

# Young people's experiences of family life with a relative special guardian: Making sense of complex relationships and life stories

PhD Thesis

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# Abstract

Special Guardianship Orders (SGOs) have become a rapidly growing route to permanent placement for children in England and Wales removed from parental care following child protection intervention. While children under SGOs typically share histories of adversity and trauma like those adopted or in foster care, relative special guardian (SG) families receive significantly less statutory preparation, training, and support. SGs often face severe financial hardship and must navigate complex family dynamics.

Existing research has focused on placement stability and carers' experiences, conspicuously omitting the voices of children and young people themselves. This study addresses this gap by exploring how young people experience and make sense of family life with SGs. Utilising an Interpretative Phenomenological Approach (IPA) co-designed with young people with lived experience, the research draws on in-depth interviews with 22 participants aged 14–19 living with relative SGs.

The findings reveal the young people's strength and capacity for self-determination as active agents constructing coherent life stories, critically interpreting conflicting family information, and managing painful contradictions and gaps in their personal histories. They strongly valued their SGs as their primary parent while affirming that positive connections with birth parents could be enriching if their own emotional needs were prioritised and signs of care recognised. Crucially, the study demonstrates that adult support in promoting reflective, honest, and detailed understanding of young people's life stories supports positive meaning-making from challenging circumstances, fostering empowerment and resilience.

With local authorities now required to publish a 'kinship local offer', these findings are timely for shaping support services. Placing children within family settings does not automatically meet all developmental needs; greater focus is required on identity needs and relationship continuity. This study offers an evidence-based roadmap for refining services that genuinely meet the unique needs of this growing but historically unheard population.

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## List of abbreviations

ASGSF Adoption and Special Guardian Support Fund

CO Care Order

CAO Child Arrangement Order

CIN Child In Need (register)

ICO Interim Care Order

IRCSC Independent Review of Children's Social Care

IPA Interpretative Phenomenological Analysis

IRO Independent Reviewing Officer

LA Local Authority

PR Parental Responsibility

RO Residence Order

s20 Section 20 Care Order

SDQ Strength and Difficulties Questionnaire

SGO Special Guardianship Order

SG Special Guardian

SO Supervision Order

UK United Kingdom

UNCRC United Nations Convention on Rights of the Child

YPLE Young people with lived experience

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# 1 Introduction

## 1.1 Research background

Historically across the world extended family and close communities have frequently helped to care for children when parents cannot, perhaps stemming from biological instincts to protect genetic connections (Euler, 2011; Sear & Coall, 2011). Co-residence and interdependence of extended family networks remain a common living arrangement around the world with child-rearing often being a kinship community responsibility (Sheppard, 2021). For example, in some countries children are often cared for by older relatives to enable more able and employable parents to work long hours or in faraway locations (Yarris, 2017). Extended family care of children appears universal, although may be also politically promoted as a cost-effective provision relieving society of tax funded support of families in need.

In modern Britain, few people live in intergenerational households (Cheal, 2008), however many rely extended family and friendship networks (primarily women) to provide care for children, the sick and elderly, and for emotional and financial support. Census data has also shown that the everyday, semi-permanent or permanent care of children by family members who are not their parent, termed 'kinship care', affects at least 1.1% of children in England and Wales (Foster & Mackley, 2025). In many cases this will be on an 'informal' basis without legal recognition or official support (Selwyn & Nandy, 2014). In such situations, unless the relative applies to court for an order to be provided with legally recognised 'parental responsibility' (PR), the birth parents remain the sole legal authority to make major decisions about the child's upbringing and care, leaving the carer and child in a potentially fragile situation.

Over the last century the development of British social care practice around the protection of children deemed to be at risk from parental care has tended to rely on stranger care. Following moves away from institutionalised care in the fifties and sixties, the primary state-initiated legal care options for children who were deemed to be unsafe in the care of their birth parents have been adoption and long-term (non-relative) fostering. However, kinship care has emerged as a preferred outcome after child protection intervention in many western nations, valued for its potential capacity to provide continuity in relationships, provide a sense of stability, promote feelings of belonging, support the child's identity, and offer strong support networks (Broad, 2007; O'Brien, 2012; Raghunandan & Leschied, 2010).

In England, from the Children Act 1989 and beyond, multiple legislative and policy documents promoted kinship foster care as an option for children who were unable to remain with their parents. Under standard foster care legislation, the relative is first required to be assessed and approved by a local authority (LA) fostering panel (Fostering Services (England) Regulations 2011, Reg 27). This process makes the child 'looked after' (Children Act 1989, s.31) and the LA shares PR with the birth parents but the relative, in this situation, does not have PR. The LA provides support and conducts professional checks, but it can also decide to remove the child from the relative's care.

At the same time English legislation highlighted the central importance of settled permanence for children outside of state care oversight. The Children Act 1989 brought in the option for carers to apply for a Residence Order (RO) (subsequently changed to the 'lives with' Child Arrangements Order (CAO) in the Children and Families Act 2014) either privately or within public care proceedings (s31 Children Act 1989), granting them PR for day-to-day decision making and securing the child's living arrangements. Under this order PR is shared equally with the parents; the carers can act autonomously, but birth parents are *also* able to do so (Hall, 2008).

Prior to the Adoption and Children Act 2002 (implemented in 2005), the only route for any (relative or non-relative) carer to secure legal permanence with full, exclusive PR for a child was through an adoption order, which causes lifelong severance of a child's legal connection with their birth parents. However, adoption orders have not always been commonly used by relative carers, or for older children wanting to retain their birth identity. For relative carers, this may be at least partly due to a reluctance to pursue an order requiring the removal of a close family member's parental status and causing distress and damaging relationships between parents and carers. For children in grandparent care, adoption results in a legal change to the family's generational structures. In addition, lifelong legal bonds of adoption remaining beyond childhood may for relative carers and children be felt to be unnecessary due to continuing biological family connections (Berrick et al., 1994; Chipman et al., 2002).

The introduction of Special Guardianship Orders (SGOs) by the Adoption and Children Act 2002 offered children and young people a legal, permanent care alternative without mandatory local authority placement monitoring, enabling a stable, consistent experience of private family life. Acknowledging the importance of birth identity to many children, this order did not require the severing of legal ties to birth parents. PR is shared with parents, however special guardians (SGs) have '*enhanced*' authority (Special Guardianship Regulations 2005

(SI 2005/1109)) and can exercise it (mostly) to the exclusion of the parents. Birth parents must be consulted on significant issues such as health and education but SGs are able to make final decisions. The limitations to this exclusivity are that written consent from all with PR (or court permission) is required to change the child's surname or remove them from the UK for over three months (Children Act 1989, section 14C (3-4)). SGOs remain valid until the child turns 18, with birth parents requiring court permission (based on significant circumstance changes) to overturn them.

A SGO was considered to be of particular benefit to older children settled with long term foster carers as well as kinship carers known to (or already caring for) a child. It was designed as primarily a private law order to be obtained via an application by anyone who had been caring for a child for at least a year (or three out of the past five years), or who already held a RO or CAO for the child. An option also existed for this order to be made within care proceedings with no requirement for a minimum period of the care of the child. Before making a SGO, local authorities must conduct comprehensive assessments of potential carers' abilities to meet children's needs until adulthood and submit support plans to court. Post order, although there is no mandatory statutory involvement, temporary supervision orders may be added giving local authorities obligations to '*advise, assist and befriend*' (Children Act 1989, s35) the child for a year (and renewable annually for up to three years). The court can also, if desired, make an accompanying order for (or forbidding) contact with a parent or another family member (Children Act 1989, s.8).

Government regulations surrounding the introduction of the SGO (The Special Guardianship Regulations 2005 (SI 2005/1109), Reg. 9 and Sch. 3.) impose a general duty on children's services departments to offer a range of SGO support services locally, including counselling, advice and information, financial help and support for contact arrangements. However, for individual families there are few support obligations; if the child was in local authority care immediately before the SGO there is a requirement to *assess* support needs, but *provision* of services is discretionary. This includes ongoing financial support to SGs which is means-tested in all cases.

The use of SGOs has rapidly increased, overtaking adoption as a route to permanence; in the year ending March 2024, 9% of children leaving care in England did so through adoption, whereas 11% left under a SGO (Department for Education, 2024a). The vast majority of SGOs are made to relatives, mainly grandparents with foster carers involved in a minority of applications (Wade et al., 2014). This trend exists alongside a growing proportion of kinship

foster care compared to stranger foster care, recognising the rights and benefits for a child to remain with their family network (Hunt, 2020).

Children who are the subjects of a SGO are recognised as having similar traumatic histories, attachment difficulties and needs as those raised in foster care or adoption (Harwin et al., 2016; Wade et al., 2014). Like all young people who have experienced removal from parents as part of child protection interventions they may need to come to terms with loss and separation from key figures in their past and a complex, disturbing and/or distressing personal history. However, unlike most children in (non-relative) foster care or adoption, many children with relative SGs must navigate a family setting with sometimes complex and fractured family relationships around them and live with carers who found themselves compelled to take on the role, often with very little support. Their SGs may have pre-existing relationship issues, loyalty conflicts and difficult family dynamics within the family network. This can make talking about, visiting and keeping in touch with family members complicated, and different to discussions about birth family and contact for children in foster care and adoption.

Despite the prevalence of SGOs following child protection intervention and removal from parents, there is a lack of research about the subjective experiences of those involved (Harwin, Simmonds, et al., 2019). A range of studies involving SGs has taken place (e.g. Wade et al., 2014; Harwin et al., 2019; McGrath, 2022), however a scarcity of research into children's perspectives on SG family life remains. Almost two decades ago, Hall (2008) highlighted the need for research into children's experiences of SGOs. Harwin et al.'s (2019) evidence review shows little progress has occurred: '*there is a dearth of studies on children's experiences of special guardianship*' (p12). Research around contact with birth parents in SG placements is also accentuated as a priority, with Harwin et al. (2019) noting the '*pressing need*' to know how best to ensure safe and positive contact. A review on birth family contact for children in different care settings (Iyer et al., 2020) confirmed the limited available evidence on contact and well-being for children in SG arrangements. Although there are some relevant findings from research with children and around contact in other kinship care settings (e.g., Farmer and Moyers 2008), the distinct legal permanence of SG placements may lead to important differences.

How to support children in SG families with their understanding of and feelings towards their complex family histories is also under-researched. 'Life story work' (LSW) is recommended to aid the construction of a coherent life story and make sense of difficult family histories

(Ryan & Walker, 2007; Rose & Philpot, 2006). Our recent scoping review of empirical evidence on LSW (Hammond, Young and Duddy, 2021) confirmed the significant value of such work to care-experienced young people but identified no research that specifically included children in kinship placements including SG settings. Young people in SG families need to process their experiences and develop a positive sense of identity as they emerge into adulthood within family settings different to those in foster care and adoption. With often more informal and frequent contact with parents and other family members, they may be exposed to conflicting stories and/or biased memories or find it difficult to ask personal questions about negative events. They may have no formal 'Life Story Book' (there is not legal requirement to have one) or supportive and neutral professionals to talk to.

With SGOs becoming an established solution to the care of children who cannot remain with their parents, it is important that these significant gaps in knowledge and understanding are addressed. This current study was planned when SG arrangements had been in operation for over 15 years. The first cohorts of children in SG families with considerable personal experience of navigating their relationships and processing their experiences and personal story were moving into older adolescence and early adulthood. With identity formation becoming more intense and dominant in adolescence and continuing into young adulthood and beyond (Neil, 2013; Erikson, 1968; Wrobel et al, 2009), older young people could provide vital insight what mattered/matters to them and what support may have been (or could have been) beneficial to their development and wellbeing in their family setting.

By offering young people a platform via a research interview, this research set out to address these significant gaps in knowledge around the lived experience of growing up in an SG family and give voice to those who may not yet have been heard in the academic literature.

Interpretative Phenomenological Analysis (IPA) was chosen as a suitable approach for exploring the lived experiences of this little-researched group because its focus is on understanding from the perspective of the participants themselves. IPA allows researchers to delve deeply into the subjective, personal interpretations of individuals, making it ideal for capturing rich, nuanced detail where existing theory is scarce. This approach yields qualitative depth rather than quantitative breadth, ensuring that the unique voices and experiences of the marginalised or understudied young people are brought to the forefront of the research.

## 1.2 Structure of Thesis

In the literature that follows, chapter 2 outlines the development of and changes in practice and policy related to English state-initiated care arrangements and use of formal kinship carer arrangements. It includes a particular focus on the introduction of SGOs in 2005, to frame this research in its historical context. In keeping with the open, exploratory nature of this research, Chapter 3 presents a broad sweep of research on key factors related to family settings that support a child's development, identity and wellbeing, including family settings which do not involve a biological parent undertaking parental care. Research considering children's and young people's own perspectives and experiences are prioritised in the chapter, with a particular focus on their experiences when living away from birth parents after child protection intervention. Chapter 4, the final chapter of the literature review, brings in a more specific focus with a critical examination of the literature on the experiences of carers and children within SG families and outcomes for children and young people who live or have lived under SGO in England and Wales. Due to the limited research including children and young people's experiences or relative SG care, as noted above, this chapter includes an overview of key relevant findings on the experiences of children and young people from the wider pool of kinship research findings.

Chapter 5 moves on to explain and outline more fully the chosen methodological approach. After presenting the questions that shaped the research, a rationale is provided for choosing the IPA approach, with a brief discussion of the philosophy underpinning this approach and reasons why alternative methodologies were discounted. There is a detailed account of the procedures undertaken throughout the study, including the involvement of a lived experience consultant group, recruitment of interviewees, method of data collection and steps taken for the analysis. Integrated throughout the chapter are the ethical issues that steered the research process. The chapter then details the analytical approach and concludes with some reflection on the role of my background and experience within this process.

Following this, the next four chapters (6, 7, 8 and 9) present the findings. After an overview of the sample of young people, their family contexts and how they presented at the time of the interview, the following three chapters present the overarching themes constructed through the analysis. Chapter 7 looks at how the young people experienced *being* an SG family, how they experienced their relationships with their SGs and their parents, what roles they saw these and other significant adults taking in their lives, and how they experienced sibling relationships including those known or not known, living with them or apart. Chapter 8 looks

at how the young people *made sense* of their family story in terms of how they understood and felt about themselves as a young person raised in an SG family after removal from parents. It explores how they presented knowledge and information gleaned from various sources, including memories, ongoing contact with parents, observations of family interactions and family stories, and used this to feed into their sense-making journey. It considers challenges they experienced in accessing wanted information or seeking understanding, as well as how they interpreted and gave meaning to knowledge/knowledge gaps, how this influenced their sense of identity and how this changed over time. Chapter 9 provides an overview of *challenges* that the young people reported experiencing in their life journeys, their satisfaction with any *help and support* they received, the factors they viewed as life-enhancing, and their suggestions for improvements to support for SG families.

Chapter 10 considers the strengths and limitations of the research, reviews the themes and insights from the findings in relation to the original research questions and the existing research literature, and discusses policy implications and recommendations for future research.

### 1.3 Summary

This introduction has provided a brief background to and explained the use of SGO as a child protection intervention to secure family settings for children within their kinship network after necessary removal from parents. It highlights the dearth of research on children and young people's experiences of living and navigating relationships within SG families, particularly those who have entered or progressed through adolescence, providing justification for the focus this study. An outline of the thesis structure was provided to steer the reader around the following chapters.

## 2 Parenting by relative special guardians: the social work practice and policy context

### 2.1 Introduction

The care of children unable to remain with their birth parents represents a complex social policy challenge that has evolved over time. This chapter examines how kinship care - the raising of children by relatives or connected persons - emerged as a recognised and increasingly valued approach within the English child protection system, with particular attention to Special Guardianship Orders (SGOs). Introduced in the Adoption and Children Act 2002 and enacted in 2005, SGOs provide a legal framework providing permanence without severing family ties.

