just phoned up or popped round once and said 'how are things going' and we said 'not very good, his behaviour has escalated, he's quite difficult, he's very jealous of his sister'. They'd write it all down, say OK and we wouldn't see them again for another year. That's what it was. We've got paperwork where we'd said things weren't great, but we wouldn't hear anything.*

This special guardian suggested that what the family needed were more frequent reviews which involved the school and also put appropriate services in place:

> *I think what we needed would have been a more regular review meeting where the professionals get together – Schools, Social Services – once every three months, whatever, just to say what's happening? I wonder if we could get him into….? If the school and social services were together on more of a basis to actually tackle problems, I don't think we would have got in so severe. If they had signposted us to play therapy and other things like that before, that would have helped. Rather than just 'Hi, how are you?'. 'Not good'. 'OK, see you in a year'. We just kind of felt they didn't really care. 'Because you're an SGO we don't need to be there'.*

Ironically, once this family indicated they had reached breaking point, this form of regular inter-agency meeting was set up and intensive support was established which managed to avert what had been an imminent breakdown. This special guardian was full of praise for the help they then received:

> *When we hit crisis they have been brilliant this last couple of years. I can appreciate all they have done now…*

while adding the caveat that:

> *I just wish it had been done earlier.*

Special guardians should ensure they have a good support plan which provides for future support needs

While only one of the special guardians mentioned the support plan, it was seen as a crucial element in securing the support they eventually received:

> *We (reluctantly) went for the SGO but we ended up getting our own solicitor to make sure we had a care plan put in place in case we ever needed it. Now three or four years down the line I am super glad that we did.*

Having been a kinship foster carer, as she explained:

> *I'd been to a lot of support groups with other foster carers and SGO carers, and everyone one of them said 'Do not just sign the papers, get a legal representative to look over them and make sure you have a care plan because otherwise you'll be up the creek without a paddle. It will be hard work and you'll have no support and you won't get it unless you've got it written in some packs through the courts'. That was their advice, because they'd been there and done it. And I'm really glad we did. Because now we've got the support we need at the moment.*
>
> *Our support plan is really good. Therapy was in it and respite. If that was needed. Because we all knew this (child) is going to need some therapy in the future. And it's very expensive. We would never have been able to pay for it if it was all on us, we could never do it. It had in there 'if in the future,* (the child) *needs any respite it will be provided'. So they couldn't get away with not giving us the help we now have because it was written down in that plan. Because there was one point where they did say we couldn't have respite because we weren't in the foster care system and I said, hang on, the support plan says that we can. 'Oh, does it? Oh well we'll have a look'. But we wouldn't have had it if it hadn't been in the plan. They wouldn't have given us any of that if it hadn't been in the plan, if we had just signed the document. So I'm grateful again for the people who said to me 'don't you dare just sign the papers or you will have nothing. Make sure you fight in court for a proper support plan.*

Asked what advice s/he would give to people contemplating becoming a special guardian, she re-emphasised both the importance of the support plan and the need to get an independent solicitor to check it out:

> *I would tell them what they told me - make sure you have a good support plan. And make sure you have an independent solicitor, not one they provide, because they will provide one if you wanted it. But they will just want you to sign the papers. You need to get your own independent solicitor to look over and make sure you have a substantial support plan. And until the system changes so you can access support, or there is some sort of regular contact for SGO carers, I would say make sure your support plan is inclusive and mentions everything so there's no getting out of it, they can't say 'we don't need to do that because it doesn't actually say that in the support plan.*

Emotional and behavioural difficulties featured in every case

All the special guardians interviewed reported children behaving in ways they had found challenging or perplexing to cope with at some point. Occasionally this was reported to have resolved without the special guardian needing to seek help, as was the case with a young child born addicted to heroin:

She is quite challenging. Because of the drug addiction at the beginning, she can fly off the handle very easily, HUGE tantrums. And I know kids have tantrums but this is at another level. She would get up in the middle of the night and scream for three hours, and trash the house, throw everything around, smash the living room up. That's past now – I am so grateful, it went on for about six, eight months. That kind of thing. So it was about training her so she didn't need to explode every time her emotions… She copies (her brother's) behaviour a little bit but she's not got the attachment problems or the trauma that he has. She can give love and take love. She'll be OK.

In another case, where the grandparents had been struggling with teenage behaviour, brief social work intervention seems to have been sufficient:

Cor Blimey, they've got these attitudes as they get older. They were great as kids but now they're older they've grown into their own thing, it's sort of like Kevin and Perry. Oh my god. 'Tidy my bedroom? I'm not doing that'. 'I've got to go out in the fresh air? I'm on my phone here'. That sort of thing. It can be awkward if there's nobody to talk to about things. What we did a couple of years ago, I was fed up with the mess with the girls, and I did phone up our old social worker. She put us on to somebody, I think it was a family liaison or something. She came to the house, we were talking as a family and she was saying 'why don't you like to do this?' 'Well Nan nags us'. She came up for a couple of weeks. We did get a list put down from 1 to 5, not that they followed it at all, but it was nice to hear somebody's else's point of view who knew things about it.

In other cases, however, the problems were more persistent and special guardians found themselves at a loss. This next extract is from an interview where the special guardianship, made five years earlier, had irretrievably broken down, by which point the young man, who was now almost 15, had lived with his carers for seven years:

Over the seven years we've had difficult times with him. He has always been a child where from the age of going to school he has had like behaviour problems. He has been tested in the past to see if he had ADHD or anything, but nothing was ever confirmed. For years we have had to put up with tantrums and one thing and another, breaking things in his bedroom whenever he gets these tempers and storming off out… In the beginning, we were sort of able to control it, we got used to the way he was. But as he got older…The thing with him is that he could not accept discipline. He would even walk out of the classroom, he didn't even have any fear of walking out of the classroom. And then when he got older, at the comprehensive school it escalated. He was suspended a few times for his behaviour and then it came to the point where he was expelled. He was taken on then to a pupil referral unit. It carried on. We could go weeks when he'd be OK and then all of a sudden something would trigger him, his behaviour would get bad again.

It just got to the point last year when we had the very first lockdown and he wouldn't stay in, he took no notice of the lockdown whatsoever. We obviously told the school about this. His behaviour got so bad we had to get Social Services involved because we lost control over him. We couldn't do anything with him. He was starting to get aggressive to (my husband) and really pushing the boundaries. I think, as well, he knew that (my husband) couldn't do anything about it. He used to shout at rave at the both of us but he got aggressive towards my husband. On one occasion he punched him in the face.