While informally practiced throughout history, and globally one of the most common forms of alternative care for children (UNICEF, 2021), extended family-based care only gained formal recognition within England's statutory social care system from the late 1980's/early 1990's, marking a fundamental reorientation in social policy toward family preservation over institutional and non-relative care. The chapter traces this evolution, examining how social concerns and values, cultural discourses, political contexts, research, legal frameworks, and professional developments have shaped current policy and practice. It concludes with an overview of professional experiences working within the SGO framework over its first two decades of operation.

### 2.2 The historical context: From institutional care to family preservation

Until the mid-19th century, British children needing alternative care relied on philanthropic or religious charity. Social reform movements, spearheaded by figures like Thomas Barnardo and Charles Dickens, led to the Prevention of Cruelty to, and Protection of, Children 1889 Act, which for the first time enabled state intervention in private family matters if children were believed to be in danger. State-provided care was first primarily institutional until the Second World War evacuations helped normalise the concept of children living with substitute families, arguably the precursor to professional foster care and adoption (Guishard-Pine et al., 2007). The killing of 12-year-old Dennis O'Neill by his foster father in 1945 catalysed the Children Act 1948 and Adoption of Children Act 1949, shifting child protection responsibility to local authorities (LAs), requiring them to provide and supervise care for children whose parents were unable to do so (Jones, 2009).

Post-war psychological research highlighted children's emotional needs beyond physical care. Influential attachment research. Influential works on attachment demonstrated the importance of consistent, warm, emotionally responsive parenting (Bowlby, 1953) and evidence showed the harmful effects of unnecessary parent-child separation (Kennedy, 1969; Robertson, 1953). Welfare work priorities shifted slightly towards supporting families to prevent separation, as reflected in the Children and Young Persons Act 1963 which expanded local authorities' powers to assist families and prevent children from entering care (Hill, 1980; Jones, 2009).

### 2.3 The pendulum swing: permanency planning and adoption

According to Parton (1985), the highly publicised death of Maria Colwell in 1974 (Secretary of State for Social Services, 1974) established child abuse as a '*major social problem*' (Parton, 1985, p 69) lead into The Children Act 1975. The number of children in care grew rapidly, from around 70,000 in 1970 to over 100,000 in 1976 (Jones, 2009). Simultaneously, growing negative publicity about the public care system through influential publications like '*Children who wait*' highlighted drift and uncertainty for children in foster care (Rowe & Lambert, 1973). Child protection shifted priorities from reunification to emphasising early, secure new homes (Broadhurst & Mason, 2017; De Wilde & Vanobbergen, 2020).

A permanency philosophy emerged emphasising fresh starts without the '*encumbrance*' of past attachments (Ryburn, 1995, p. 714). Adoption became the favoured permanence option for children, a policy supported by the National Longitudinal Child Development Study, which demonstrated successful outcomes for adopted children (Pringle & Naidoo, 1975). The Children Act 1975 and the Adoption Act 1976 made it easier to 'free' children for adoption. With decreasing stigma around unmarried parenthood and improved contraception reducing so-called 'voluntary' adoptions, older children needing stable care became a new adoption pool, meeting needs of infertile couples. A new 'custodianship' order option implemented in 1985, which could provide security for children with long-term foster or relative carers by granting carers legal custody, was overshadowed by the focus on adoption (Bullard, 1991) where the nuclear family with two married parents was held as the ideal over and above birth family ties (Ryburn, 1998).

### 2.4 The Children Act 1989: A new direction

A turning point in child protection legislation came from multiple influences. This included high-profile case inquiries (such as the Cleveland Inquiry) where social workers were criticised for failing to prevent child deaths or for unnecessary intervention in family life

(Blom-Cooper, 1985; Blom-Cooper et al., 1987; Butler-Sloss, 1988). Child law contained in various pieces of legislation was deemed '*complex and incoherent*' (Harris, 2006, p. 1054), prompting extensive reviews of childcare law (Hughes, 1985) against a backdrop of a Thatcherite government promoting family autonomy with minimal state interference and welfare support (Harris, 2006). More widely, the United Nations Convention of the Rights of the Child (1989) elevated children's rights on the global stage.

Landmark legislation, The Children Act 1989, consolidated and reformed Child law in England and Wales. This established core principles that would underpin all decision-making undertaken by the courts in relation to children. Crucially it established the paramountcy principle, prioritising the child's welfare as the court's primary consideration (Department of Health, 1991). Children were presented as individuals with their own separate interests and rights to participate in decisions. The concept of parental responsibility (PR) was established, portraying the child as someone who the parent has *responsibility towards* rather than property the parent has *rights over*. Promoting a 'partnership' approach, it recommended working *with* families, stating explicitly that keeping children in their family home or community was usually in their best interest. A No Order Principle (Section 1(5)) stated that the court should not make an order unless doing so would be better for the child than making no order, emphasising minimal necessary intervention (Harris, 2006).

Significantly, the Act prioritised kinship care (broadly defined as care by '*a friend or other person connected with [the child]*'), requiring social workers to first explore options within the child's known network when parents were unable to care, unless impractical or incompatible with the child's welfare. Residence Orders (ROs, later renamed Child Arrangements Orders, CAOs), allowed the naming of a person with whom a child would live, highlighting the perceived value of stability with a specific carer.

## 2.5 The implementation Gap: Why kinship care remained underutilised

Despite legal prioritisation of kinship care in this Act, implementation of this lagged for several reasons. The focus on parental responsibility may have inadvertently diverted attention from extended family members, who were deemed to have no *legal* connection and could only acquire it through court (Cossar, 2004). While LAs were required to *consider* the wishes of the wider family network in its work with families, involving extended family in decision-making was not made *mandatory*. Later Government guidance in England and Wales attempted to improve practice around partnership working with wider family

(Department of Health, 1995), but still portrayed the network as a *possible* rather than *necessary* resource (Cossar, 2004). Reviews of court proceedings following the Act indicated that relatives were not always invited to case conferences or considered as carers (Hunt, 2003; Thomas & Beckett, 1994).

Practitioner workload pressures and the concept of '*the welfare of the child*' in the Act may also have narrowly focussed attention on the 'child' rather than the child *and* family (Carr & Goosey, 2017; Hansen & Ainsworth, 2009). Lonne and colleagues describe how that the child protection task became one of assessment of risk by experts entering homes to assess and treat, viewing the child as a separate individual from their family with independent interests (Lonne et al., 2008). Ryburn (1998) similarly argued that the Act fostered a '*casework*' approach to social work practice viewing family problems as individual failings requiring child rescue, ignoring social disadvantage and blocking a perception of families as important units to be supported (p35).

Additionally, beliefs about intergenerational dysfunction through genetic determination or learned abuse patterns may also have compounded the legal prioritisation of kinship care to follow through to practice (Peters, 2005). Class, cultural, and ethnic prejudice as well as financial pressures may have favoured 'ideal', two-parent financially-secure family settings (Department of Health, 1999; Macpherson, 1999; McMahon & Allen-Meares, 1992). Extended family groups who, due to historically experiencing little control over many aspects of their lives, may have been offered little support to take part in difficult, professionally controlled, adversarial child protection processes (Ryburn, 1998, p. 34).

High profile child deaths continued to push social work practice priorities towards risk avoidance, particularly as social workers receive the weight of media blame (Jones, 2014). Victoria Climbié death followed neglect by her aunt, and the inquiry highlighting professionals' willingness to trust family carers (Laming Inquiry, 2003), did not help promote kinship care. Professionals did not want to be linked to another tragedy. At the same time, the increased removal of children from their families occurred alongside reports of poor outcomes for children left in state care and damning reports into the abuse of children in residential care (Hall, 2008; Waterhouse et al., 2000). In this context, along with limited welfare resources, permanency through adoption had '*inescapable appeal*' (Ryburn, 1998, p. 37).

Adoption was given political priority, with the Prime Minister's Review of Adoption (Performance and Innovation Unit Performance and Innovation Unit, 2000) pushing local

authorities to do more to promote adoption. Finance was provided for plans for new legislation, an enhanced court system, improved adopter recruitment and support, and a target set to increase adoption by at least 40% (*Adoption: a new approach*, 2000). It led to the Adoption and Children Act 2002, the first major overhaul of adoption policy in Britain in almost three decades. This received some research support; Rushton stated that, '*only with the legal certainty of adoption does the child feel emotionally secure, fully identified as a family member and not stigmatised as a "fostered" child might feel*' (Rushton, 2000). Triseliotis suggested that children in adoptive families may have '*a stronger sense of belonging and a more enduring psychosocial base in life*' compared to children in long-term foster care (Triseliotis, 2002).

However, research was not backing a single approach to adoption, with several studies noting positive outcomes of other forms of permanence and the benefits of maintaining family links. For In his earlier work Triseliotis (1973) raised awareness of the lasting negative impact of separation from birth families, even for those adopted in infancy. A large study on long term foster care had found particularly positive outcomes for those raised in relative foster care (Rowe, 1984), and other research reported placements with relatives to be more stable than those with strangers (Millham, 1986). Evidence into long term foster care, even with non-relatives, found positive outcomes for children who felt fully part of the family, a sense of permanence and identity being more important to children than their legal context (Schofield et al., 2000).

## 2.6 The introduction of Special Guardianship Orders

Despite the promotion of adoption, the Prime Minister's review had also highlighted that the UK's approach to adoption, which severs legal ties to birth parents, was rare among Western nations. Most other countries at the time used permanence options that did not legally sever children's links with their birth family. Stressing the importance of first exploring known connections for care and reiterating the need for a legal order that enabled children to settle securely in new families without legally severing links to birth parents, the Adoption and Children Act 2002 introduced the Special Guardianship Order (SGO). The SGO was presented as an alternative, legal route for kinship and other carers to achieve permanence without necessitating legal severance from birth parents. This marked a distinct break from earlier legislation, which had not fully addressed the emotional and developmental needs of children who could benefit from continued family connections alongside permanence.

By assigning day to day parental responsibility for the child to special guardians (SGs), it offered security and belonging not found through foster care filling a gap between foster care and adoption. The legislation was designed with the expectation that SGOs would mainly be used for children in settled long-term foster placements relieving them from stigmatising ties to corporate parenting, children with strong identity links to their birth family (such as unaccompanied asylum-seeking children) or minority ethnic communities where adoption may be difficult to accept for religious or cultural reasons.

However, SGOs quickly becoming the default legal option for securing kinship care arrangements (Harwin, Simmonds, et al., 2019; Wade et al., 2014). Hall (2008) found that kinship carers who may otherwise have taken the RO/CAO route for care were choosing a SGO as it offered a more '*permanent*', '*stable*', '*secure*' and '*robust*' placement with greater power and autonomy (Hall, 2008, p. 372). Professionals believed it could offer benefits above kinship foster care, through increased power and autonomy for carers, and a greater sense of security for children (Hall, 2008).

Adoption remained rare for family placements perhaps not only due to its required disruption of generational relationships, but also because of the lengthier, more intrusive assessment process (Conroy-Harris, 2020). SGO applications could be made by potential carers or LAs and decided directly and more speedily in court or within care proceedings. Early legal precedent established that SGOs, being less intrusive and more flexible, are preferred when equally serving welfare, as orders must always be proportionate to the circumstances (Re S (Adoption Order or Special Guardianship Order) [2007] EWCA Civ 54 1 FLR 819).

English child protection guidance and legislation continued to promote *legal* permanence (adoption and SGO) as crucial for children, providing them with secure settled relationships for children from which a psychological sense of permanence ('*a sense of security, continuity, commitment, identity and belonging*') could develop (Department for Education (DfE), 2010a, p12). This legal emphasis has been questioned, as arguably from a child's perspective permanence is obtained through a *felt* sense of belonging and connectedness to a family rather than legal orders (Schofield et al., 2012). A legal permanence designed to be assigned to one or two specific carers also implies a separate nuclear family unit which may not align with kinship network childcare practices in a culturally diverse society.

Hall's (2008) interviews with professionals (senior social workers and court guardians) in the first year of a SGO revealed that adoption was still perceived as the '*the gold standard*' that provided the highest levels of security, finality, and permanence (Hall, 2008, p. 373). SGOs

were viewed as potentially preferable over adoption in just a few circumstances: to preserve an existing placement; positive ongoing involvement of the parents or wider family in the child's life existed; prospects existed for birth parent improvement; or severance of parental responsibility was undesirable. Professionals expressed wariness about close birth family connections and concerns about parental cooperation and carers' ability to maintain control.

Despite further government guidance stressing again the need for a thorough exploration of kinship options prior to family removal (in *Family and Friends Care: Statutory Guidance for Local Authorities*' (DfE, 2010), and the Public Law Outline (2014)) government policy continued to prioritising adoption through improved recruitment of prospective adopters, enhanced support for adoptive families, and data collection requirements (Selwyn & Masson, 2014).

## 2.7 The turning tide: An increased acceptance and use of kinship care

Numbers of children in state care almost doubled between 2005-6 and 2015-16 and a family court crisis was declared (Munby, 2016). The death of Peter Connolly in 2007 was considered to have sparked this escalation (Jones, 2009), alongside poverty, austerity cuts, and their detrimental impact on vulnerable families and the agencies supporting them. A sector-led review commissioned in response to this care crisis argued that the wider family remained an underused and underfunded resource in child protection and advocated for respect for family networks and traditions, and the importance of relationship-based practice (Family Rights Group, 2018).

Several contributing factors increased acceptance of, and motivation to consider and promote, kinship care politically and culturally. Firstly, growing acknowledgment of moral issues arising from misplaced state interference in family life, including public apologies for practices like shipping poor British children to colonies (Edemariam, 2010). Along with statistics showing the impact of societal structure on a child's likelihood of entering care (Bywaters et al., 2016) and growing recognition of the lifelong impact of family separation, this led to questions around the ethics of ongoing permanent state-enforced family severance (Featherstone et al., 2018; Featherstone et al., 2014; Harwin et al., 2016).

Secondly, increased social endorsement of diverse, non-nuclear family forms in British society creating a sense of positivity towards an acceptance of different kinship family structures (McKie & Callan, 2012). This shift is likely linked to the rise in ethnic and cultural

diversity stemming from immigration, particularly among groups with strong norms of extended family caregiving. Recent evidence supports this connection, indicating that one in five children in kinship care in England are raised by carers from a minority ethnic background (Tah & Selwyn, 2024). Also, research contested assumptions about negative consequences for children raised in various family forms wide variety of family forms, such as parenting outside of marriage or following divorce, assisted fertility treatment, or by same-sex couples or those taking non-traditional gendered work-family roles (Golombok, 2000, 2015). Similarly a growing body of research showed no evidence for increased maltreatment or poorer child outcomes in kinship care, including SGO (see chapter 4); in some cases, the reverse was indicated (e.g. Biehal, 2014a; Hunt, 2020; Winokur et al., 2014), bolstering confidence in kinship family choices.

Third, growing awareness of the importance of understanding one's past, maintaining biological family relationships, and connecting to one's culture to support identity development (Owusu-Bempah, 2010). Ongoing research inspired by Triseliotis' (1973) early work highlighted the complications that care outside of one's genealogical heritage can cause around a child's identity development (see chapter 3) potentially increasing trust and relationship issues, mental health problems, and placement breakdown (Hammond et al., 2020; Iyer et al., 2020).

Fourth, motivation to explore the kinship network, and promote private orders to secure this care, was driven by difficulties recruiting sufficient foster carers and squeezed local authority budgets struggling to fund foster care provision (Baginsky, Gorin, & Sands, 2017; Larsson et al., 2021).

Finally, and significantly, case law throughout the 2010s set precedents promoting family care. *Re B (A Child) (Care Proceedings: Appeal) [2013] UKSC 33*, emphasised that adoption against parents' wishes should only be contemplated as '*a last resort – when all else fails*'. *Re B-S (Adoption Order: Leave to Oppose) [2013] EWCA Civ 1146* emphasised that authorities must not push for adoption because they are '*unable or unwilling to support a less interventionist...order*' (para. 29). A '*balance sheet*' (para. 36), was recommended to ensure judgements '*evaluate all the options, undertaking a global, holistic and...multi-faceted evaluation of the child's welfare which takes into account all the negatives and the positives...of each option*' (para. 44). These cases were subsequently cited multiple times by the courts (Sloan, 2015).

A further case highlighted the importance of assessing relatives during care proceedings regardless of parents' wishes (Re H (Care and Adoption: Assessment of wider family) [2019] EWFC 10). Issues with current legislation were also raised in this case, noting that both the Children Act 1989 and the Adoption and Children Act 2002 were only *supportive* of wider family engagement and there were no provisions to *require* a council to consult with family members, something that had been flagged up almost 20 years previously (see above). However, the judge reiterated the principle that a care order with a plan for adoption that is against parental wishes should be 'a last resort'. Attention was drawn to the (non-mandatory) Family and Friends Care Assessment good practice guide, which had been drawn up by Family Rights Group (2017) together with child protection experts and family members, noting that *'the wider family should not simply be ignored on the say-so of a parent. Generally, the ability and/or willingness of the wider family to provide the child with a secure environment in which to grow (section 1(4)(f)(ii) ACA 2002) should be carefully scrutinised, and the option itself should be "fully explored"'* (para. 49)

The 2022 Independent Review of Children's Social Care (IRCSC) led by Josh McAllister and commissioned by the British government aimed to radically reform the system through hearing voices of those with lived experience. The British government's response to this review *'Stable Homes, Built on Love'* (Department for Education, 2023b) generally agreed with the review's call for a fundamental change in the current system, focusing on preventing care entry through early help investment, enabling children to live within kinship networks, and strengthening lasting relationships. However, critics argued limited budgets would hinder implementation (El-Hoss et al., 2023).

The use of formal kinship care following child protection intervention was already increasing at the time of the IRCSC. By 31 March 2024 around a quarter (24%) of 56,390 children in foster families were with relatives or connected persons, a proportion that doubled from a stable period of under 12% throughout 2008 to 2013 (Wade et al., 2014). Correspondingly, use of SGOs increased steadily from its conception, primarily used for relatives, especially grandparents (non-relative foster carers were thought to be deterred from applying for SGOs by fears of losing financial and support entitlements (Wade et al., 2014)). Within the first decade, proportions of children leaving care under SGOs rose from 5% (year ending March 31, 2010), to 11% (year ending March 31, 2015) (Bowyer et al., 2015).

Initially, as SGOs increased, adoptions also rose, peaking in 2015 (Department for Education, 2024a). However, placement orders fell following the 2013 court rulings noted

above and again in 2021 during the pandemic. Court data analysis (from 2007/08 to 2021) demonstrated that SGOs were increasingly being used as an alternative to adoption with continuity of family relationships taking priority (Alrouh & Harwin, 2023). Children receiving SGOs following care proceedings rose from 12% to 18% between 2011/12 and 2021/22, while those receiving placement orders fell from 24% to 14%. By 31 March 2024, again more children left care through SGOs (3,860) than were adopted (2,980) with the largest age group – just over 50% - aged four or below. Most SGOs were granted to relatives or friends (88%), with 9% granted to other (stranger) foster carers (Department for Education, 2024a).

Alongside SGO growth came steady increases in attached supervision orders (Sos, Children Act 1989) attached to them – up from 11.2% in 2010/11 to 28.7% in 2014/15, (Harwin et al., 2016). A SO required A LA to advise, assist and befriend the child and family, and reasons for attaching supervision orders appeared to vary. Some of the reasons include: prospective SGs residing in a different LA to that of the child; the LA recognising a need to support birth parent contact; concerns about the placement; and to support transition for children not yet living with their carers (Harwin et al., 2016).

## 2.8 Continued concerns and controversies in kinship care and SGO practice

The increasing uptake of SGOs amongst kinship carers confirmed its usefulness within the spectrum of options for permanence. However, despite increased legislative options, around 95% of kinship care remains informal (Selwyn & Nandy, 2014). Families may be reluctant to have social work or court involvement due to distrust of authorities and concerns about unwanted intrusion (MacDonald, Hayes, & Houston, 2018). In addition, practice around and use of kinship care, and particularly SGOs, has been surrounded by concerns and controversies. Research involving legal and social work professionals highlighted concerns about the inconsistency of practice around the country, inadequate assessment of and preparation for prospective SGs, and lack of post-order support.

### 2.8.1 Concerns around practice variations

Stark regional variations were found to exist in SGO use, and SGO/SO combinations, denoting inequalities of practice by postcode (Bowyer et al., 2015; Harwin et al., 2017). These corresponded to different attitudes towards the order, with some LAs embracing SGOs for different types of carers, establishing specialist teams and systems to ensure early preparation, and quality assurance mechanisms. Others adopted cautionary or restrictive approaches to SGOs and without investment (Wade et al., 2014). Variations in approaches to

pre-proceedings work with kinship networks were highlighted, with case file analysis showing wide differences in the use of family group conferencing (Bowyer et al., 2015).

### 2.8.2 Concerns around SGO decision making, assessment and application process

Studies also identified significant deviations from the original intended use of SGOs.

Research showed increasing SGO use during proceedings for very young children, not just older children expected. Over half receiving SGOs were under five, similar to adoption profiles (Wade et al., 2010). Additionally, although mostly used for relatives where established relationships existed, a significant proportion, around a quarter, of SGs in the sample had not cared for the child at all before being granted an order (Wade et al., 2010).

LA managers and child welfare representatives highlighted concerns about rushed, poor-quality SGO assessments, which was supported by court file analysis (Bowyer et al., 2015; Harwin & Simmonds, 2019; Wade et al., 2010; Wade et al., 2014). The original framework required limited assessment periods, assuming most applications would involve children already settled with family members who had previously undergone fostering assessment or with evidence of positive relationships and wellbeing (Wade et al., 2014). However, by enabling courts to make SGOs under their own motion within care proceedings, there were no legal barriers to SGOs being made to distant relatives with arguably inadequate assessments, preparation, or settling-in periods. Lesser-known relatives were able to gain permanent carer approval far more rapidly than prospective adoptive parents, who require extensive assessment, training and at least ten weeks of monitored care post-placement (Bowyer et al., 2015; Harwin et al., 2017; Wade et al., 2014). Quality of re-assessments were also a concern, with one study finding almost 20% of SGOs were made to carers after negative local authority assessments and subsequent independent reassessments (Bowyer et al., 2015).

The government's Special *Guardianship Review* report (Department for Education, 2015) risks from poor-quality assessments and inadequate support. Over two-thirds of respondents to this review (n=154) highlighted assessment improvement needs, leading to amended regulations in 2016 (England) and 2018 (Wales) for more thorough, standardised assessments. However, the 26-week time on limit on care proceedings duration imposed by the Public Law Outline (2014) and Children and Families Act 2014 created significant timescale pressures for courts.

Following these changes, focus groups with over forty legal and social care professionals across England and Wales identified some good practice through focused pre-proceedings work and early SG identification via Family Group Conferences, attempting to overcome the challenges of tight timescales (Harwin and Simmonds, 2019). However, limited professional expertise, workload capacity, and complex family dynamics often resulted in SGs emerging late in proceedings, compromising assessment and decision-making. Studies were still finding high numbers of children - around a third - moving to carers only after the making of the SGO at Final Hearing, leaving minimal transition time (Masson, Dickens, Garside, Bader, & Young, 2019). Assessments were typically reported as lasting under 12 weeks, even occasionally a few days, with vital evidence such as DBS information and health assessments sometimes missing (Harwin & Simmonds, 2019).

Professional informants noted practice variations around proceeding court extensions for assessments, with some judges refusing extensions when SGs emerged late, adding SOs or choosing COs rather than SGOs unless all matters were resolved (Harwin & Simmonds, 2019). Concerns were also expressed that potential SGs making life-changing decisions were often poorly informed about their role, sometimes believing SGOs to be short-term arrangements. Not all prospective SGs are granted 'party status' (i.e. with a right to fully participate in the court care and receive paperwork), leaving them without key decision-making information. Examples existed of prospective SGs who had never met the child, with little consideration given to children's wishes and needs. Training opportunities were sometimes non-existent, and support plans rushed (Harwin & Simmonds, 2019).

Outside of court pressures, concerns also arose regarding family members applying for SGOs under the threat of care proceedings, such as during the pre-proceedings stage. Private proceedings involve no independent court (CAFCASS) guardian, less court scrutiny of local authority assessments, and potentially unrepresented birth parents, potentially leading to less rigorous decision making (Bowyer et al., 2015).

### 2.8.3 Concerns around contact with birth parents and other family members

SGO guidance required LA social workers to recommend ongoing contact with birth parents to courts (Department for Education and Skills, 2005), sometimes backed by contact orders (Wade et al., 2010; Wade et al., 2014). Contact with birth parents and extended family was expected to be more frequent, and sometimes more informal, with fewer boundaries in SGO families than in typical adoptive and foster families. This was shown to be the case, with

Hall's (2008) early data showing planned ongoing direct contact in at least 60% of SG families, many of which had previously experienced high levels of past harm and neglect. Wade and colleagues' (2014) follow-up of over 100 SG families three to six years post-SGO found 20% of children had no contact with birth parents, while many maintained high levels of contact; over one-third had at least monthly contact with birth mothers and almost one-quarter with birth fathers. Many had frequent contact with grandparents (31.5%), aunts and uncles (56.5%), and various other family members (50%), including siblings, cousins and distant relatives.

In the kinship context, pre-existing relationship issues, loyalty conflicts and difficult family dynamics can make keeping in touch with family members complicated and significant =ly different to contact for children in foster care and adoption (Broad, 2001). Interviews with LA practitioners highlighted significant challenges in this area, with individual case histories and practical realities of working with complex families resulting in considerable practice variability (Thompson, 2019a, 2019b). Many interviewees expressed a need for more robust training and explicit guidance on structuring and monitoring contact within complex family dynamics.

#### 2.8.4 Concerns around contact inadequate and inconsistent support provision

With rapid SGO and kinship care growth, LAs required service transformation, staff training and support systems to address the distinct characteristics and needs of kinship families. Kinship carers generally face greater socioeconomic and personal disadvantages than unrelated foster carers (Boddy, 2013; Broad, 2001) in addition to close links with birth parents and complex family dynamics. They have suffered discriminatory government policies exemplified by the two-child tax credit cap (eventually ruled unlawful for kinship families, (Butler, 2017, 2018)) and lack of standard parental leave or legal aid provision (Harwin & Simmonds, 2019).

Children under SGOs often have childhood histories like those who remain in care or are adopted (Wade et al., 2014). In Wade et al.'s research, most were previously known to authorities, with nearly two-thirds at risk of neglect and abuse. Professional participants acknowledged the broad, complex support SG families often required, including financial, housing, complex family relationships and contact issues, and children's emotional, behavioural and learning difficulties (Harwin & Simmonds, 2019). Many SG's older age, poor

health and distinct circumstances compared to traditional foster carers and adoptive parents added complexity beyond traditional support provision.

The Children Act 1989 amendments (Department for Education and Skills, 2005) require LAs to provide post-order support services to SGs, including financial help, advice, therapeutic services, contact assistance and other support to meet children's needs SGs have legal entitlement to support needs *assessment*, but only if children were previously looked after. There is no legal right to *receive* services, although foster carer allowances are protected for minimum two years post-SGO. Some LAs paid SGs significantly lower than fostering rates (Wade et al., 2014). although legal judgements have set precedents requiring LAs to align SG allowances with equivalent fostering allowances (e.g., *B v London Borough of Lewisham* [2008] EWHC 738 Admin). Allowances remain means-tested and discretionary.

Statutory guidance issued in 2011 required all English LAs to publish their policies around supporting family and friend carer families (Department for Education, 2011). However, a Family Rights Group survey found 45% of LAs had still not complied the following year (Roth et al., 2012). Wade and colleagues (2014) found continued practice variation, with only five of seven studied LAs having policies, two focusing primarily on family and friends foster care rather than SGOs. Wide variation existed in support provision, with professionals struggling without written policies or guidelines. Limited by scarce resources, LAs sometimes restricted support to children for whom they had continuing legal obligations (Wade et al., 2014). The 2019 Parliamentary Taskforce on Kinship Care found that 16% of LAs had no or outdated kinship care policies, and those that existed were of variable quality (Kinship Care Parliamentary Taskforce, 2020).

Complexities exist in terms of how to provide support, with LA provision sometimes hampered by poor relationships and SG's wariness of professional support (Harwin & Simmonds, 2019; Wade et al., 2014) (see chapter 4). Courts sometimes used SOs alongside SGOs to ensure continued support, though some practitioners questioned why these were required when support should flow through SG support packages (Hall, 2008). Where specialist teams existed there tended to be a wider range of options for carer connection, including informal support groups, newsletters and social events (Wade et al., 2010). Living far from placing LAs (who remain responsible for three-year post-order support if children had been in care) complicated support access, with no legal requirement to notify receiving LAs when children moved area (Wade et al., 2014).

Wade and colleagues (2014) found most (80%) of SGO court assessments to include written support plans, with the majority providing regular financial allowances (often lower than fostering rates) for families of children previously looked after. Many families were planned to receive other forms of financial and other support including: continuing social work contact (over two-thirds); birth family contact assistance (over half); therapeutic services (just under one-third); and educational support (just over one-quarter). However few support plans included '*commissioned life story work*' (p204), and respite provision was rare. Children not looked after at the time of the SGO were less likely to have planned regular financial allowances, legal fee assistance, and other support types including contact support.

Although many cases (over three-quarters) in Wade and colleagues' (2014) study were closed to children's services at the time of the SGO or within the first year (apart from continuing financial payments), around half of LA files with available data showed evidence of later support requests from families. Common asks were help managing children's emotional and behavioural problems and assistance managing contact and/or conflict with birth parents. Some child protection referrals also occurred, and some SGs reported risks of placement breakdown.

Additional support streams for SG families include the *Adoption and Special Guardian Support Fund* (ASGSF) and pupil premium plus funding for schools. SG families became eligible for the ASGSF in 2016, though the name (it was previously the *Adoption Support Fund*) did not change to make clear their inclusion until 2023. Evaluations of the ASGSF noted limited awareness among SG families, its exclusion of children not in care prior to the SGO, and its limited ability to cater for specific needs of children placed with SGs (Burch, Dodwell, et al., 2022; Harwin & Simmonds, 2019). Discriminatory provision also exists in pupil premium plus, again excluding children not having spent time in care (Conlan, 2022). School systems and mainstream services can fail to recognise SG families or provide targeted help, partly because families may avoid visibility to avoid stigmatisation (Conlan, 2022; Ramoutar & Hampton, 2024). Support needs from the perspective of SGs is discussed in chapter 4.

With support from organisations such as the Kinship charity (formerly Grandparents Plus), the Family Rights Group, SGs and kinship foster carers have highlighted the general lack of support and resources for kinship care families. The Kinship charity's 'Value Our Love' campaign (Kinship, n.d.-b) argued that kinship care has been overlooked and undervalued

calling for the government to equalise financial allowances, training and support between kinship and foster carers.

In response to mounting evidence and advocacy, the government issued new statutory guidance in late 2024 (Department for Education, 2024b). While imposing no new statutory requirements, this guidance consolidated previous directives into a clearer framework, requiring LAs to publish a '*kinship local offer*' detailing available services offered in their area for children in kinship care and their families. While the specifics of the offer are locally determined, the guidance emphasised that support should be based on children's needs rather than legal status and provided to prevent children unnecessarily entering or remaining in care. The guidance also promoted (though still did not mandate) family group decision-making processes to involve extended family networks in child welfare decisions at different stages in the children's social care system.

The Children's Wellbeing and Schools Bill 2025, currently progressing through Parliament, represents the government's legislative response to the IRCSC. The Bill proposes establishing a new National Children's Social Care Framework and significantly expanding kinship care provisions, including enhanced support requirements and formal recognition of kinship carers' role. However, support gaps persist, and the Department for Education announced significant ASGSF funding reductions from April 2025. Children under SGO without prior care system involvement remain ineligible, leaving many families only able to access therapeutic support via GP or school referral.