He would go out, we wouldn't know what time he'd be coming in; we'd be ringing him on his phone, sometimes we'd get him, sometimes we wouldn't. He'd come in then

and say his battery was dead, but nine times out of 10 it wasn't. And he just unfortunately got in with the wrong crowd. I'm not blaming the other lads because he is old enough to know right from wrong, but he ended up then smoking cannabis, and we just lost complete control over him.

We just couldn't take any more. It was taking its toll on us.

In this case, sadly, although Children's Services responded quickly to the special guardians' urgent request for help, it was too late:

Oh god, they've been wonderful. And the school were actually brilliant as well. I can't praise Social Services or the school enough. They got this like rapid response in then, and that was to sort of help us, what we could do, any different ways of trying to control him, in a sense. In all fairness, they were very helpful, and very good, but unfortunately, it wasn't working, he was still doing what he wanted to do.

A week's respite with foster carers was arranged but a meeting set up with the special guardianship support worker and the 'rapid response' team to discuss further support ended in disarray and violence, with both the young man and the special guardians saying they were now unwilling to continue with the arrangement.

Substantial support at the point of crisis can avert disruption. Earlier support, however, might have prevented the situation reaching that point

In another case, where the child was younger, the special guardians were also at a loss how to deal with the behavioural difficulties he presented and had reached the point where they felt they could not continue:

We nearly lost the nine-year old two, maybe three years ago. We got to the point of crisis when we just couldn't cope with his behaviour. We were going to phone (Children's Services) to say they would have to come and collect him. We didn't want to; we love him; he's our boy, so we were devastated. We were trying, day after day after day, not being able to cope with his behaviour.

He's a very traumatised boy. He's got severe attachment disorder. So he's quite a troubled boy. When he was younger he would go into freeze mode – he would freeze or stand at the window and stare. As he got older, when he got to four or five, he would act out the anger, he would be in a fight mode, or fight and run. (At school) *he won't do any work, he hides in the toilets.*

We didn't know the best way of dealing with him. Which is another area we felt we would have benefited from help a lot earlier on. I wasn't experienced enough to know what he needed, how to best help him. We tried to parent him the way we parented our birth children, not knowing anything at all about therapeutic parenting. So we were banging our heads against a brick wall and we were making him worse, he was escalating, becoming more and more violent.

Fortunately, the local authority put in place an extensive range of support – regular and frequent respite, a psychologist working with the child and liaising with the school; counselling for the special guardian and work with the other children in the family. There were also three-monthly 'placement stability' meetings. All this, the special guardian said, had enabled them to carry on and they now felt in a much better position:

> *We can see a bit of light at the end of the tunnel now. It's been a roller-coaster but we're coming out of it I think, at the moment. How long that will last, I don't know.* (The child*) is very complicated. At the moment home life is getting better because of the therapy we're getting, but school is suffering. We went through – what do they call it – placement stability meetings. We've just recently finished those because they're happy – well we're happy as we are now. At the moment we're looking at reducing the respite now to every three weeks then every four weeks and then we won't be having it. At the moment it's every two weeks, it's quite high.*

Had all this help been available earlier, however, the special guardian considered that the situation would not have deteriorated to the point that they felt they could not continue:

> *As soon as we had the therapy and the psychologist was explaining how his brain works and how he can't function the same way as the girls and you need to parent him this way rather than that way he started to heal. If we had had this years ago, rather than being left in the mess we were in.*
>
> *I think once we got to crisis and they came back to help the respite was key. And the therapy, definitely, because the psychologist we're with also links to the school so she's helping us at home, she's helping him at school. So we feel we are that triangle, which is what I think we could have done with from the start. And a professional who knows what they're doing, what's going on for him, what he needs. That I feel we have now. A therapist, not a social worker.*

In contrast, it was notable that the special guardians for the 15-year-old boy whose placement did disrupt, when specifically asked the question, did not consider that anything further could have been done at an earlier stage to prevent the disruption:

> *I don't think so. I really don't. We've had help, he's had help with his anger and behaviour problems. He's had counselling and everything. At one point, before he got like he is now, he was going for counselling. He's had two or three bouts of counselling over the years, if I remember rightly. The schools, even from when he started school, they have all been really good. Even at the second school, the comprehensive, before he got expelled, the chances he had there were just unbelievable. Everybody has been really supportive towards him. It's just he won't accept the support and anything he was offered.*

A whole family approach is needed

The trigger point for one couple who almost gave up was the realisation of the impact the child's behaviour, and their struggle to deal with it, was having on his sibling and their birth children:

> *They've been badly affected. They've had to deal with an awful lot, they have a lot of mental health stuff going on now because of what they've dealt with. He bullies them. One of the girls I home school now because her mental health deteriorated. She was out on window sills, using a knife. And he would tell her – 'go and get a knife, I want to watch you bleed'.*
>
> *So it's been hard. We've had to juggle keeping them four safe but also look after him and try to heal him too. That's a hard balancing act when you don't know what you're doing. My husband would say 'we've had to give* (the boy) *all our attention and when we hit crisis we stopped, and looked at the other four and realised what a mess they were in too. We thought, we can't keep working on just what he needs, we have to think of them too. I think that broke us then. One of them wants to kill herself, one*

was cutting herself, it was a nightmare. And we were so exhausted, and focusing on one child, and that was awful.

Maybe if we'd had some professional help keeping an eye on the family as a whole. When you're dealing with a child who is so traumatised, it might have helped.

Getting help, however, was problematic, partly because the family were no longer living in the local authority which had made, and was still responsible for, the SGOs:

We pushed and pushed for this. When we first went back for help (to the SGO authority) *we said these girls need help too. We're worried about the damage they are having and we can't continue having to put their needs to one side.*

'Well, they're not our responsibility'. But we're a family unit, we don't care whether they're SGO or not, his behaviour has affected them, they are here and have to deal with it, they need training, they need help, they need to understand, just l like I do. I kept arguing that we're a family unit. They did give them a worker for a little bit, but they said we're doing this, I think, because I was kicking up such a fuss. They were doing it, but they shouldn't be. They kept saying we really shouldn't be doing this because it's nothing to do with us.

When they first came back in to help us, when we were in crisis properly, they provided some outlets for the girls. They provided a support worker who took them out once a week, and they did some cognitive behaviour therapy stuff, they did a bit of that with the girls.