## 2.9 Conclusion

The development of kinship care within the English child protection system reflects an evolving understanding of children's needs and rights. From Victorian institutional care through various child welfare reforms, there has been a gradual recognition of the value of maintaining children's family and community connections. The introduction of SGOs in 2005 marked an advance in supporting permanence without severing family bonds, supported by research demonstrating positive outcomes in kinship care families, landmark legal cases establishing family preservation priorities, and increasing recognition of diverse family forms.

Nevertheless, challenges persist. The prevalence of informal arrangements suggests many families remain hesitant to engage with formal systems, highlighting tensions between protection, privacy, and support. Moving forward, the balance between ensuring children's safety, respecting family autonomy, providing sufficient support, and maintaining vital connections will remain central to effective kinship care policy and practice development.

Furthermore, the advancement of SGOs has been accompanied by significant implementation challenges, particularly regarding assessment thoroughness, preparation and training of carers, transition planning, and post-placement support. Despite recent policy improvements, fundamental disparities persist between support for kinship families, especially those formed by a SGO, and that available to (non-relative) foster and adoptive families. Research has emphasised the need for ongoing improvements in professional training, resource allocation, and practice standardisation across local jurisdictions. As kinship care continues to grow as a preferred permanence option, addressing these disparities through comprehensive policy reform, adequate funding, and practice improvements will be essential to ensuring positive outcomes for vulnerable children and the families who care for them. Attention to research, such as that presented in this thesis, that prioritises the experiences of children and young people under SGOs will additionally help to support the development of evidence-based approaches to supporting complex family dynamics and contact arrangements.

The following chapter will review a broad range of literature identifying factors related to family settings which have been highlighted as important for children's development, identity and wellbeing, including young people raised apart from their original birth parents.

## 3 Growing up in a ‘family’ – what is important to children and supports their positive relationships and wellbeing?

### 3.1 Introduction

Most children in the UK, are raised in a ‘family’, a term that has become varied and complex, with loose boundaries and definitions. What is recognised as family and who is considered a family member is not fixed but is constantly evolving and shifts with time and place, influenced by individual choices and social forces. It is negotiated through an interplay of the relationships and practices families engage in, the degree to which these activities are accepted by society, the language and narratives used to describe families, and the legal and policy frameworks that shape family life (Carsten, 2004; Furstenberg, 2019; McCarthy, 2012; Sanner et al., 2021). The Office for National Statistics defines ‘family’ using inclusive, minimal rules: *‘A married, civil-partnered or cohabiting couple with or without children, or a lone parent with at least one child, who lives at the same address; children may be dependent or non-dependent’* (Office for National Statistics, 2023). Whatever form family takes, it provides an intimate and significant setting within which a child’s early development and socialisation takes place, first relationships are formed, and their perception of reality and sense of self is shaped (McKie & Callan, 2012).

In keeping with the chosen exploratory nature of this study, this chapter considers research about what is important in family settings for children’s development, identity and wellbeing, including families which involve non- biological parents undertaking parental care. It also shows why it is vital to include children's views when exploring the impact of living within different types and trajectories of families. It explores the importance of understanding a child’s perspective to promote their wellbeing, positive relationships and a healthy sense of identity. Research considering children’s and young people’s own perspectives and experiences within different family settings is prioritised in the chapter, with a particular focus on their experiences when living away from birth parents after child protection intervention, drawing out themes which may be relevant to those growing up in a SG family.

### 3.2 The importance of considering family and relationships from a child and young person’s perspective

Historically, family research in the UK largely overlooked the significance of children’s perspectives. This aligned with the traditional notion of children being ‘seen and not heard’,

which dominated ideas about childhood well into the 1990s. Kellett (2005) noted that much of research involving children has had an adult focus, with adult-dominated terminology and interpretation and unequal power relations. Children were deemed developmentally immature, incomplete and incompetent, unreliable respondents, and questioning children about their families' lives was seen as too ethically complex and sensitive (Alderson & Morrow, 2011).

In recent decades an increasing consciousness of children's rights and perspectives has led to a less condescending view of children. The dangers of ignoring the voice of the child in social work practice were highlighted by the Inquiry into the death of Maria Colwell (Secretary of State for Social Services, 1974) and subsequent similarly tragic abuse enquiries (Office for Standards in Education, 2011). The importance of ascertaining children's views became established in public and private family law with the Children Act 1989, which required courts to consider the '*wishes and feelings of the child*' (Section 1 (3)), according to their age and understanding, in family intervention and decision making (see chapter 2). At this time the UK government also ratified Article 12 of the United Nations (1989) Convention on the Rights of the Child (UNCRC) which gives all children who are capable of forming their own views the right to express them, and to have them given due weight in all matters affecting them. Professional work with children evolved to incorporate the child's voice with legislation, research and guidance prompting local authorities to improve their systems on giving voice to children and young people who are receiving social work services (Lansdown, 2010). Munro's review of the children protection system stressed the importance of listening to children (Munro, 2011), and this was highlighted again in 'Working Together to Safeguard Children' (Department for Education, 2018).

Alongside these legal and policy changes, corresponding developments occurred in the research world. The sociology of childhood drew awareness to the distinction between biological immaturity and the socially constructed concept of '*childhood*' created through social processes, discourse and expectations. This perspective recognises that children understand and experience their world on their own terms, which may differ from adult interpretations and conceptions. Children are seen as not just passive recipients of their family environment, but as pro-active, observant individuals, striving to understand and influence their world (James, 1999; Mason & Hood, 2011; Solberg, 2015).

An explosion of research from the 1990s and beyond has provided valuable insight into children's perspectives of their lives in complex and varied family settings, exploring their

feelings, priorities, and concerns, enabling a more complete understanding of family dynamics. This includes children's experiences of separation and divorce, foster care and adoption, and living with a parent affected by disability or mental illness (Blake-Holmes & McGowan, 2022; Brodzinsky, 2011; James et al., 1998; Neale et al., 1998; Neil, 2012; Staines & Selwyn, 2020; Thomas et al., 1999; Yamamoto & Keogh, 2018).

Research with children has regularly confirmed that children *want* to be talked to, receive information, give their point of view and have their opinions considered (Maynard et al., 2021). However, children lack power in an adult dominated world, particularly in mainstream professional practice or policy making (McCafferty, 2024). Even when children and young people are given explicit forums specifically for voicing their views and concerns (such as 'children in care councils') they are not always effective, with their voices rarely given equal place to that of adults (Wright et al., 2006). Care-experienced young people are, perhaps more than any other child, asked to share their wishes and feelings repeatedly to professionals and carers, but paradoxically are often denied actual decision-making influence about their lives (Dixon et al., 2019).

Research has also shown how children's experiences and needs can easily be overlooked and overshadowed by adults' beliefs and concerns for them, especially when the adults are under stress or occupied with consuming tasks. For example, Boswell and Cudmore (2014) found that adults involved in young children's transition from foster care to new adoptive families lost sight of the children's experience of loss and emotional distress as the move approached. Their preoccupation with practical matters and stress created a '*blind spot*', preventing them from remaining attuned to the child's feelings during this significant transition. (Boswell and Cudmore, 2014, p24).

Conversations with children about important matters impacting their lives can sometimes be avoided by adults due to a desire to protect them from worry and the complications of adult life. However, this can lead children to hide their needs, views and experiences from adults around them, sensing that these topics should be avoided and desiring to protect those they love or depend upon (Bluebond-Langner, 1978). Mitchell's (1985) research into children's experiences of family breakdown found parents protectively avoiding talk about their forthcoming divorce with their children. However, the children revealed acute awareness that an undiscussed worrying situation was occurring. Sensing that the topic was taboo or upsetting for their parents, they hid their curiosity, fears and feelings, and tried to deal with

their concerns alone *‘out of sight of their parents, whom they had not wanted to upset even further’* (Mitchell, 1985, p. 94).

The Children’s Commissioner for England’s annual survey of young people who are in, or have recently left, care, is a long survey with low response rates, and its inclusion of themes such as ‘stability’ may not pick up what really matters to children. Stability may be meaningless for a child in an unhappy home who wants to change, or who has moved between different but loved family (or stranger) carers to suit their needs. Educational achievement may be a lower priority than happiness and or other individual needs. As Shuttleworth (2021) notes *‘Suppose the children sat down to discuss their lives with each other. Would they talk about educational achievement, legal orders, safety, permanence, resources, and physical, mental, and emotional wellbeing in the way usually discussed by social work professionals?’* (Shuttleworth, 2021, p4). There continues to be increased efforts by researchers and practitioners to provide innovative platforms for children and young people to share their views, experiences and needs and how they can best be supported in their lives in forums that are child-centred and accessible (Staines & Selwyn, 2020; Wood & Selwyn, 2017; Zhang & Selwyn, 2020).

### 3.3 Children’s understanding of ‘family’

Children’s understanding of ‘family’ may differ from that of adults who may focus on more abstract legal, biological and sociological concepts than more immediate, concrete perceptions and experiences. For children in western societies, many of whom experience changing households through parental separation, new parent partners, moving between different parent households, or between birth and foster family care, their sense of being part of a ‘family’ may be hard to define. Yet identifying themselves as part of a family can also be important for their sense of belonging, identity and security (Schofield, 2002; Schofield & Beek, 2005b) as well as helping them feel part of a society which holds family as an everyday feature of life and is embedded into cultural narratives (McKie & Callan, 2012).

Acknowledging the centrality of people’s experiences in the construction of what is accepted to be family, sociological research has recognised the importance of ‘family practices’, whereby individuals are seen to create, sustain and display their sense of being in a family through engagement in everyday family activities, interactions, and routines (Dermott & Fowler, 2020; Morgan, 2020). This is supported by children’s typical response to being asked to define ‘family’; they often refer to doing family things or having certain types of

relationships such as those bound by love and affection, care and support (Anyan & Pryor, 2002; le et al., 2022b):

*'[A family is] a group of people which all care about each other...Some live together as well. Families are for helping each other through life'* (Morrow, 1998, p. 27).

Across studies, children are seen to inclusively and creatively define varied and complex arrangements and different people or even pets as 'family' regardless of biological links or diversion from traditional heterosexual nuclear arrangements (Brannen & O'Brien, 1996; Morrow, 1998; Rigg & Pryor, 2007). They have used the labels '*family*' and '*parent*' for members of their physical household, for biological parents or siblings who live elsewhere even if never seen or seen infrequently, and sometimes for a parent's new partner, depending upon the quality of their relationship (le et al., 2022a; Neale et al., 1998). Many children in long term foster care feel fully part of their family without legal definition of their family status (Biehal, 2014b; Boddy, 2023; Schofield et al., 2012).

On the other hand, legal status can sometimes be important to children. Some adopted child interviewees attached great significance to an adoption order, with it seeming to solidify their sense of being a family (Sinclair et al., 2005). This may be due to the adults emphasising the different status of care during what is often a short and radical transition (Neil, Beek, & Schofield, 2020), with the adoption order celebrated as special event in many adoptive families (Sinclair et al., 2005).

At the same time as experiencing family in different and creative ways, many children (and adults) typically recognise and express the importance of genetic links and attach positive value and significance to biological connections (Nordqvist, 2017; Skoglund et al., 2024). Biologically connected family members can be referred to as '*proper*' or '*real*', and unrelated people who children are close to such as current or ex partners of relatives, step or foster parents, as '*like family*' (Biehal, 2014b; Brannen et al., 2000; Mason & Tipper, 2008; Thomas et al., 2017). Even after abuse and neglect in their birth families, and when displaying a strong sense of belonging in their new families, many still appear to restrict the term '*real*' family ' to biological relatives (Biehal, 2014b, p. 959; le et al., 2022b, p. 6). Holding the unique significance of birth parents as '*life giver*' can be seen across diverse contexts (le & Ellingsen, 2024, p. 241) and can infer a sense of commitment (Wulleman et al., 2023). Many care-experienced interviewees have memory of and/or contact with birth parents and experience ambiguous, unresolved loss, and confusion around these relationships which may impact perceptions (Biehal, 2014b).

Individual differences exist; Skoglund and colleagues' (2024) research showed some young adults who grew up in kinship foster care to rank biological foster parents higher than non-biological ones, while others emphasised social bonds and downplayed genetic links. Some children in care or who are adopted refer to new (non-related) parents as 'mum' / 'dad' and describe loving bonds 'as if' they had been born to them (Biehal, 2014b). Some describe their foster or adoptive parents as 'proper' or 'real', referring for example to their nurturing care and support, good communication and trust, engagement in family rituals and activities together, and being treated the same as biological children (Thomas et al., 2017; Van Holen et al., 2020). They can also refer to the 'real' (rather than 'pretend') love that their (new) parents show (Neil, 2012, p. 412). This young interviewee presented an awareness of the active choice they are making in doing this:

*I really think of them as my real parents. I actually would not want to see my real mom, because she doesn't feel like my mom.* (Van Holen et al., 2020, p. 3).

The meaning given to biological connections and other family-related factors is likely to be influenced by social and cultural factors, including the social discourse, rituals, media portrayals and normative terminology. Research in New Zealand found a greater endorsement of different social groupings as 'family', with marriage deemed unimportant and extended family more important for Māori and Pacific nation participants, whilst Chinese adolescents expressed a narrower concept of family (Anyan & Pryor, 2002; Rigg & Pryor, 2007). Generally, however, few differences were found in younger children's perceptions across the various ethnic groups living within the same society, similar to findings in Britain (Morrow, 1998).

In western cultures, children living in non-traditional families, such as without two biological parents or with more than one 'mother' or 'father', often report experiencing social stigma and a sense of unworthiness. They perceive that their family arrangement is viewed by others as inferior, leading to experiences of bullying and social exclusion (Neil, 2012; Thomas et al., 1999; Vojak, 2009):

*Loads of my school friends kept asking me questions like, oh your mum is not like your real mum* (Neil, 2012, p. 414).

*My brother and I knew some people in our school that had gay and lesbian parents and that did get bullied quite a lot and that scared us from telling people* (Golombok, 2020, p. 211).

Not having appropriate generally accepted terminology for new style families and non-traditional family members can highlight these issues (Golombok, 2020).

Children's views of and meanings related to family change over time, corresponding to cognitive developments and new levels of abstract understanding (Brodzinsky, 2011; Piaget, 1928), as well as personal experiences such as divorce (O'Brien et al., 1996). One study found that younger children defined family mostly in terms of who they lived or were in contact with, whereas older children more often referred to biological and legal factors (Gilby & Pederson, 1982). On the other hand, older children have been seen to take a more open view of family, focussing more on the nature or quality of relationships and less on marriage or the presence of two heterosexual parents than younger children (Morrow, 1998; O'Brien et al., 1996), and expressed broader, more in-depth, abstract definitions or more nuanced portrayal of relationships than younger children (Ie & Ellingsen, 2024; Rigg & Pryor, 2007).

One review of studies exploring foster and former foster children's views of family found younger children were more likely to emphasise the importance of forgiving, caring for and honouring biological family even after abuse, whereas older care-experienced young people demonstrated less family loyalty, perhaps because *'the independence of adulthood provides an emotional space to distance oneself from the biological family'* (Ie et al., 2022b, p. 8). Older young people, particularly females, seem more able to assess critically their birth parents place in their lives and consider what relationship they want to maintain (Ie & Ellingsen, 2024). With the significance given to biology showing such individual variation, there is scope to understand more about how and why individual differences in relation to genetic thinking exist (Skoglund et al., 2024).

### 3.4 Core qualities of family care important for wellbeing

The large body of theory and research inspired mainly by John Bowlby's (1969, 1973) work on the parent and child relationship highlights key elements of the family care setting that are seen as crucial for healthy development. Recognising the child's emotional tie to caregivers, termed 'attachment', the theory presents this as a predisposed need for a safe haven, propelling children from infancy and beyond to seek their most familiar, trusted attachment figures when in need or feeling distressed or scared (Foster et al., 2025; Marvin et al., 2016).