And they were signposted to Young Carers. Even though they're not carers, our local council, not the council involved in the SGO, they allowed them to go into that system so they can get a bit of a break, play games with other kids. Their school signposted them there because they were struggling and they could see that in school, they were emotionally struggling.

At the end of the day we're one family unit, you just want someone to work with you. I don't care who it is or where they're from.

Training is useful but is most valuable when directly applicable to current circumstances

Training was mentioned in two interviews One couple, who were special guardians for their teenage grandchildren, were keen attenders, both for the content and the opportunity they afforded to meet other carers, and encouraged other members of their support group to attend:

We have been on a lot of courses for different things. Two 10-week ones. Because it feels strange you know, it's not like it used to be. Everything's changing and you've got to be careful of this, and make sure of that. It's just nice to be brought up to date. There's other people there, we've all got children we're looking after, it's good to go to. We enjoy the courses and we enjoy the time with other people.

(At the support group) *we tell them 'this course is on next week, we're going to try and get there. We don't both go. We tell them about the courses, they're good courses, you don't have to pay, you get a certificate at the end. And they enjoy that as well.*

The special guardian in the second interview had previously attended training as a kinship foster carer when the child was still very young:

When we were foster carers we had training all the time and I'd go on as many courses as I could because I thought I needed to know about this and I needed to know about that. They did PACE training -playfulness, acceptance, curiosity… So I learned about that kind of stuff during foster care.

However, six years later, she had found that what she had learned then was not helping to deal with the increasingly challenging behaviours the child was presenting as he grew older:

When you've got a child punching you in the face and you're trying to be playful and accepting of his behaviour, that's a different story. We didn't use that kind of training practically when we were foster carers because he was only three or four. Then we had the SGO, we were no longer having our training.

It was like 'Ah, this has all worked out wrong. I need that now'. The benefit of the SGO is definitely the permanency, to be able to get on with your life as a normal family without all that interference. But I think when they are traumatised children and they've got a lot of things going on…At least give me the training.

Which is why we're having the therapy now, which is kind of like on-going training, but individually round what he's done that week.' Let's work through that, why you did it, did it bother you? And it helps then. And the theory, at the same time as the practical.

That sort of thing I guess, is what is needed, good quality training during the practical issues, not just give the training - 'here's the SGO, off you go, we did give you some training, you'll be alright'. It doesn't matter until you're in it. And they don't show the behaviours until they get a bit older. When they're two or three…They go through different stages and that's why you need the constant support, someone there.

This interviewee did acknowledge that, after the SGO, Children's Services had sent information about courses she could attend, but had not gone to any of them:

What they did was to send an email saying 'this is the training we have on offer, do you want to join this'? So I'd look at it and think 'No, I don't need that', then three months down the line you'd think 'I could do with some of that' but you've forgotten where the email is. How do I get it?

Even had she been able to find out about available relevant courses, however, as she went on to suggest, these might not have been sufficient to meet the family's needs:

You just need someone. I just needed support at that time, I needed someone professional. It might not be the case with every SGO. If we'd had the therapy and the help we have now.

Respite care is a valued service

It's for him more than anybody, he needs that emotional break from trying to fit with a family. He's got attachment disorder. So he can't attach to us and he finds that really hard that we are trying to be his family. He just can't cope with it. It gives him rest from it. It's helped him and it helps us to recharge and be ready for the next two weeks.

The crucial importance of respite in preventing breakdown in this family has been mentioned a couple of times earlier in this chapter. It was not an easy decision to make, our interviewee explained:

> *At first I didn't want respite. I thought I can't do it, he's my boy, why would I have someone else look after him, it didn't sit right with me at all. But after a while, when we were thinking about it…*

Nor was it a straightforward process to put it in place:

> *We phoned them when we were really struggling to say 'we need respite, the other children really need a break* (from the child). *We have friends who are willing to do it, they don't want paying, but they want access to the training on how to deal with him'. But Social Services said they couldn't do that because we were SGO. We weren't foster carers any more so they weren't able to assist us with any of that. Our friends still did help out on occasions, but it was difficult for them because they didn't know the best way to deal with him.*

Three months later the family had reached breaking point and asked the local authority to arrange respite care. It was not entirely clear from the interview whether it was at this point that they were told this was not possible because they were not foster carers and, as mentioned in an earlier section, had to refer the local authority to the provisions in their support plan which specifically stated that respite care would be provided if required.

Once in place, the plans for respite were disrupted, but fortunately for this family, only temporarily, by the pandemic:

> *Covid was a nightmare. The first lockdown was awful. We'd already started to have some weekend respite by then but that had to stop, we couldn't mix houses etc. But they said they were going to keep us on a watchlist regardless of Covid because of the position we were in at that time, and after about three weeks we had to have respite, there was absolutely no way we were going to get through it. They put respite back in place and he's continued to go all the way through. That was good, we needed that.*

Had the local authority not been able to respond flexibly to the situation it seems likely that the special guardians would not have been able to continue, as happened in one of the disrupted cases. Twelve months later they feel in a better place and able to consider reducing the frequency of respite with a view to ending it altogether.

As mentioned earlier, for a second family, although respite was intended to provide a breathing space during which interventions to prevent disruption would be arranged, in the event it hastened the breakdown.

It does not appear that the third family were ever offered respite, nor had they ever requested it. When specifically asked about this, however, they responded positively:

> *Yeah, that would be helpful sometimes. Because foster parents can have respite, can't they, and that would be really good for some of us SGO's. I think that would be a really good thing, because we haven't been out as a couple for 36 years. We had our children, then as soon as they'd gone and we could say,' that's it now, we can spend time together', the grandkids come along. We don't really go out anywhere without the children. They go out, we go out. There are other special guardians with the same problem. They would probably like a break but they've got nobody to ask.*

We can't turn to the kid's parents because they're the reason we've got the kids. So respite would be a really good idea.

Support groups are an important source of information as well as peer support but need to be better publicised.

Although only one of the families interviewed seem to have attended a support group their enthusiasm is testimony to their value. Two themes emerged. First, meeting other special guardians and sharing experiences:

It's nice to just see them, have a chat with them, how are the children? It's a good group to come into. Nobody judges anybody or takes the mickey. And it's private. You don't go out and tell everybody other people's business. We help each other and that's how it's always been. We're all in the same boat, all SGOs. We talk about our experiences, if we can help any of the others with what's happening. It's very helpful. Because we all know different things.