Experiencing primary caregivers as warm, trustworthy and a source of appropriate comfort when in need is recognised to have long term benefits into adulthood, facilitating a range of positive wellbeing and personality qualities (Bowlby, 1988). Reliable, sensitive care-giving relationships, where carers are attuned to a child's needs and respond appropriately and

promptly, function as a secure base and promote resilience. The child is reassured that they are loveable and their needs will be met, providing them with confidence to engage with and explore their world, and develop independence free from anxiety, with positive expectations of others, a sense of their own worthiness and constructive, self-regulated emotional expression (Schofield, 2002; Thompson, 2016).

This innate drive can mean children rely on their most familiar caregivers even when these carers may themselves be a source of stress and harm. Continued inconsistent and unpredictable responses from parents who are the child's only known (inadequate) safe haven are believed to lead to maladaptive behaviours as the child learns to minimise or exaggerate their negative emotions and needs or fails to manage its fear and distress. More negative perceptions of themselves, expectations of others and confidence in their social world can result (Schofield & Beek, 2005a) as these experiences are translated into '*internal working models*' (Bowlby, 1973).

When their familiar safe haven relationships are established (even if they are ultimately harmful), children will resist separation and experience a sense of loss if separated for a significant period of time (Foster et al., 2025). Separation is considered to weaken children's trust in other caregivers as potential safe havens, negatively impacting their development and ability to establish and benefit from a secure base in the future (Moss et al., 2004). The cross-cultural applicability of research around attachment and separation is questionable (Smith et al., 2017). However children who move from their primary carer in their first few years or experience multiple moves are noted to have poorer developmental and psychosocial outcomes than those who move at an older age or have greater stability (Munro & Hardy, 2006; Varnish et al., 2025), although research findings are inconsistent and studies sometimes fail to control for potentially confounding care-related variables (Maguire et al., 2024).

In contrast to early practice applications of this theory, attachments cannot be simply 'transferred'; It is theorised that trust in a new caregiver as a secure base needs to be built slowly and at the child's pace with patient, demonstrable, consistent and gentle care, ideally with gradual withdrawal of previous attachment figures (Forslund et al., 2022; Neil, Beek, & Schofield, 2020). Rushed moves are associated with poor outcomes (Neil et al., 2018; Selwyn et al., 2014).

Early thinking also perceived that attachment 'patterns' of behaviour would be fixed and irreversible after the first few years of life (Cassidy & Shaver, 1999). However, providing an

older child or even adolescent with a new opportunity to experience stable, sensitive and responsive care has been often shown to be transformative, reducing the impact of an adverse background of abuse and neglect and helping them to develop protective strengths and feel a sense of positivity towards and belonging in the world (Joseph et al., 2014; Rutter et al., 2007; Schofield & Beek, 2009).

The specific care giving qualities seen as important for building positive secure relationships for children and adolescents in new substitute families have been highlighted in the 'secure base model' of caregiving (Schofield & Beek, 2005a, 2005b). Developed from attachment research and theory and interviews with young people growing up in foster families and foster carers, it incorporates the four dimensions first identified by Ainsworth as promoting secure attachment in infants (Ainsworth et al., 1971). The dimensions include: availability (which helps young people to trust their care giver as someone who can be relied upon to meet their needs), sensitivity (which helps young people to recognise, understand, express and manage their feelings), acceptance (which helps build young people's sense of unique worth and self-esteem), and co-operation (which helps young people to feel competent and effective in their interactions with others). The secure base model added a new dimension as relevant for children separated from their birth families; family belonging (which helps young people to feel part of the family and provides a sense of belonging and identity) (Schofield & Beek, 2005a, 2005b).

Some children may find it harder than others to express their needs adding to the challenge of caregiving. This can be so for children with complex disabilities or neurodivergence, or those who have not learnt clear expression of needs due to an adverse background of care. Research in this area highlights the importance of a caregiver remaining curious about, and reflecting on, their child's thoughts and feelings, a process termed 'mentalization' (Foster et al., 2025, p. 10). Some parents, particularly those with a traumatic background of their own, may find it more difficult to respond to their child's needs. Interventions and improving attachment-promoting behaviours and reflective thinking in carers/parents have been successful (Howard & Miriam, 2018; van Ijzendoorn et al., 2023).

Research has supported the premise of the secure base model and the importance of warm, sensitive, available, trusted, encouraging, cooperative relationships in family care. For example, there are significant associations between children's expectations about safe havens, availability and positive wellbeing outcomes in later life (Foster et al., 2025; Groh et al., 2017). Care-experienced young people's felt-sense of security (a sense of being loved

and of belonging, and of having had their needs met whilst in care) was a more significant predictor of positive outcomes after leaving care than stability in their foster home (Cashmore & Paxman, 2006). Andersson's (2005) longitudinal follow up of children who had entered care found that those who were doing best as adults had had a '*lasting and significant relationship with at least one parental figure in the family or with one of the two families they had been dependent on*' (p. 48).

Other early (mis)interpretations of attachment theory led to the presumed importance of one 'psychological parent', with a narrow focus of research – and court decision making around child welfare - centred on the mother (Forslund et al., 2022, p. 12). In fact, theory and research confirm that multiple relationships can serve as a beneficial safe haven and secure base and can (if one does not undermine another) co-exist together (Forslund et al., 2022). The secure base relationship does not have to be a primary parent; siblings, grandparents, other extended family relationships and even neighbours and teachers may be very important especially for children who unable to receive reliable and consistent responsive care from a parent or parents (Gilligan, 2004). Support from a wide network of individuals, can increase the likelihood of safe havens being available for a child (Foster et al., 2025; Liang et al., 2021). Children without *any* secure relationships are the most at risk for adjustment and mental health difficulties (Foster et al., 2025).

In this sense it may be better to think of a consistent relationship *network* as providing an ideal family environment for children (Foster et al., 2025), which may be at odds with the focus on legal PR usually held by two parental figures (for children subject to a care order under section 31 of the Children Act 1989 this will be alongside the LA as a 'corporate parent'). At the same time, Gilligan also stresses the importance of daily routines and rituals in both school and home providing a sense of order and promoting a sense of attachment or secure base, signifying belonging and continuity (Gilligan, 2004).

A network of care may reduce the impact of a loss of an attachment figure within the network, although loss of key attachment figures involved in primary care can still have a significant negative impact on a child's expectations of safe haven consistency. For many children moving to new carers (especially unknown non-relative carers), or experiencing changes of main carer in the state care system, this move can entail a change of school and neighbourhood, and separation from siblings and other extended family, which removes them from a network of familiar supporters and can be interpreted by the child as rejection, impacting on their sense of worth.

Multiple changes of carer are consistently shown to negatively affect children's mental health and impact their expectations of future safe haven, availability and responsiveness (Foster et al., 2025). Children and young people have drawn connections between multiple care changes and their ability to trust and sense that someone will be there for them in the future (e.g. Gilligan, 2008). Institutional care is also less likely to support children's need for sensitive attuned relationships if there is high staff turnover, high child-to-staff ratios and shift changes (van IJzendoorn et al., 2020). In contrast, kinship care has been seen to maintain a wide stable network of known connections for children who cannot stay with birth parents (Hunt, 2020; Kiraly & Humphreys, 2013); this will be explored more fully in the next chapter.

Brothers and sisters are also important to note here, as numerous research studies have noted their importance to children, frequently contributing to positive experiences of family and their attachment network (Edwards et al., 2006; McHale et al., 2012). Attachment bonds like those between child and caregivers have been observed between siblings. Siblings often operate as sources of protection and support under adverse home conditions and a source of comfort, continuity and belonging through change, with older siblings sometimes providing a quasi-parenting role (Davies et al., 2019; Whiteman et al., 2011). Not all sibling relationships are positive. There may be harmful dynamics in the sibling group; siblings may reinforce behavioural problems in each other, develop unhealthy competitive, controlling or abusive relationships with each other or serve as unwanted reminders of trauma (Katz et al., 2023).

Consistent, quality care that supports positive development for children can exist in a variety of family formats. Golombok's research (2000, 2015, 2020) has challenged commonly held assumptions about non-normative family types and child development, and demonstrated that structural aspects of the family, such as the number of carers, gender, sexual orientation, and genetic relatedness of parents, is less important for children's psychological wellbeing than the quality of family relationships. Some families can face additional challenges, including stigma (see above). However, it is the experience of additional challenges rather than family type per se, which is noted to lead to negative impacts, as it is what happens within families, not how they are constructed, that seems to matter most. Many family types can be seen to offer the '*warm, close, and engaged relationships*' with children (Golombok, 2020, p. 203) that can be important for secure base relationships.

Care giving relationships within families do not occur in a vacuum. Parenting can occur within a context of poverty, inadequate emotional, social and community support and housing, domestic and neighbourhood violence and racism. This may be more likely for certain family types, such as single carer-headed households, older kinship carers and those suffering social rejection or stigma (Golombok, 2020). This can leave parents stressed or depressed with reduced attention capacity and scarce resources to provide reliable, attuned and responsive care and meet even a child's basic needs (Dunkerley, 2017). Associations have been found between carers under stress and child-carer attachment insecurity (Conger et al., 1994; Waters et al., 2000). One study found that children of carers experiencing five or more socioeconomic risks showed similar negative impacts on attachment as for those children suffering maltreatment (Cyr et al., 2010).

Negotiating adolescence is recognised as a difficult time for families as adolescents strive for more independence, and peer groups and sense of identity outside of the family gain importance. Membership of supportive social networks, or '*social capital*', become increasingly important for adolescent resilience and coping (Pinkerton & Dolan, 2007, p. 220). Research suggests that throughout adolescence families are still crucial, as adolescents rely heavily on their families for their values and their support (Granic et al., 2006). Parent relationships will ideally adjust to the adolescent's changing needs. Authoritarian parenting styles, as opposed to authoritative or democratic, can be particularly negative at this time, although complete freedom is also unwanted (Coleman & Coleman, 1984). The Colemans' 14- and 15-year-old adolescent interviewees valued being treated as equals, with compromise and democratic solutions to conflicts. They wanted parents to support and talk to them, showing empathy towards their difficulties with a questioning stance.

### 3.5 Family stories and narrative identity

Children are not just passive recipients of parenting, but proactive sense-seekers and makers, desiring information about and wanting to make sense of their social world. As humans develop, at least in western society, whatever their family structure they are motivated to make their lives coherent, understandable and meaningful to others and themselves (Bruner, 2008). Narrative identity theorists, such as McAdams (1997), argue that we do this through developing stories about ourselves and our place in the world as a way of bringing order into our lives. Humans are seen as natural story-tellers; stories help one to integrate and understand experiences and social reality, and provide a sense of purpose and

unity. *How* we talk about and make sense of our personal experiences is seen as a critical element of human personality (McAdams & Adler, 2010).

Storytelling and making sense of ourselves and our world is a social activity, and telling stories is a key feature of family communication (Koenig Kellas, 2013; Koenig Kellas & Trees, 2013). Everyday family conversations and storytelling develop children's meaning-making and narrative skills, as '*stories about personal experiences are processed, edited, reinterpreted, retold, and subjected to a range of social and discursive influences, as the storyteller gradually develops a broader and more integrative narrative identity*' (McAdams & McLean, 2013, p. 235). Through constructing, telling and re-telling stories with others, especially to those whom we are close to or who share our experiences and relationships, we are helped to achieve coherence of our story (Welbourne, 2012).

Family stories involve shared narratives, passed down through everyday family communication and across generations, giving meaning to events that have occurred within the family (Fiese & Winter, 2009). Family stories help to create and sustain a unique family identity, passing on their values, norms and interpretations of their social world, such as how family members are expected to behave and interact with one another (Fivush & Koenig Kellas, 2025; Medved et al., 2006; Miller-Day, 2008). They play a prominent role in socialisation, impacting on children's values, beliefs, attitudes, behaviours and their sense of belonging and identity (Koenig Kellas, 2013; Koenig Kellas & Kranstuber Horstman, 2015; Pecchioni & Keeley, 2011).

Being reminded of, and sharing, childhood memories with others can be important. Studies show that recalling happy memories, particularly those that occurred with socially close others elicits positive feelings and enhances one's wellbeing (Speer & Delgado, 2017, 2020). Family narratives about a shared past may be particularly significant for pre- and early-adolescence (Askelund et al., 2019). Finding positive meaning in memories of negative events (through focussing on positive aspects) appears to adaptively update memory and lead to improved mental health (Speer et al., 2021)

Adolescence, with new developing powers of highly abstract and hypothetical reasoning, brings a sense of self and one's personal story to the fore and prompts consideration of ideological questions such as: '*What might I be?*' or '*How might be life be different if...*' (McAdams & Adler, 2010, p. 37). This can be a time for questioning family norms and rules of childhood, rebelling against assumptions previously taken for granted and experimenting with new ones, a stage referred to by Erikson as *psychosocial moratorium* (Erikson, 1959).

For children raised away from their birth parents, this can spark new curiosity and questions about their birth family and the life they could have lived in their care (Brodzinsky, 2011).

As one develops, storytelling with others outside of the family, such as with peers becomes important (Koenig Kellas et al., 2014). Successful narrative identity development involves integrating one's experiences, beliefs, values, and memories into a coherent whole. A strong coherent and integrated narrative identity helps us make sense of who we were in the past and who we will be in the future. Positive identity development in adolescence seen to be related to better adjustment (less depression and anxiety and more well-being), a more positive personality profile (less neurotic, more extraverted, open, and agreeable) (Meeus, 2011, p. 90).

### 3.6 Negotiating family challenges and changes

Children experiencing loss, poor quality care or maltreatment within their family can suffer long-lasting effects. A history of childhood physical and emotional neglect and abuse, frequent conflict within the household and unresolved loss or frequent changes of caregiver are all associated with a wide range of psychological and health problems in childhood and adulthood (Dominguez et al., 2025; Farooq et al., 2024; Munro & Hardy, 2006). Negative impacts can also result from pre-birth influences, in particular exposure to alcohol (Cleverly et al., 2011) and early adversity can lead to damaged brain structure and functioning (Teicher & Samson, 2016).

Even if removed quickly from a setting of poor care, a child may carry forward previously learned negative expectations of others and beliefs about themselves and must adjust to new and transformed relationships and loss. Issues can persist for children for some time even after moving to a new stable family setting. One study found evidence that reported symptoms as shown on the Strengths and Difficulties Questionnaire (SDQ) scores did not change for as long as eight years after their adoption (Biehal, 2010).

Despite the risk of long-lasting effects, some children appear to remain relatively unscathed or recover well after significant difficulties (Newman & Blackburn, 2002). *Some* impacts of changes or challenges in family caregiving can be difficult but not necessarily damaging. Flowerdew and Neale's (2003) young interviewees who had experienced the divorce of their parents appeared to have processed and adjusted to their family changes, with some developing '*an increased sense of independence, competence and self-awareness*' from these experiences (p157). Their response depended on how the family changes were managed, but also in particular '*the quality of their relationships, including the extent to*

*which they are respected and can be allowed a degree of control over the changes they experience'* (p158). Young people resisted stereotypical negative assumptions made about their experiences.

Resilience, the capacity of a child to 'bounce back' and do well despite experiencing adversity, trauma, or significant stress (Public Health England, 2014, p. 6), can be built through developmental experiences. Having a sense of a secure base though warm, attuned, unconditionally supportive relationships with carers is a key factor identified by researchers to promote resilience for children who have experienced adversity or are in care (Newman, 2004; Schofield & Beek, 2005c). Factors outside the family are also noted to be important including positive school (academic and non-academic) experiences, social support and friendships, participating in productive activities that contribute to family or community life and develop skills and emotional maturity, and gaining a sense of self-efficacy through having the opportunity to make decisions about, or feel in control of their lives (Gilligan, 2006; Newman, 2004; Stein, 2008).

In addition, as noted above, our narrative identity, or how we are able (or not) to make sense of both positive and negative experiences, is linked to wellbeing after adversity. A child who has experienced adverse care will need to understand *how* and *why* a new or changed caregiving environment is or will be different from the past, and that they themselves were not responsible for the poor care previously experienced if they are to respond positively to an improved, responsive secure care setting (Schofield & Beek, 2005a). Having a coherent story of oneself and how the past has impacted on who we are appears to promote recovery from past trauma (Cook-Cottone & Beck, 2007; Rose, 2012). Stein (2008) identified the capacity to '*reframe*' adversities - so that the beneficial as well as the damaging effects of experiences are recognised - as a key contributor to resilience (p36). McAdams and Adler, noting the crucial connection between life stories and wellbeing, describe the process of therapy as working on people's life stories, helping them to change their story, as '*to change a person's life story is, in effect, to change the person*' (McAdams & Adler, 2010, p. 36).