Second, enabling special guardians to be better informed about the services available and how they can access help, either through information provided by the local authority or through the experience of other members of the group:

There we get told what sort of things we can have. There's the lady from the council, and sometimes we have a visitor, which is a nice thing as well. Sometimes the chairperson will say 'next time we've got someone coming in to help with something, like money problems'. It's nice to have someone coming like that, to just explain, what you're entitled to.

Some of the people in the group, if you're a new SGO carer, you don't know some of the rules, or 'can I do this?' Some of them have just gone in blind, and they don't know what they're entitled to, what they can do about certain things, certain problems. You can say well you should be getting this or that sort of help because some of them just don't know.

There's always someone there who can say 'you can do this this and this; you can go and ask this person, get this person in to help you with thing's. But a lot of them don't know that. So some of us who've had the children longer, we can explain to them and the chairperson does that as well. And she might give them phone numbers or we can give them phone numbers to help them out.

These special guardians seemed to be acting somewhat like ambassadors for the group, actively encouraging others to come. Asked why some special guardians did not attend, they thought it was lack of awareness and its existence needed to be more visible:

Often they don't know about it. It is on-line but it's a closed group. They put it together so it's just for people with SGOs, and you have to be invited by one of the other members. I met one lady who's got two grandchildren and she didn't know anything about it. You have to tell people rather than being on the internet; it would help if they knew it was there. But there's nothing on line, or on Facebook to say 'this is for people who have these children, monetary problems', whatever.

Another interviewee who had not attended, however, proffered a different explanation:

I used to attend groups when I was a foster carer but I haven't since the SGO, because it was a bit like 'here's your SGO, goodbye'. Even though they might not have seen it like that, that's how it felt. So I just thought 'now we need to get on with

our lives'. So I didn't kind of think about going to those groups, even though SGO carers can go and they were there. I don't know, I just didn't do it. Perhaps that was my error.

Difficulties around parental contact were common but did not make the arrangement vulnerable to disruption.

Some issues around parental contact were mentioned by all the special guardians interviewed, although none of them indicated that these had caused the SGO to disrupt or made it vulnerable to disruption.

There was only one family, however, in which a birth parent was still in touch. In one of the others there had never been any contact with the older child, a boy, although at the time of the SGO the mother had expressed an interest in having contact with her second child, who was then still a baby:

> *There was talk of his tummy mummy, who we hadn't seen for four years, coming back into the picture. Because she wanted to see the little girl but she wasn't interested in seeing him. I said 'no way, if she comes here either she sees both or neither. I'm not having him dealing with that'. So all this was going on when they were doing the SGO. His emotions were through the roof. They* (Social Services) *sat down and told him 'tummy mummy wants to see you, she's going to write you a letter'. Then they went out the door. She never wrote that letter, and nobody came to tell him why she never saw him, why she never got involved again or where she disappeared to all of a sudden and they left us with the car wreck they had created.*

In the second instance, again, lack of contact was said to be the mother's choice:

> *We haven't seen our daughter for four years. And the children haven't seen her either…. When* (grandson) *was having contact with her, after he had contact with her he would kick off. He'd be different then, for a day or two.* (Mum*) chose, it was her choice to stop bothering with us, and it's four years now.*

In the exception, where the children's mother had been continually involved from the point the first of the three children came to live with the grandparents, relationships between the adults could be somewhat fraught:

> *It's a bit awkward because mum's one side and we're the other. She sort of blames us for it as well. That's part of it. She thinks she can just come in and take over, telling the kids what to do.*
>
> *She sees them every fortnight. But that has to be supervised. When we first got the residence orders for the girls, mum had open access, 24/7, but she started with telling the girls 'I'll see you on Saturday' and the girls would get all excited and then she'd ring up and make some excuse. This went on a lot of times. So, we had a meeting with Barnado's, and they sorted it out. They got us and Mum to sign a contract for once a fortnight. And then when we had the SGO they rubber-stamped it.*
>
> *I ended up supervising. At first it was run by (X) contact centre, we was meeting for an hour a fortnight then it went to us supervising in the community. Because it's an SGO, Social Services are not involved, so she thinks she can do what she wants. I have to say sometimes, 'No, back up a bit, we've got the children, we have to abide by the rules that have been set down'. My daughter thinks she can just break them and do what she wants. But I've told her that's not happening.*

Recently one issue in dispute has been mother's wish for her new boyfriend to see the girls:

> *She doesn't pick boyfriends very well, she picks the low life. They're either druggies or they're smelling gas or they're alcoholics. This is what we have to put up with. This one she's got now, she wants us to let him see the girls. We've said no, we want to see if he's got a record and until it's been sorted he's not going near the kids. She doesn't like it but I don't care. I've told her, that's how it's got to be. We don't know who these people are; she doesn't know them that well, so that's not going to happen.*

The eldest girl's ambition to go to university had also caused some acrimony:

> *Her mum is trying to put her off. That is one thing, how mum tries to put her off things. She says things like 'who's paying for it, I can't afford to'. I said 'you don't have to, we will if we can. We want her to do well. It's no good going on about money, you should be happy that's she's thinking about college, and stuff like this, not just putting it down all the time'. So we have to contend with that. But I tell her off and the girls tell her off as well.*

In contrast, the relationship between the special guardians and the father of the youngest child, seems to have gone much more smoothly:

> (At the time of the SGO) *his dad put in for custody but because he's almost blind he wasn't going to get it, so they had to work out contact. Social Services stayed involved because they were supervising his contact. When* (the child) *got to four, they turned round and said they weren't going to supervise anymore and it was down to us to supervise. So he was seeing him once a week, I would take him there for a couple of hours. But since he was seven, his dad's been having him for a couple of hours on his own. They (Social Services) said it was down to us. His dad dotes on him and we know he's safe with him and* (the child) *is a bit wiser. If he didn't want to go, he would say. He said he didn't want to go and see his mother. They're at that age now where if they say they don't want to see them we're not going to force the issue.*

These special guardians reported that in their support group contact was one of the two big issues (the other being finance). What was striking, however, from their comments about their own situations, was their apparent confidence in managing the relationships and their ability to take decisions in accordance with what they considered to be in the best interests of the children.

Summary

- It should be easier for special guardians to access support when needed:
    - Special guardians need to know how to access support when they need it.
    - They should not have to go through the front door of Children's Services but have a named professional to contact.
    - Getting support should not be such a battle.
- Children's Services should keep in touch after the SGO is made:
    - Some special guardians need someone to keep in touch with them after the SGO.

    - All three adversely compared the position of special guardians in this respect with that of foster carers.
- Annual reviews need to be meaningful and responsive to concerns expressed by special guardians:
    - The one interviewee who reported having annual reviews said these had not helped to secure support when the family was starting to struggle.
- Special guardians should ensure they have a good support plan which provides for future support needs:
    - While only one of the special guardians mentioned the support plan, it had proved to be a crucial element in obtaining the support the family eventually received.
- All the special guardians reported children behaving in ways they had found challenging or perplexing to cope with at some point:
    - Some resolved without outside help or with only brief intervention.
    - Others were more persistent and guardians found themselves at a loss, resulting in them being unable to continue or requiring extensive assistance in order to carry on.
- Substantial support at the point of crisis can avert disruption. Earlier support, however, might have prevented the situation reaching that point.
- A whole family approach is needed:
    - The emotional and behavioural difficulties of an SGO child can have a negative impact on other children in the family, whose needs may be obscured. These children may also need help.
- Training is useful but is most valuable when directly applicable to current circumstances.
- Respite care is a valued service:
    - For one family respite care was critical in averting disruption. Another would have welcomed it had it ever been offered.
- Support groups are an important source of information and advice as well as peer support but need to be better publicised.
- Issues around parental contact were mentioned by all the special guardians interviewed, but none indicated that these had caused, or made the SGO vulnerable to, disruption.

8 Summary and Conclusions

A Summary of the research

The research study

The research reported here was a small, exploratory, study, commissioned by the Welsh Government. Its remit was to explore why some special guardianships do not last, what services might prevent disruption and what implications the findings might have for the support framework set out in the *Guide for the Offer of Special Guardianship Support in Wales* (the Guide) which stipulates the minimum services each local authority in Wales should provide.

The research design was developed through a series of discussions, coordinated by AFA Cymru, involving the Welsh Government, the two authors of this report, Cafcass Cymru, and kinship practitioners from three Welsh local authorities which had been closely involved in the launch of the SGO support guide.

The limited resource and time available, alongside the Covid-19 restrictions, meant that the only feasible means of collecting local authority data was considered to be a self-completion survey of practitioners. Further, since data on SGO disruptions are not routinely collected in Wales, we were dependent on kinship practitioners selecting cases which met the research criteria, i.e. SGOs which had disrupted in the two years ending in November 2020, or SGOs which were continuing but receiving services from the local authority because they were, or had been, considered vulnerable to disruption. In addition to the three original local authorities, participants were recruited from the special guardianship special interest group convened by AFA Cymru. Practitioners in this group provided invaluable assistance in suggesting areas to cover in the questionnaire.

A total of 20 questionnaires were completed, 14 of which related to special guardianships which had disrupted, the remaining six being continuing SGOs. These cases were drawn from 14 of the 22 local authorities in Wales, with questionnaires being completed during February and March 2021. All the disruptions occurred in 2020, 11 of them after March 2020, i.e. after the first national lockdown had begun. In four of these practitioners considered that the Covid restrictions had contributed to the disruption ‘to some degree’ while one said it had been ‘very much a factor’.

While it was not considered feasible to try to interview children or young people, we did hope to interview special guardians. It was therefore very disappointing that letters of invitation sent out by the local authority on our behalf resulted in only four interviews, conducted by telephone in April 2021 (and one of these special guardians, where the SGO had disrupted, was not willing for details of her case to be included in the research report).

It is readily acknowledged, therefore, that the study has several limitations. Nonetheless, we consider that it succeeded, in difficult circumstances, in collecting rich data which contribute to our understanding of recent SGO disruptions in Wales, reinforce the need for the support services set out in the Guide, give some pointers to the way forward, and will hopefully serve as a springboard to further research and enquiry.

Overview of the special guardianships which had disrupted (chapter 2)

- In all but one of the disruptions at least one of the special guardians was related by blood to the child/ren, although only three involved grandparent carers.
- Intervals between the SGO and disruption varied from a few months to 16 years. Only three SGOs broke down within a year; nine had lasted for more than three.
- Half the disruptions involved teenagers. Only two of these young people were more than 10 years of age when the SGO was made; three had been under four.
- In most cases (9), after the disruption the children went into local authority care. In two they went back to a parent; in one to live with another relative; and two 17-year-olds moved to live semi/independently.
- In 11 instances the SGO was terminated by either the special guardians (4); the local authority (4) or the young person (3) while in one neither the special guardians nor the young person was prepared to continue. In one case the mother was said to have instigated the move, though this did not appear to be opposed by either the special guardians or the local authority. In the final case it was not clear whether the local authority or other family members took the initiative.
- In most cases the main reasons for disruption given by practitioners fell into one or more of three broad categories: the special guardians being no longer able to cope with the behaviour of the child/young person (5); relationship problems between the child/young person and the special guardian or their partner (5); concern about the child's safety (5). The first two reasons typically involved teenagers; while the children in the third group were mainly younger.

What might help to explain disruption?

Risk factors evident at the point the SGO was made (chapter 3)

Twelve pre-placement factors linked with the disruption either of SGOs or the broader group of kinship placements have been identified from research or practitioner expertise. The questionnaire sought to establish the extent to which these were reflected in the 14 disruptions and also the six continuing cases. Given the numbers involved our findings can only be indicative, of course, since statistical analysis was not feasible.

- At least one of the 12 risk factors were apparent in one or more of the sample cases.

- Overall, the prevalence was low and slightly higher in the SGOs which had not disrupted (3.6 v 2.9). And some individual risk factors were actually lower in the disrupted group, most notably the proportion of children already manifesting emotional or behavioural difficulties (4 of 12 compared with all of the continuing group where this data was recorded).
- There were some differences, however, suggesting that the disrupted SGOs might have started from a rather less secure basis than those which were continuing:
    - The special guardians were grandparents in only three cases, compared to half of those which were continuing.
    - In two cases the children were placed after the SGO (compared to none of the continuing cases) and only three had already lived there for more than a year (compared to all the continuing SGOs).
    - In four of the SGOs which had disrupted the local authority assessor had expressed doubts about the wisdom of making an SGO, and in two had advised against it. Although reservations had also been expressed in two of the continuing cases neither had concluded the SGO should not be made.
    - In two of the disrupted SGOs, but none of the continuing ones, the practitioner considered that the time allowed for the assessment had been insufficient.
- It was also striking that while the children in the disrupted group were no more likely to have experienced parental ill-treatment, and were actually less likely to have experienced multiple forms of maltreatment, other concerns about the parents were more prevalent than in the continuing cases. Most noticeably, in all but one case these included parental substance abuse, compared with a third of the continuing cases.