### 3.7 Experiencing separation from birth parents after child protection intervention

Children placed permanently away from both parents and other members of their birth family following child protection intervention will have been deemed by the court to have suffered or be at risk of suffering significant harm. Many will have experienced significant harm over a long period of time from their birth parents - people they were supposed to be able to rely on

as their 'safe haven'. As noted above, this separation from parents who were key attachment figures, even those who provided damaging or inadequate care, can lead to an enduring sense of loss and grief and, at least initially, a lack of trust in the ability of new carers to be a reliable secure base (Baker et al., 2016; Neil, Beek, & Schofield, 2020; Schofield & Beek, 2005b; Triseliotis, 1973). Many will also experience further changes of carer.

A considerable proportion of children who are adopted or in care are also separated from their siblings – some studies showing between 50-80 % of children in care (Monk & Macvarish, 2018). Evidence suggests that for some children, being separated from siblings can lead to more unstable placements (Hegar, 2005) whereas keeping siblings together has been noted to have a range of benefits, including emotional and educational benefits and improved placement stability and sense of belonging in the foster family (Hegar, 2005; C. Jones, 2016; Sebba, 2017; Shlonsky et al., 2005).

High quality care away from birth parents in a stable, committed and loving family can help children recover from past experiences and support positive development (Sinclair, 2005; Sinclair et al., 2007; Quinton and Selwyn, 2009). New foster or adoptive homes can provide a strong sense of family security, love and belonging (Schofield et al., 2000; Schofield et al., 2012). Biehal's (2014b) analysis of interviews with long-term fostered children focussed on their sense of foster-family belonging revealed that some perceived their new parents 'as if' or 'just like' any other parent (p955). Their sense of belonging was influenced by everyday family practices in the foster family, the behaviour and commitment shown by foster and birth parents, children's mental representations of their past and current experiences in these families, and the meaning children gave to biological relationships.

For many children who experienced separation from previous carers, even when settled in stable foster or adoptive homes, the impact of their early harmful experiences, significant and ongoing feelings of loss, rejection and abandonment can impact their lives even into adulthood:

*'Pushing people away, it's something I have always done, it's scared of being rejected, ...if I'm the one pushing you away you can't reject me'* (Adopted adult interviewees, Neil et al., 2023, p. 6).

A need to know or know about one's biological/genetic connections is regularly emphasised by adults who were raised apart from their biological family, with many having experienced a sense of incompleteness and rejection throughout later childhood and beyond (Carsten,

2000; Rawcliffe et al., 2022; Triseliotis, 1973; Triseliotis et al., 2005). At the same time research challenges the *primacy* of biological connection. Many adopted people who have contact with, or reunite with birth parents tend to have infrequent, rather formal interactions, and close bonds with adoptive parents are not usually found to be negatively impacted (Carsten, 2000; Clapton, 2018; Howe & Feast, 2001; Neil et al., 2013).

Policy and practice guidance within foster and residential care and adoption stresses the importance of respecting and maintaining children's biological family relationships and connections to their cultural heritage after necessary separation if this is safe. However, there is inconsistency across foster care, kinship care and adoption, and across LAs and courts (Neil, 2018). Typically, and historically, post adoption '*contact*' (as meeting and communication with birth relatives has traditionally been termed) has been restricted to annual letters between the birth and adoptive parents, but often fails to become established or wanes over time due to difficulties for all in communicating and building understanding in this manner (Baynes et al., 2024; Neil, 2018; Neil et al., 2013; Neil et al., 2018). At the other extreme, meeting up with parents can be unrestricted and frequent (weekly or more) in kinship care (Farmer et al., 2013). Although a desire to improve the way relationships are maintained in adoption is growing throughout the sector (Public law working group: adoption sub-group, 2024), discrepancies for children in different permanent family placements and debates around best practice both continue.

Research looking at children's perspectives on relationships with birth parents and other family members show that keeping in touch can be important to children. Children typically report missing their birth family members, feeling concerned about them and feeling a sense of loyalty or duty towards them (Sen & Broadhurst, 2011). They often want to keep in touch with and to reconnect or see more of their parents and birth family members and sometimes cite receiving social and emotional support from them (Huseby-Lie, 2024; Iyer et al., 2020; Kiraly & Humphreys, 2013; Sen & Broadhurst, 2011). However, also commonly voiced is feeling rejected by birth parents when they fail to see them or engage warmly towards them in meetings. Care-experienced children and young people often emphasise the importance of adults respecting their wishes around birth family relationships (yet not giving them overall responsibility for the contact), and want to have stronger opportunities to maintain relationships with specific birth family members if and when they desire it (Morgan, 2009; Neil et al., 2013; Sen & Broadhurst, 2011).

A range of different relatives and community members can be important for children, and if relationships with these people are maintained, young research participants cite positive ongoing support, bonds of affection and valued social connections (Iyer et al., 2020; Kiraly & Humphreys, 2013). The importance of siblings (or those viewed as siblings) for children even when residing across different households, is often voiced. Brothers and sisters frequently cite strong bonds and intense feelings of loss when sibling connections are not maintained, and enjoyable positive experiences when they meet (Cossar & Neil, 2013; Christine Jones, 2016; Monk & Macvarish, 2018; Neil et al., 2018).

Studies of children who have maintained connections with members of their birth family in different family settings report examples of positive and/or beneficial contact, particularly when this is with members of the extended family or siblings, but also in many cases with parents (Huseby-Lie, 2024; Iyer et al., 2020; Kiraly & Humphreys, 2013; Ruiz-Romero et al., 2022). Maintaining connections with birth parents and other family members after necessary permanent removal is thought to mitigate loss and harm caused by separation and avoids children learning that significant people disappear (Neil & Beek, 2020). It shows the child they were/are cared for and not rejected and supports a balanced, concrete understanding of their parents' strengths and difficulties. It can also provide reassurance that the separation was not their fault; it can help the child to settle in a new family and avoid unfounded worries and fears about their family members. It provides an opportunity for a sense of continuity and identity benefits through knowledge of their genetic history, religion and culture, and supplies ongoing additional supportive social networks as the child moves into adulthood (Baynes et al., 2024; Iyer et al., 2020; Ruiz-Romero et al., 2022). It can bring into regular conversation why the child needed to be removed from parents and help to build a more coherent life story (Brodzinsky, 2011; Neil et al., 2013). There is some suggestion continuing contact can also help children and their parents experience closer bonds through the shared experience of birth family connections and the avoidance of secrets and reduce the risk of unplanned, unsupported secret contact (Baynes et al., 2024; Neil et al., 2013).

Alongside recognition of the potential benefits of keeping in touch with birth family members is acknowledgment of the potential for harmful, negative experiences and complex challenges. Some parents are unable to demonstrate care and/or interact positively towards their child in communication or meetings, or maintain positive relationships with the child's new carers, due to their own ongoing difficulties or continued anger and/or despair around, or lack of acceptance of the child's removal. Common issues reported in studies of contact in different new family settings include parents' unreliability, and negative or conflictual

interactions between carers and parents, or parents and children, including violence and abuse, leading children to experience distress, stress and loyalty conflicts (Beek & Schofield, 2004; Kiraly & Humphreys, 2013; Neil et al., 2013; Neil et al., 2011; Sen & Broadhurst, 2011). Maintaining connections can also unearth painful memories for children, or even lead to continued re-traumatisation (Howe & Steele, 2004).

Various studies have supported the overall long-term benefits of maintaining at least some connections with birth family after permanent removal from birth parent care, even when it may be upsetting or difficult in the short term. For example, research on adoption includes a British longitudinal study which linked ongoing meet ups or other communication with birth parents with a more coherent sense of identity in adopted young adults (Neil et al., 2013). International studies have also reported positive impacts. An American study found that adopted adolescents experiencing ongoing meetings with birth mothers were more positive about the contact they had. They received more factual information about their birth mothers, had more benign expectations about relationships with them and were less preoccupied with adoption (Grotevant et al., 2008). Another American study found that children with more information about and contact with birth families displayed greater self-esteem and fewer behavioural problems (Brodzinsky, 2006). A follow up of adoptive families in New South Wales, a jurisdiction with mandatory post adoption birth family contact, included children with a very difficult pre-placement history and showed birth parent contact to often be very complex and sometimes stressful (Ward et al., 2021). However, it reported that over two thirds of both young adult adoptees and adoptive parents reflected that even when it caused short-term pain, ultimately, maintaining connections had been beneficial (Ward et al., 2021). Adopted people who had ongoing contact with birth parents were more likely to report having closure as adults, having accepted the reasons for their adoption. Adoptees with closure were also found to have better outcomes in adulthood (including better qualifications and educational outcomes) compared with those who had not yet achieved this level of understanding and acceptance.

In adoption, birth relationships are usually maintained through occasional meetings, and many children in the above studies had moved to their new families at a very young age. In other situations, such as kinship care, children can move after relationships with birth parents have been established, and contact with these parents can be frequent and unstructured often with children residing within their birth parent communities and frequently bumping into them (Kiraly & Humphreys, 2013). Negative impacts of unsupportive, rejecting and conflictual relationships can be felt more acutely, intruding into everyday family

life, causing stress and anxiety for children and carers. Serious conflict between birth parents and new carers may undermine the stability of the child's living situation (Cuddeback, 2004; Farmer, 2010). On the other hand, relationships can also be experienced in a more natural, informal manner, which children often report to be crucial for more convenient, positive, normalised and enjoyable experiences (Huseby-Lie, 2024; Selwyn & Lewis, 2023). The research findings related to kinship care will be explored in the next chapter.

Maintaining safe connections with members of the birth family without harming the positive development of children is complex. Many different factors impact on the child's experience of birth family relationships after separation, including the setting and activities, whether the new carers are present, the attitudes of adults towards the arrangements and their relationship with each other, and how the arrangements and the birth relatives involved are talked about by children's new carers (Neil et al., 2011). Unfortunately, the way connections are set up and supported to continue by professionals does not always promote positive outcomes (Baynes et al., 2024; Iyer et al., 2020).

Overall research indicates the importance of a flexible, individualised approach to maintaining connections with birth family members, allowing for differences in circumstances of families and over time as children grow and people change, with provision of appropriate support (Baynes et al., 2024; Iyer et al., 2020; Neil et al., 2013). Parents who are able to engage and communicate positively, and a collaborative relationship between adults are noted to be crucial, and support and mediation may be required for positive relationships to develop and be sustained (Neil et al., 2011; Neil & Howe, 2004). The importance of responding to children's wishes and feelings about keeping in touch with important people is supported by research, as a lack of contact can be difficult and potentially damaging for children when it is wanted, as is being forced to have contact against their wishes (Sen & Broadhurst, 2011). Positive developmental outcomes are associated with children feeling satisfied with the amount of contact they have (Grotevant et al., 2011; Neil et al., 2013; Selwyn & Lewis, 2023) and this also helps avoid the need for children and young people using social media to self-search. However, tuning into children's preferences can be challenging; their feelings can be complicated, contradictory and changeable, and they may struggle to voice their thoughts due to fear, guilt, and feelings of duty or responsibility (Iyer et al., 2020; MacDonald, 2021).

### 3.8 Developing a coherent narrative identity around care experiences

Whether or not children in adoption, foster care and kinship care keep in touch with members of both sides of their birth family, the latter can still be psychologically present in their minds, and a crucial part of their life story (Neil & Beek, 2020; Triseliotis et al., 2005). The tradition of 'life story work' (LSW) in social work with care-experienced and adopted children and young people has stemmed from the research into the importance of narrative coherence around one's experiences (see above) and a belief that *'knowing the facts of one's past is a necessary part of the development of a sense of personal history, identity and culture'* (Aldgate & Simmonds, 1988, p. 11). Policy makers, academics, therapists and practitioners have advocated the importance of supporting care-experienced children and young people to understand their family roots through professionally supported LSW and 'life story books' (Rose, 2012; Winter & Cohen, 2005).

A scoping review of research focussed on professionally-led life story work, demonstrated consistent findings on the importance of sensitive, comprehensive and accurate LSW for care-experienced people throughout their childhood and beyond to facilitate healthy development of identity and wellbeing (Hammond, Young and Duddy, 2020). Having accurate information about their past and reasons for their care outside of their birth family has been reported by care-experienced young people and adults as important for feeling 'complete' (Hoyle et al., 2020; Murray & Humphreys, 2014), for building self-esteem (Murray & Humphreys, 2014; Neil, 2012), for fostering trust and strengthening relationships in care (Steenbakkens et al., 2016) and improving overall life satisfaction (Staines & Selwyn, 2020) as well as being linked to more stable, settled placements (Staines & Selwyn, 2020). Coman and colleagues argue that a child's understanding of what was wrong with, or not working in, their birth family is an important step towards accepting and adjusting to a new family (Coman et al., 2016).

Research has illustrated the difficulties that can be faced by children, young people and care-experienced adults with gaps in their personal history and the sense of loss and disconnection that this brings (Hammond et al., 2020; Staines & Selwyn, 2020; Steenbakkens et al., 2016; Triseliotis, 1973; Triseliotis et al., 2005; Wood & Selwyn, 2017; Wrobel & Dillon, 2009). Stein (2008) found that the main barrier to positive identity development for young people who were settled in stable, positive foster families, was the failure of adults to help them understand their background and why their parents had abused, neglected or were

unable to care for them. He argued that their inability to make sense of the past prevented them from moving on psychologically and being able *'to understand their feelings of rejection and resentment'* (p38).

Despite the evidence and official guidance, as noted above, even children in regular contact with social care professionals and cared for by trained foster carers often struggle to understand or desire to know more about why they were removed from their birth family (Staines and Selwyn, 2020; Watson 2015). Staines & Selwyn's (2020) surveys with children in care found that a significant number of these children felt they had received no explanation or only a partial explanation for why they were in care. One young interviewee shared *"I don't really know what is going on and I want to know everything"* (8–10 year old child, Staines & Selwyn, 2020, p. 101). Watson et al (2015) (Watson et al., 2015) showed that many adopted children and young teenagers struggled with the lack of narrative in their life story books, or contained photographs that conflicted with early memories, and so they filled the gaps in their stories with fantasy. Many children removed from abusive and neglectful homes blame themselves for their maltreatment, or the breakdown of their family (Baker et al., 2016).

Professionally supported LSW and life story books may support a child's meaning-making around their story, however as noted earlier, much of children's understanding of their social reality and their personal story of their place in the world is developed through family stories and everyday conversations. As children's thinking and understanding about their story develops, in correspondence with their growing cognitive and emotional abilities, their story will need to be revisited and reflected upon over time (Brodzinsky, 2011). However, family issues can be difficult to talk about within and outside of the new family home if they are perceived (by parents or children) as stigmatising, frightening, confusing or likely to cause upset (Triseliotis et al., 2005). Research with adopted children and adults reflecting on their upbringing has shown many are or were resistant to asking questions relating to their birth family, picking up signs or assuming that such topics may be uncomfortable for their adopted parents to talk about (Neil et al., 2013; Triseliotis et al., 2005). A study exploring adopted children's views of life story books (Watson et al., 2015) revealed considerable resistance amongst a few children around sharing their interest in their birth family with their adoptive parents. An adopted young interviewee in another study shared *'I think probably the biggest challenge [around my adoption] was wanting to know my birth family but not wanting to upset my family'* (Neil et al., 2023).

Regularly meeting or communicating with birth family members can help prompt ongoing communication about someone's family background and reasons for not remaining in their birth parents' care (Neil, 2010; Von Korff et al., 2010). However, research emphasises the crucial role of a carer's open attitude to talking with their child about their birth family history and relationships for aiding the child's sense making and positive adjustment (Brodzinsky, 2006; Von Korff & Grotevant, 2011). Referred to in adoption as '*communication openness*' this is described as the willingness and ability to openly discuss all aspects of the child's adoption story, including their birth family, history, and the related emotions (Brodzinsky & Palacios, 2023, p. 26). Holding a flexible, child-centred, non-defensive concept of family rather than a traditional, exclusive nuclear construction of family is shown to support communication openness' in adoptive and foster parents (Macleod et al., 2021, pp. 430-431).