Post-SGO factors contributing to disruption or vulnerability to disruption (chapter 4)

The questionnaire presented practitioners with 26 factors which research or practice expertise have indicated are associated with a higher risk of disruption.

- The data highlight the need to understand SGO disruption as a complex and heterogeneous phenomenon:
    - All but five of the factors listed were said to have contributed to the disruption of at least one case, with an average of 5.8 factors being identified.
    - There were only two cases where the disruption was attributed to a single factor. In half more than five were cited, the maximum being 12.

- In most respects the disrupted and the continuing cases appeared to be very similar. Indeed, some factors were more frequently reported in the SGOs which were ongoing:
    - An average of 6.5 factors were cited in the continuing cases, compared to 5.8 in the SGOs which had disrupted.
    - At least one **child-related factor** was cited in around two-thirds of both groups, with emotional, behavioural or mental health difficulties a key feature in each.
    - The proportion of continuing cases in which factors related to **the special guardians or their circumstances** were reported was higher than in the disruptions and six individual factors were also more prevalent.
    - Four of the five **other factors** were also more prevalent in the special guardianships which were on-going.
- There were, however, some differences which might help to explain the sample disruptions:
    - The nature of the child-related difficulties:
        - criminal behaviour/gang involvement and substance abuse were each cited in three of the disruptions but in none of the continuing cases.
    - Two factors affecting the special guardians' ability to cope were more frequently cited in the disrupted cases:
        - High levels of stress, anxiety or depression were cited as a contributory factor in 10 of the 14 disruptions, compared to three of the six ongoing SGOs.
        - Increasing age, physical illness or disability were reported in half the disruptions, compared to only one of the continuing SGOs.
    - Allegations of maltreatment by the special guardians were cited in five of the SGOs which had disrupted but in none of those which were continuing.

Children's Services post order involvement and service provision (chapter 5)

- In the 11 disrupted SGOS for which this data was available, Children's Services closed the case either when the SGO was made (5), or after no more than a year (6). The contrast with the continuing cases was stark – in all but one the case had been kept open for at least three years. In six of the disrupted cases, all but one of which were closed at the SGO, practitioners considered the outcome would have been different if they had remained involved. Only four said it would not (the remainder being unable to express an opinion).

- In all but five of the disrupted cases, Children's Services were not involved again until the period leading up to the disruption. Indeed, in two cases they were not even informed until the SGO had already disrupted, and in a further two the SGO disrupted within a month of Children's Services reinvolvement.

The questionnaire listed 14 support services and asked practitioners to indicate whether any of these had been offered and accepted or offered but not accepted.

- It was notable that most services had typically been offered less frequently where the SGO had disrupted than in those which were continuing. Acceptance of individual services was also lower. At the level of the individual case, families in the continuing group were also likely to have received more services.
- In all but four of the disrupted SGOs, practitioners identified particular services which might have made a difference. With one exception (therapeutic support for the child) these either included, or were specifically aimed at, the special guardian, namely respite, family therapy, training, support in relation to alcohol abuse, general parenting support and support around the developing needs of teenagers.
- In six of the 10 cases where particular services were identified, practitioners made the caveat that these services could have helped had Children's Services been involved at an earlier stage.

What might have prevented disruption: practitioner perspectives (chapter 6)

There were only two cases in which practitioners considered that the SGO should never have been made. However, in almost all cases, they suggested particular ways in which the risk of disruption might have been reduced:

- Specific services were mentioned in 13 cases, most frequently respite care (6), carer training (5), and therapeutic support (5), particularly for the whole family (4).
- Improved support plans were identified in nine cases.
- In nine cases reference was made either to the need for Children's Services to have remained involved after the SGO or for them to be reinvolved earlier than they had been.
- Five practitioners emphasised the importance of preparing special guardians for the challenges they might face.
- Improved assessments were cited in four cases.
- In two cases it was said that if the SGO was being made now, a supervision order would be attached.

Messages from the interviews with special guardians (chapter 7)

We were only able to speak to special guardians in four cases (2 disrupted, 2 continuing), one of whom did not want details of the interview to be included in the research report. In

addition, some issues reported below were only mentioned by one or two people, rather than representing the views of the whole group. Nonetheless, the messages reported below were both powerful and highly relevant to the challenge of providing a robust support framework which will meet the needs of special guardianship families and by doing so, hopefully serve to reduce the risk of disruption.

- It should be easier for special guardians to access support when needed:
    - Special guardians need to know how to access support.
    - They should not have to go through the front door of Children's Services but have a named professional to contact.
    - Getting support should not be such a battle.
- Children's Services should keep in touch after the SGO is made:
    - Some special guardians need someone to keep in touch with them after the SGO. All three adversely compared the position of special guardians in this respect with that of foster carers.
- Annual reviews need to be meaningful and responsive to concerns expressed by special guardians.
- Special guardians should ensure they have a good support plan which provides for future support needs.
- All the special guardians reported children behaving in ways they had found challenging or perplexing to cope with at some point. While some difficulties resolved without outside help or with only brief intervention, others were more persistent and guardians found themselves at a loss, resulting in them being unable to continue or requiring extensive assistance in order to carry on.
- Substantial support at the point of crisis can avert disruption. Earlier support, however, might have prevented the situation reaching that point.
- A whole family approach is needed. Other children in the family may need help to cope with the negative impact of the SGO child.
- Carer training is useful but is most valuable when directly applicable to current circumstances.
- Respite care is a valued service and for one family was critical in preventing disruption.
- Support groups are an important source of information and advice as well as peer support.

B What do the research findings tell us about the relevance of the Welsh Government Guide for the offer of special guardianship support in Wales?

The Guide was commissioned by Welsh Government in 2019, to build upon the refreshed Special Guardianship (Wales) Regulations 2005 (amended in 2018) and the accompanying Code of Practice. It was drafted following a detailed consultation process across Wales, incorporating up-to-date research from England and Wales, and existing good practice. It was launched with a well-attended conference held in Wrexham in March 2020, only a matter of days before the first lockdown. At this point some local authorities were already well established in their support for special guardianship, whilst others were still at development stage and beginning to respond to the duties placed upon them in the Code of Practice.