Adoptive family communication openness is strongly valued by adopted young people and adults (Grigoropoulos, 2022; Rawcliffe et al., 2022) and has been shown to be strongly linked to positive development and wellbeing of adopted children and young people. For example in Brodzinsky's research, adopted children with more information about birth family members, and who experienced more open and sensitive communication about adoption within their family, showed higher self-esteem and fewer behaviour problems (Brodzinsky, 2006). In Neil's longitudinal study of adoption, children in middle childhood who could balance and articulate different feelings and perspectives about adoption appeared to have '*adoptive parents [who] had shaped and scaffolded their understanding and feelings, and this is likely to have helped build children's emotional resilience and perspective taking abilities*' (Neil, 2012, pp. 414-415). In a sample of older teenagers and young adults followed up later in the study, showing a more coherent sense of identity was linked to adoptive communication openness (Neil et al., 2013). In another study, children who found it hard to talk about adoption in their families experienced lower self-esteem at age 11 and were more likely to feel different from their adoptive families (Beckett et al., 2008).

Research also indicates the importance of open communication in other family settings, such as foster families (Nelson & Colaner, 2020), families created through donor conception (Golombok et al., 2011; Navarro-Marshall, 2025), families with a mentally ill parent (Cudjoe & Chiu, 2020) and families with children suffering serious illness (Ayoub et al., 2025). With research (noted above) showing the importance of life story understanding for children with care experience and narrative coherence in identity development, communicatively open

caregiving that supports understanding and coherence may be assumed to have benefits in a wide range of family settings.

### 3.9 Summary

This chapter has considered key factors seen as important to, or linked to positive development for, children in 'family' environments, whether they remain with their birth/original parents, or are raised in other settings within or away from their extended family network. Within this broad examination of wide-ranging literature, the chapter has prioritised research with children and young people from their own perspective.

The chapter has shown how children will use primary, familiar caregivers within their family as a safe haven, and rely on the continuity of this care. This will be the case even for those who are maltreated by parents, and they will resist separation and experience feelings of loss, longing and yearning for them after removal. Separation from one's secure base can damage future expectations of security and permanence of new care giving environments. Reducing moves, or moving children to known and trusted carers, along with maintaining relationships can improve a child's wellbeing and sense of trust and security. In addition, helping children to understand why moves are necessary and why birth parents may not have been able to care through family discussions and life story understanding has been shown to support positive development.

The next chapter will take a more focussed approach, considering what is known about the specific family environment created through SGOs for children who need to be raised apart from their birth parents. As will be seen, early research into SGO has been dominated by studies which have either been primarily quantitative, or if qualitative, prioritising the views and experiences of SGs and other adults (Harwin, Simmonds, et al., 2019), with children portrayed as the passive recipients or 'outcomes' of the care-giving process.

## 4 Research relating to the experience of Special Guardianship

### 4.1 Introduction to Special Guardianship research

This chapter critically examines the literature on the experiences of SG families and outcomes for children and young people who live or have lived under a SGO in the UK. The research in this area is limited, as indeed is research in the wider kinship care field in the UK when compared to foster care and adoption. A call for more research into SGO was made by the President of the Family Division in a 2018 court case (Re P-S (Children) [2018] EWCA Civ 1407) after he acknowledged the limited evidence available to determine best practice for the increasing number of children being considered for SGO. A small number of completed studies were then drawn together in the Nuffield Family Justice Observatory (NFJO) evidence review of research studies on SGOs in England (Harwin, Simmonds, et al., 2019). This review identified five studies which had used empirical data to explore the placement stability, child outcomes and the experiences of children and SGs, including a briefing produced on a postgraduate thesis pre-publication (Harwin, Alrouh, et al., 2019; McGrath, 2021; Selwyn et al., 2014; Wade et al., 2010; Wade et al., 2014). The review highlighted the “*dearth of studies*” on children’s experiences of SG (Harwin, Simmonds, et al., 2019, p. 12) with only the two studies led by Wade (2010; 2014) including a small number of child participants. The limited inclusion of children’s views has also been consistently referred to in the wider kinship care literature (e.g. Kallinen, 2021; Messing, 2006; Owusu-Bempah, 2010; Pitcher, 2014).

A search was conducted for further research relating specifically to SGOs in the UK since the NFJO 2019 review, with a database search of abstracts (using the term “*special guardian\**”) to identify more recent research on SGO (published in the year 2019 and beyond). This revealed a small number of further publications including interview and focus group studies with SG carers. Only one of these studies included the views of young people, alongside professionals and carers (Ramoutar & Hampton, 2024). No published studies focussing on the experiences of birth parents or other SG family members of the SG such as their children or partners were identified.

Unfortunately, many SG research reports do not always distinguish findings between those SGs who were previously foster carers outside of the child’s family network, and family and friend SGs. Therefore, the findings reported here generally relate to a merged sample of these types of families, although proportions are usually weighted heavily towards relative SGs,

who typically form the greatest proportion of all SGs (see chapter 2). However, this is not the case with *child* participants where samples are biased towards children of SGs who previously were non-relative foster carers, a population who may be more familiar with being questioned about their lives whilst in care.

Due to the limited research about SGOs including children and young people's experiences, and that the available studies have very small samples and few children of relative SGs (e.g. Wade et al., 2010; Wade et al., 2014), a consideration of children and young people's experiences from the wider kinship care research in the UK is also provided here. Some of these studies report pooled findings from children residing in a variety of formal kinship care including under SGO and informal kinship settings. Although research relating to wider kinship care may not be directly comparable to SG families due to the different legal context and levels of social care involvement and support, the home experience may share some similarities in terms of family context and dynamics.

This chapter is divided into three parts. The first section describes research findings relating to outcome measures for children in SG families. The second focuses on the personal experiences and perspectives of SG carers, and the third on the experiences and perspectives of children and young people, as explored in surveys, interviews and focus groups. This latter section includes an overview of key relevant findings on the experiences of children and young people from the wider pool of kinship research findings.

## 4.2 Research findings relating to overall outcomes of SG families

### 4.2.1 Stability of SGOs

To consider whether the SG family creates a stable family home for children, a few large-scale studies have compared large data sets of children for whom an SGO was made in comparison with other forms of care or legal order. Although this approach cannot show how family life will work out for any individual child, it can suggest likely outcomes for SGO populations overall (including both relative and non-relative carers). Researchers used either Department for Education (DfE) SSDA903 administrative data on children leaving care under SGO, or data on SGOs made in court, which include both previously looked after and non-looked after children. Both data sets include SGOs made to related and unrelated carers.

The research demonstrates that SGOs generally have provided a stable option for children, with children placed under SGOs nearly always remaining within their SG families. Using DfE (2000-2011) SSDA903 data of nearly 6,000 children who left care under SGOs, Selwyn et al.,

(2014) estimated a risk of returning to the care in the same LA over five years of just under 6%. This is a higher figure than the less than one per cent for those adopted but much lower than those on residence orders/child arrangements orders, which was approximately 15% (Selwyn et al., 2014). Similar findings emerged from the analysis of English court data on over 140,000 children subject to S31 proceedings, which included those not previously in care (Harwin, Alrouh, et al., 2019). Again, there was an approximately 5% risk of returning to court for further care proceedings within five years after a SGO was calculated, rising to 7% when SGOs were accompanied by SOs (possibly reflecting identified vulnerabilities of these families).

A later and longer fifteen-year study using court data (2007 to 2022) showed a higher rates of 9% of children on SGOs who returned to court for further care proceedings within ten years (Alrouh & Harwin, 2023). This may reflect the increasing use of SGOs between 2011/12 and 2021/22. There were also more older children in this sample than in previous studies. Multiple studies confirm that children who are older at placement are more likely to return to court than younger children (Alrouh & Harwin, 2023; Harwin, Alrouh, et al., 2019; Selwyn et al., 2014; Wade et al., 2014).

These findings will be an underestimation of actual instability, as they only show return to care within the same LA or further care proceedings. Children's and young people's moves away from the SG's home to other carers within their family/friendship network will not be included. Practitioner reports from one LA after conducting needs assessments on 500 SG families receiving financial support revealed that 10% of children had moved carer (Harwin & Simmonds, 2019), and two case file studies found 8.5-10% left their SG's home prematurely (Harwin, Alrouh, et al., 2019 (n=100); Wade et al., 2014 (n=230)).

Comparisons between adoption disruption rates must take into account that post adoption order disruption rates do not include children whose placements fail following their move to their prospective adoptive home (under a placement order) before adoption orders are granted. This is estimated at 2.5% (Rennolds et al., 2025). There are no comparable rates for both groups of children, starting from the move to their new homes. In addition, stability (defined as no change of carer) for many children under SGOs may start from their entry to care prior to the making of the order. Selwyn's team found around half of children on SGOs were placed on entry into care with a family / friends carer and experienced no further moves, whereas most adopted children experienced a number of moves prior to their adoptive placement (Selwyn et al., 2014). However, Selwyn's 2014 study took place after

'foster to adopt' initiatives, which were formally introduced in England through statutory guidance in 2013 with the aim of limiting placements immediately children for whom adoption was a likely outcome came into care.

Population differences must also be considered when comparing SGOs to adoption. Children for whom SGOs are made are on average older than adopted children. Selwyn et al., (2014) found them to be over two years older at care entry than those who were eventually adopted. Wade et al., (2014) found around one in six SGOs were made for children aged ten or over, whilst only 2% of adoption orders were for children in this age group. Overall, the data presents a picture of stability for SGOs when compared to adoption and residence orders, and even more so when compared to foster care. A report by the Office of the Children's Commissioner shows that one in four children in care in both 2018 and 2019 (13,000 children) experienced two or more placement moves over the two years, and more than half of children in care in both 2017 and 2019 have experienced at least one placement change over this three year period, rates that have remained broadly constant since 2016 (Children's Commissioner for England, 2020).

A crude 'change of carer' measure also does not take into account a child's personal feelings about the move. Multiple reasons can lead to a change of carer and home setting for a child including education moves, or changes in circumstances of different family members. The file analysis undertaken by Wade et al., (2014) showed three of the 19 children moved home following the death of their (grandparent) SGs. In the case file study undertaken by Harwin et al., (2019) none of the moves (involving 11 children across nine households) were due to abuse or neglect from the SGs, and some were due to SG's ill- health. Other changes were linked to children's emotional and behavioural concerns, SG's mental health problems, or challenging contact arrangements. In some cases, all these factors interacted together leading to the breakdown.

Some of these moves, particularly when due to death or illness of the SG, would not necessarily lead to children feeling rejected/unwanted, as some children may have moved to familiar members of their family network. Close connections to the original SG and other members of their family often continue after home moves (Hamilton & Blades, 2025). Wade et al., (2014) notes a high proportion of stability *post* 18 for young people (n=31); over 80% of those living with relative SGs remained living at home (compared to around two thirds of those with unrelated SGs) and some of the young adults living independently maintained good relationships with their relative SGs.

Statistically significant disruption-related factors identified in the large (administrative) data set analyses noted above include: the SG *not* being a relative; the child having not previously lived with the SG; weak assessed attachment between child and carer at the time of the SGO; the child being older; having had multiple prior placements; or having severe emotional and behavioural difficulties, and care entry following acute stress rather than abuse or neglect. (Harwin, Alrouh, et al., 2019; Selwyn et al., 2014; Wade et al., 2014). Two-thirds of children in Wade et al.'s. (2014) case file sample who left their SG's home before 17 years old were rated as having emotional and behavioural difficulties, with almost a third labelled 'serious' (Wade et al., 2014, p. 193). Some of the risk factors in their analysis were seen to interact. For example, carers assessed to have weaker attachment bonds with the child at the time of the SGO were more likely to struggle with their child's emotional and behavioural difficulties whilst strong attachments proved protective.

Some of these disruption factors are mirrored in the issues raised by professionals around SGOs (see chapter 2) concerning the minimal preparation and training that SGs receive, assessments being rushed, a lack of initial supported monitoring for those children who move just before or after the SGO is made, and little post-order support. It is possible that more thorough pre-SGO preparation and training, a monitoring settling in period for children who do not have pre-existing attachments bonds with their SG, and effective, ongoing support, may lead to greater stability for SGO children. Kinship carers have frequently been identified as typically older, more greatly impacted by poor health and disabilities, from more disadvantaged backgrounds with fewer financial resources, and experience reduced access to and greater barriers to support than adoptive parents (Hunt, 2020), all of which may interfere with their commitment to continue care (see below). Hunt and Coldrick's (2022) analysis of disrupted or at-risk Welsh SGO family homes (n = 20 ) revealed children's services rarely remained involved, and many SGs didn't seek help when struggling. One-third experienced difficulties emerging or intensifying during adolescence. SGs' caring ability was commonly affected by older age, physical illness/disability (half of disrupted cases) or high stress/anxiety/depression (over two thirds of disrupted cases). Practitioners retrospectively identified services that they thought could have offered support, particularly respite care, carer training, and therapeutic support.

Despite the difficulties of caring for children in a context of multiple challenges and minimal support, SG family care can offer high rates of stability for children. Wade and colleagues' (2014) note that even what they define as 'high risk' SGO groups (children aged over ten at the time of the SGO, were not living with kin and did not go to the same carer) showed low

disruption rates, for example just 14% of children aged nine or ten at SGO were estimated to have returned to care within five years (Wade et al., 2014, p. 96). Their report concludes that long-standing familial bonds and commitment that connected carers can often provide can help promote stability despite the emotional and behavioural difficulties of many SGO children (Wade et al., 2014).

Overall, the research shows that SG families are generally secure and stable, with a low proportion disrupting. Risk factors related to disruption are similar to other types of placement such as being older at placement and having serious emotional and behavioural difficulties (Biehal, 2010). However, strong pre-existing bonds between child and SG can be protective, reducing the impact of these risk factors (Wade et al., 2014). With better understanding of SG family needs and improved assessment, policy and support, disruption rates may be further reduced (Harwin, Simmonds, et al., 2019).

#### 4.2.2 Child wellbeing

Stable family settings can contribute to, but may not always promote, positive wellbeing. Gaining a sense of whether children are thriving in their new homes is difficult, as there is often little social work contact post order, leaving researchers to rely primarily on reports from SGs willing to participate in research. Two follow up studies have examined child wellbeing in SG settings supplementing SG reports with LA case file information. Wade et al. (2014) followed up over 200 children (including 10% with non-relative carers) from seven local authorities three to six years post-SGO. Data on each child were collected either from SG surveys and interviews, an SG-completed Strengths and Difficulties Questionnaire (SDQ, Goodman, 1997) or case files or all of these. Ninety per cent of the sample of children were referred doing at least '*quite well*' with over half (59%) doing '*very well*' in their SG families. Ten per cent had '*poor*' wellbeing, and many of these children no longer lived with their SG.

Most children in this study were also described by their SGs as '*healthy, thriving and normally happy*' (Wade et al., 2014, p161), with around 85% or higher ratings for '*quite good*' or '*good*' health, having an '*emotional tie*' to at least one adult and emotional wellbeing (Wade et al., 2014, p. 161). Most attended and enjoyed school and made good educational progress. Most SGs reported that their child felt part of their family life, was settled, and trusted, could confide in, and felt cared for, by their SG (Wade et al., 2014, p. 158).

Wade et al.'s (2014) report notes that '*doing well*' did not mean that things were problem-free, but that progress was being made, and strong feelings of affection and close family relationships outweighed the difficulties (Wade et al., 2014, p. 155). However, a minority of

children (ranging from approximately one fifth to a third, depending on the specific attribute being measured) were scored by their SG as *'quite poor'* or *'very poor'* in areas including education, friendships, skills and interests, self-confidence or emotional and behavioural difficulties. One-quarter scored above the *'abnormal'* thresholds on the Strengths and Difficulties Questionnaire (SDQ) total difficulties score, two and a half times more than the general population (Goodman, 1997), but fewer than a sample of long-term fostered and adopted children, where 38% of children scored within the *'abnormal'* threshold on the total difficulties score (Biehal et al., 2010).