It was not part of the research remit to examine what, if any, effect the Guide has had on the provision of special guardianship support services in Wales. Nor was it intended to assess the sufficiency of all the various 'offers' set out in the Guide as the minimum local authorities should ensure are available. Rather, as set out in chapter 1, the aim was to explore why some special guardianships do not last, what services might prevent disruption and what could be learned in terms of 'The Offer'.

Our findings are most relevant to the requirements set out under Outcome 3 in the Guide, which states that:

> *Special guardians are supported, emotionally, financially, and practically, to enable the children in their care to thrive.*

and goes on to emphasise (p10):

> *Children can only be supported if their special guardians are supported in this complex task of reparative parenting.*

The research findings strongly endorse and reinforce the need for all the' offers' listed under this Outcome. We would particularly highlight the following:

- Access to timely information on the full range of issues relevant to special guardianship arrangements.
- Proper consideration is given to the special guardianship support plan**,** which will include a plan for contact with the local authority during the first year, including visits for face-to-face discussion and support, contingency plans and the plan for a review. The support plan will include provision for ongoing contact with the local authority after the first year, and information on how the special guardian can access information, advice and support.
- Special guardians have access to a named person or team for information, advice and support. That person or team has experience in special guardianship arrangements/kinship care. Mechanisms are devised to keep special guardians informed and updated about the support available and how it can be accessed.

- The annual review will take account of the reality of the experience of the past year, from both the child and the special guardian's perspective. Where there have been challenges, these are properly addressed and a fresh plan developed where it is in the child's best interests.
- Each local authority makes available to special guardians a clearly identified pathway to information, assistance and advice, to include education, health and housing where appropriate.

C Moving forward

There was nothing in the study to indicate that the Guide itself needs amending. On the contrary it reflects the findings of this research as well as all the research which helped in its development. However, we consider there are a number of ways to take forward the research findings and reinforce implementation of the Guide:

- Create an all-Wales special guardianship support plan template, incorporating all the elements contained in the Guide, but strengthened and elaborated upon where the research indicates that it is needed. A draft plan has been devised (see below).
- Undertake an audit of the differences in local authority support, benefits and education provision between the three main permanency options: adoption, long term/permanent fostering and adoption. This would expose the circumstances where special guardianship may be at a disadvantage where the children placed have the same background and needs as their counterparts in foster care and adoption.
- Devise and test a system for the routine recording of special guardianship disruptions. We suggest that one or two local authorities, where there is a proven commitment to special guardianship, is approached to design a prototype system which, in consultation with other LAs, could be used - adapted where necessary – across Wales. This would provide much-needed, but currently not available, data on the extent of SGO disruption and enable research which is more extensive and representative than was possible in the current study.
- Encourage local authorities to institute disruption meetings for all special guardianships which are known to have disrupted over a 12-month period. Such meetings, which are routinely used in adoption, would provide a fuller picture of the reasons precipitating disruptions and so deepen the understanding of what is needed to protect placements.
- Create a leaflet, setting out the basic rights a prospective special guardian has for an assessment of support services, the keeping in touch requirement and the right to a contact number of an individual practitioner or team with experience in special guardianship. This would provide an all Wales 'bottom line' for support. This leaflet could be made available through local authorities, solicitors and Cafcass Cymru. Although

many local authorities have already established their own material, this information could be made available more widely via Welsh Government distribution systems.

- Explore how the perspectives of a larger sample of special guardians in cases which have disrupted or been on the verge of disruption might be obtained.

D Proposal for an all-Wales special guardianship support plan

Practitioners reported in nine of the 14 disrupted special guardianships that an improved support plan might have prevented the disruption. In 13 cases specific services were mentioned as a way in which the risk of disruption might have been prevented. Support plans, if properly constructed and resourced, identify the needs of the special guardian and/or child and then specify the service to be provided to meet those needs, setting out a time for a review. The plan, therefore, brings together a coherent framework for the provision of tailored support.

As part of this project a draft special guardianship support plan template has been devised. Although this was not part of the original brief in respect of the research, it appeared that the plan was a practical and focused way of reinforcing both the guide and the messages from the research.

AFA is confident, following a brief consultation with practitioners and local authority lawyers, that an all-Wales support plan would be welcomed. It must be stressed, however, that the support plan appended to this report is a draft only and would need to go out for consultation with practitioners.

The template would, of course, be used on a voluntary basis and could be amended to suit the particular needs of the individual local authority and court, but would provide a secure framework that could be used across the country.

In the concluding section of this report we set out how key themes from the research could be incorporated into the proposed all-Wales support plan. The text in red highlights the issues arising from the research that will be addressed in the support plan.

Theme 1: High levels of stress, anxiety or depression affecting the special guardians' ability to cope were identified by practitioners as the most common factor contributing to disruption.

In 10 of the 14 special guardianships which had disrupted, practitioners identified this factor as having contributed to the disruption (table 4.4). It was also cited in half the continuing special guardianships as contributing to their vulnerability to disruption (table 4.5). As stated in chapter 4, this indicates that helping special guardians to manage and reduce stress should be an integral part in any support package. This might be done in several ways.

Helping special guardians cope with children's emotional, behavioural or mental health difficulties

Children's emotional, behavioural or mental health difficulties are likely to be a major source of carer stress. In around two-thirds of both the disrupted and continuing cases, these were reported by practitioners to have contributed to the disruption or vulnerability to disruption (chapter 4) and all the special guardians interviewed talked about these difficulties (chapter 7).

This has implications for the service available to the children themselves, of course (see later). However, it also means that one of the ways of reducing stress is to help special guardians deal with the difficulties the child is experiencing.

In around two-thirds of all cases practitioners reported that the special guardians either did not understand the reasons for the child's emotional, behavioural or mental health difficulties or could not cope with them (chapter 4). One of the special guardians interviewed also spoke cogently about how a good understanding of developmental trauma and reparative parenting techniques helped her address challenging behaviour more effectively and prevented disruption (chapter 7).

The Guide contains, in its Outcome 3, the expectation that preparation and post order training will be provided to the special guardian, either in a group or on an individual basis, and that this will include developmental trauma and reparative parenting. Preparation was also identified by some practitioners as providing information that helped to reduce the risk of disruption (chapter 6).

The support plan will identify whether this preparation has been provided, whether more general or specific training is needed and when and how that will be provided. The plan will also identify whether it is anticipated that further training/discussion will be required later on in the child's minority, and particularly during adolescence.

Peer Support

A second way to address carer stress is through peer support. Research quoted in the Guide (p16) identifies that support groups can be beneficial in improving special guardians' stress levels and general ability to cope in that a support group provides a sense of community, access to help and advice without needing to ask for it formally, and a shared understanding among special guardians of the nature of their task. Again, this was highlighted in chapter 7 by one special guardianship couple.

However, as noted in chapter 5, the take up of support groups was low in both the disrupted and continuing cases in this sample.

Peer support not only needs to be made available but also has to be attractive, relevant to special guardians themselves and free from any form of stigma. The provision of this form of support is well developed and successful in some local authorities but still in development in others (see p17 of the Guide).

The support plan will identify how peer support will be made available to the proposed special guardian, taking into account their own particular needs and circumstances. The provision of peer support will be reviewed.

Ensuring special guardians feel comfortable asking for help

In just over half of the disrupted special guardianships practitioners said that the outcome might have been different if the special guardians had sought help earlier. The way in which the need for support is discussed and subsequently offered can affect the special guardian's readiness to seek support and, indirectly, their well-being. We can learn from the provision for adoption support here, where the message is not 'if you aren't coping, we are here to help' but 'you are parenting in very difficult circumstances and we expect you to need help at some point.' This approach to special guardianship support services is contained in the Guide. However, it must be reinforced in all support plans in order to help reduce feelings of guilt and sometimes shame when difficulties arise and where expectations may be high within the wider family.

The support plan will be drafted in such a way so as to encourage and facilitate easy communication between the special guardian and relevant local authority, despite the length of time that may have elapsed since the last involvement.

Theme 2: The making of an SGO should not mean the cessation of support.

Special guardians need to be able to readily access support throughout the lifetime of the order.

The 'keeping in touch' provision, set out in the Code of Practice and the Guide aims to provide the special guardian with the message that support is available, not just in the early months and years of a special guardianship arrangement but for the child's minority.

Chapter 5 and table 5.2 illustrate the contrast between the disruption cases - where 45% of the cases were closed after the order. and the rest after only a year - and the continuing case - where only 17% closed upon the making of the order and 50% had continuing involvement for three or more years.

Two of the special guardians interviewed (chapter 7) adversely compared the support offered to foster carers with that provided to special guardians, with one of them, who had

previously been a kinship foster carer for one of the special guardianship children, speaking of the overly abrupt transition she had experienced.

The support plan will consider the first few months following the making of the SGO and ensure that the support that was offered to the kinship foster carer is not ended abruptly.

The support plan will ensure that the special guardian always has up to date contact details for special guardianship support services, through the 'keeping in touch' provision.

Access to continuing advice and training for special guardians through a service that understands the particular challenges of special guardianship arrangements

The need for continuing involvement with special guardians in supporting and providing relevant advice and information to them, to help them understand their child and find the best way to parent, is set out in Outcome 2 of the Guide.

In the research there was a contrast between the disrupted and continuing cases in the numbers of special guardians being offered and accepting advice (6 out of 14 in the disruption cases and 5 out of 6 in the continuing cases)-.

In chapter 6 it was suggested that further work may be needed to develop training which is more effective in helping special guardians to cope with the challenges children are likely to present, including general parenting support and support around the developing needs of teenagers.

The support plan will outline the provision of post order training and support available, both generally to special guardians but also particularly to meet the needs of the special guardianship family as a whole. The availability of relevant support and training will be reviewed as part of the 'keeping in touch' mechanism.

Theme 3: Specific help in preparation for and during adolescence

In half of the disruptions in the research the young people were aged between 14 and 17, most of whom had been living with the special guardians for many years. In four of the cases aggression or physical violence towards the special guardian was cited as a contributory factor. Criminal behaviour and gang involvement contributed to disruption in three cases, with the same number for substance misuse. In four cases the difficulties, highlighted in chapter 4, were said to have emerged or been exacerbated as the young person reached adolescence.

Support and training opportunities need to reflect the age of the child within the special guardianship arrangement, for example, providing help in coping with social media, brain development during adolescence and, where relevant, a course in non- violent resistance awareness, such as the courses provided by AUK Cymru.

The first support plan will anticipate the possible or likely support needs for the family when the child approaches and reaches adolescence. The fact that the anticipated needs are set out in the support plan will give the special guardian the message that support may be required as a result of an emerging need rather than any fault in parenting. Any updated plan will take into account the child's age and developmental needs.

The issue of child to special guardian aggression or violence should be raised by the support worker at each review or 'keeping in touch' discussion and specific provision of non- violent resistance awareness training (NVR) will be made available if and when appropriate.

Theme 4: Consider the needs of other dependent children in the special guardianship household.

Previous research, referenced in chapter 3, has identified the special guardian not being a grandparent as a factor associated with disruption. In this research only three of the 14 disruptions were grandparent placements.

Non-grandparent special guardians are more likely to have other dependent children living in the household, who may be negatively affected by the special guardianship child. This may be directly, because of the impact of that child on them, or indirectly, if the demands of caring for that child result in the needs of the other children being inadvertently marginalised. While there were only two cases in the study where this factor was said to have contributed to disruption, it was said to be a factor putting the placement at risk in two of the six continuing cases. Indeed, for one of the special guardians interviewed it was growing awareness of the impact on the other children which almost triggered placement breakdown.

The support plan should take into account the current and potential future needs of any children in the existing special guardianship family.

Theme 5: The need for respite/short break care

The provision of respite care was the most frequently cited service by practitioners as having potential to reduce the risk of special guardianship disruption. It was mentioned in four of the special guardianships which disrupted and two of those which were continuing.

Respite/short break care is listed under Outcome 3 of the Guide where it states that this form of support should be considered at the assessment stage and as part of a contingency plan.

The support plan will provide, where appropriate, for the provision of respite/short break care.

Theme 6: The provision of therapeutic support including support for the whole family

One of the other most frequently mentioned services by practitioners which might have prevented disruption is the provision of therapeutic support. It was considered that five of the 14 special guardianships which disrupted would have benefited from this kind of intervention, with four practitioners emphasising that the therapeutic work should take place with the whole family, not just the individual child. This 'whole family' approach may well be relevant to families where there are existing children in the family and where family loyalties and existing dynamics are challenged.

The mode of psychological help provided on a whole family basis in adoption support services may well be appropriate for special guardianship families. Some local authorities extend their psychology service provision to children in special guardianship arrangements and this approach should be highlighted as a way to support the often complex family dynamics in special guardianship arrangements.

When considering therapeutic support in the support plan, the needs of the child should be seen in the context of the whole family and therapeutic work extended to reflect the complexity of family dynamics.

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