Various child and SG factors were found to influence wellbeing and developmental outcomes for children in Wade's (2014) research, with strong bonds between the child and the carer at the time of the SGO, being a strong influence on positive outcomes. Poorer outcomes were linked to children being of older age when the SGO was made, being of male gender or having a learning difficulty or mental health problem, and SGs having mental health difficulties, showing high strain, or feeling they were unprepared or unsupported by their local authority around their SGO application (Wade et al., 2014). A child who was settled into the family and had a close relationship with a SG was associated with fewer child emotional and behavioural difficulties (as measured by the SDQ). Having greater family support, SGs feeling well-prepared for their role, and less frequent birth mother contact was also associated with fewer child emotional and behavioural difficulties although to a lesser extent.

Children having higher contact with mothers were reported to talk more often about returning to birth mothers. Despite this finding reaching statistical significance, only three children in the sample shared *'very often'* that they wanted to return to their mothers and a further 18 did so *'occasionally'* (Wade et al., 2014, p. 183). Frequent contact was higher where it was felt to have a beneficial impact on the child and where relationships were positive, potentially providing the child with an additional trusted confidante. Wade et al., (2014) suggest frequent contact and positive birth mother relationships may create divided loyalties. What is not clear, is how children with close relationships with mothers were supported to have a dual connection to both their birth parent(s) and new kinship families, a factor that has been identified as important for adopted and fostered children (Brodzinsky, 2011).

Most children had contact with birth parents in Wade et al.'s (2014) study, with more keeping in regular contact with mothers. Just over a quarter of children were having no contact with

mothers compared with over half having no contact with fathers and one fifth who had no contact with either parent. Where it was occurring, just over half of SGs described the contact with mothers, and over 70% described the contact with fathers, as mainly “*positive*” for their child (Wade et al., 2014, p. 177). Contact described as positive and beneficial for the child tended to be frequent with flexible and informally negotiated arrangements, and good collaboration between adults. The Wade report considers that SGs were encouraging more frequent contact when they felt it was going well and restricting visits where they felt it had a negative impact. It is also possible that in some cases more frequent, flexible contact may have led to the child experiencing it as positive, natural and familiar, in comparison to more restricted, unnatural or tense visits.

Wade et al., (2014) found that SGs were more likely to rate the contact with parents more negatively when children scored highly for emotional and behavioural difficulties and overall poor developmental progress. This may be because children struggling with many difficulties were less able to cope with the emotional complications of meeting up with their birth parents, and/or that restricted, difficult, or negative relationships with birth parents lead to greater emotional or behavioural difficulties. Some children with unpredictable or unreliable birth parents were said by SGs to show strong feelings of loss and rejection.

Contact that was broadly positive could still be complicated and raise difficult emotions in children. Some SGs described how their children cared about their parents and wanted to see them, but were upset or emotionally troubled around contact, showing clingy, challenging or aggressive behaviour, wetting the bed or resentment at having to leave their parent behind (Wade et al., 2014, p. 180). Some children were observed to be embarrassed or overwhelmed by parent’s inappropriate or overly affectionate behaviour and did not want to be left alone with them, or were confused and unsettled by messages from parents that they would return to their care. Children appreciated contact with brothers and sisters and were also reported to be distressed when this contact was not sustained, because the siblings were living with parents who stopped contact, or due to relationships becoming distant because of infrequent and formal arrangements (Wade et al., 2014).

Harwin et al.’s study (Harwin, Alrouh, et al., 2019) of 100 children placed with SG family or friend carers from four LAs, compared measures of children’s health and well-being outcomes post SGO over a three-year follow-up period. Approximately a third of children were estimated to experience emotional and behavioural difficulties during the follow-up period and the numbers of children with these difficulties and also special educational

needs were noted to *increase* over time. However this possibly reflected increased identification once children entered school (Dickens et al., 2019) or underlying problems revealing themselves as children grew and negotiated new complex settings outside of their family (Neil et al., 2018). Overall, children were seen to positively benefit from their SG's care and school attendance improved. However, a number of features of some SG homes had a negative impact on a small number of children; over 20% of children lived with SGs with poor physical health issues and a significant minority were affected by family conflict, financial difficulties and/or inadequate housing (Harwin, Alrouh, et al., 2019).

Family conflict tended to be with birth parents. Many (around 60%) of SGs listed contact as an issue, however mostly as '*low level*' concerns that were resolved within the family such as by suspending contact (Harwin, Alrouh, et al., 2019, p. 96). More complex contact issues – which were linked to discontinued placements - included children's significant disappointment when parents failed to stick to the contact plan, secret meetings between the parent and the child, or parents undermining the SGO by persuading the child to see the placement as temporary or alleging inadequate care by the SG to children's services. Very occasionally, threats were made to the SG.

The studies above rely on (sometimes incomplete) LA case file information and carer assessments, which may in some cases be influenced by a desire to downplay (or overplay) issues or avoid suspicion. Two further studies took a different approach to looking at child wellbeing in SG families, examining families where serious significant harm or safeguarding interventions had taken place. Garstang et al., (2025) focused on families from five LAs who had experienced statutory safeguarding interventions. Case file analysis and interviews found safeguarding concerns generally arose when SGs struggled to cope with the demands of caring for challenging and traumatised children with complex needs, with no or limited ongoing support. Assessments and support plans were noted to have been over-optimistic and generic, lacking focus on children's specific needs. Harm from the birth family was also identified in almost one in five cases, with children exposed to drug abuse, domestic violence, mental health problems, and neglect during unsupervised contact. Despite these issues, which had led to statutory safeguarding intervention, nearly all children remained with their families and most children were seen to have at least '*moderately good*' outcomes.

Hammad, Miller, & Garstang (2025) analysed Serious Case Reviews (SCRs) and Local Child Safeguarding Practice Reviews (LCSPRs), which are undertaken when a child dies or is seriously harmed as a result of abuse or neglect, or when there are concerns about how

agencies and professionals have worked together to protect a child. They identified 11 reviews featuring 15 SGO children and young people from 2005 (the first year of SGO) to 2024, a small proportion of all SGO children in that time. It is not possible to generalise the findings to all SGO families from this small number of cases where things have gone catastrophically wrong. However, contributing factors mostly reflected professional concerns noted in the previous chapter: rushed, inadequate assessments with courts sometimes approving SGOs without important information like DBS checks; time constraints and assumptions that living with relatives was in the child's best interest compromising assessments; failure to implement support plans; and poor relationships impacting help-seeking. Additionally, universal community services often were not aware of these children's situations (Hammad et al., 2025).

In summary, the evidence indicates that the SG family setting was stable and positive for the vast majority of children who were placed within their family network under SGOs in these studies. Children were seen to generally fare well across various measures, with SGs mostly describing positive development and thriving and happy children. The findings echo research conclusions in the wider kinship care field, which have consistently shown that the extended family can keep children safe and out of state care (e.g. Hunt, 2020; Winokur et al., 2018). However, the SGO research is limited in that the findings in studies involve a relatively young group of children followed up for a relatively short period of time and some may be impacted by potential assessment bias and incomplete data. At the time of Wade et al.'s (2014) follow-up (around 3-6 years post order), almost half of the children were aged under ten, and only around a third over 14 years of age. Most children in Harwin et al.'s (2019) follow up would not have reached adolescence. Research of adopted and fostered children shows that adolescence can lead to new challenges for care-experienced young people (Selwyn et al., 2014; Sinclair et al., 2007), and it may be that further issues await these SG families.

## 4.3 Research into the perspectives and experiences of SGO families

### 4.3.1 The perspectives and experience SG carers

Looking first at Wade et al.'s (2014) study where recruitment utilised LA mail-outs (rather than publicity within voluntary or specialist support groups where proportions of those with high support needs are likely to be greater) the majority of SGs reported things to be overall going well for their families. Their survey showed that most SGs thought that retrospectively the SGO had been the right decision for them (78%), their child (88%) and for their family

(74%), with few carers reporting strongly negative experiences. Many described close family relationships, strong loving bonds between them and their child, and pride and joy in their child's progress (Wade et al., 2014). Around two thirds described them as 'very easy to care for', with over 90% feeling that they were at least to 'some degree easy to care for' (Wade et al., 2014, p. 158). Positive experiences raised by SGs in other studies (recruiting from support groups or a support charity) include the joys of having another opportunity to parent with the benefit of experience or treasuring time off work with a baby (Hingley-Jones et al., 2020) and a renewed sense of purpose and excitement in life, and experiences of joy and pride (McGrath, 2021).

However, at the same time, significant challenges were consistently reported throughout the SGO journey. Studies consistently referred to the general experience of *becoming* an SG as difficult and stressful with the process often described as daunting, adversarial, confusing and unsupportive (e.g. Hamilton & Blades, 2025; Harwin, Alrouh, et al., 2019; Hingley-Jones et al., 2020; McGrath, 2021; Wade et al., 2014). This was particularly relevant for those without access to legal advice (which was the case for most), or who were not party to proceedings, or where the LA did not fully support their application to become a SG. Those with better experiences were provided with written resources on SGOs, or had instructed solicitors to working on their behalf (Wade et al., 2014).

Many carers reported feeling internal and external pressures on their decision-making to care for taking on the child due to their familial link, concern for birth parents, desire to keep sibling groups together or the threat/fear of losing the child to care or adoption with little or no contact (Hamilton & Blades, 2025; Hingley-Jones et al., 2020; McGrath, 2021). Some reported dealing with this process whilst still in shock from learning about the family crisis, and having little time to adjust to taking care of children or leaving/reducing employment (Hingley-Jones et al., 2020). They often had little time to think through the long-term implications of the decision, including its impact on their ongoing relationship with the child's birth parents, and how they would support the child's long-term needs (Hamilton & Blades, 2025). They often lacked key information to inform decision making regarding the children's needs and the different legal orders available, and struggled to advocate for support and financial help (Hamilton & Blades, 2025; Harwin, Alrouh, et al., 2019; Wade et al., 2010; Wade et al., 2014; Woodward et al., 2021).

In contrast to practitioner views of superficial assessment, some SGs found assessments were thorough (Wade et al., 2010) but sometimes overly intrusive or intricate and

inappropriate for kin (Harwin, Alrouh, et al., 2019; Wade et al., 2014). Some felt misrepresented in reports (Harwin, Alrouh, et al., 2019; Wade et al., 2010) and some grandparents felt unfairly judged, mistrusted and dismissed as failed parents (Hingley-Jones et al., 2020; McGrath, 2021). Some experienced frustrating delays, frequent changes of social worker and repeated requests for the same information, sometimes due to the LA having no specialised system for the SGO process (Wade et al., 2014). Having a social worker on their '*wavelength*', being treated with compassion and empathy and being helped to understand the purpose of questions asked, made a positive difference (Hingley-Jones et al., 2020; Wade et al., 2014, p. 141).

Many – around half in the Wade et al.'s (2014) survey sample - felt inadequately prepared for the SG role (Hamilton & Blades, 2025; McGrath, 2021; Wade et al., 2014). This had long term consequences; SGs did not feel well prepared for their role and the LA was less than fully supportive of the SGO application. This was linked to high carer strain in Wade et al.'s (2014) survey, and poorer child outcomes (see above). It should be noted that these were retrospective perspectives, and it may be the case that carers under strain reflected back more negatively on the preparation they received.

SGs valued the SGO's legal framework for providing adequate parental responsibility and legal security whilst continuing children's links with birth parents. Some recalled relief on finally obtaining the legal order (Wade et al., 2010; Wade et al., 2014). SGs valued being able to provide a permanent, stable home without mandatory social work involvement or risk of removal.

Post order, SGs have consistently reported considerable negative physical and psychological impacts, including abrupt employment changes, reduced social and leisure opportunities, terminated retirement plans, overcrowded housing, exhaustion, lack of privacy, strained family relationships, increased stress and significant financial difficulties (Hamilton & Blades, 2025; Harwin, Alrouh, et al., 2019; Hingley-Jones et al., 2020; McGrath, 2021; Wade et al., 2010; Wade et al., 2014). Some mourned the loss of the more relaxed role of grandparenting (Harwin, Alrouh, et al., 2019; Hingley-Jones et al., 2020). Wade et al.'s research (2014) showed poorer mental wellbeing scores for SGs on the General Health Questionnaire (GHQ-12, Goldberg & Williams, 1988).

Caring for children with traumatic histories and complex needs was an ongoing challenge (Harwin, Alrouh, et al., 2019; McGrath, 2021; Wade et al., 2010; Wade et al., 2014). Some

SGs referred to dealing with their child's aggression (Wade et al., 2014). These issues were often navigated alongside other challenges; nearly a quarter of children in Wade et al.'s (2014) case file sample had chronic health problems or disabilities (Wade et al., 2014). Wade et al. (2014) also found that children's emotional and behavioural difficulties were significantly linked to SGs' poorer (GHQ) mental wellbeing scores and high carer strain. Many SGs worried how the child's difficult early life experiences would affect their future as adults (Wade et al., 2014).

SG's described wide variations in their relationships with birth parents, with some stating that parents were highly supportive of the SGO, accepting their inability to care for their child (Wade et al., 2014). Others reported difficult relationships; a minority (23%) of SGs in Wade et al.'s (2014) study identified this as the greatest difficulty of SG family life (compared with 13% citing their child's behaviour and emotional needs). A few SGs in this study had to deal with continued litigation around contact.

Most SGs reported wanting to promote contact with parents and usually supported children to maintain connections with their parents. However, a significant number of SGs felt ill-equipped to deal with contact; they reported struggles with birth parents not understanding SGOs, undermining their role, or behaving unpredictably, inappropriately or aggressively, sometimes due to ongoing substance abuse or mental health difficulties (Harwin, Alrouh, et al., 2019). Some parents repeatedly let the child down and (in a couple of cases) damaged SGs property or even tried to steal the child (Wade et al., 2014). Managing boundaries was complicated by the SGs' sense of guilt and their desire to care for relatives (McGrath, 2021; Wade et al., 2010; Wade et al., 2014) although some found the SGO helpful to add weight to their control (Harwin, Alrouh, et al., 2019). Although some (usually when under a SO) appreciated mediated meetings and help to resolve disputes and install boundaries, many received no support for this once the SGO was granted (Harwin, Alrouh, et al., 2019; McGrath, 2021; Wade et al., 2010; Wade et al., 2014). Many wanted greater guidance and support to manage contact, and to have plans reviewed over time as needs changed and children aged (Harwin, Alrouh, et al., 2019; Harwin, Simmonds, et al., 2019; McGrath, 2021; Wade et al., 2010). Conversely for some families, contact improved when the local authority was no longer involved, or time had passed and things had settled down with contact becoming a normalised part of everyday life (Wade et al., 2014).

A constant and significant challenge for some SGs was helping children to understand their life stories and family situations as they developed (Harwin, Alrouh, et al., 2019; Wade et al.,

2014). Explaining to children why parents did not turn up to visits or had stopped seeing their children was difficult. Some SGs reported inventing protective narratives whilst others preferred honesty (Wade et al., 2014). Failing to understand why parents had (or continued to) let them down was linked to children struggling to accept the permanence of their new home or difficult behaviour (Harwin, Alrouh, et al., 2019; Wade et al., 2014). Some SGs also referred to their children struggling with labels to use for relative carers, and wanted to appear normal, to avoid shame and stigma (Ramoutar & Hampton, 2024).

Many children move into a family with other resident children. Despite the complex new relationships that required navigation, SGs tended to report the SGO child's relationships with other children in the family as good, with all children in the household becoming like brothers and sisters, and the SG's older children having a positive influence (Wade et al., 2014). However, a small number referred to negative experiences when integrating the new child into families; it was confusing for their birth children or caused resentment, jealousy or unwanted influences on young children (Harwin, Alrouh, et al., 2019; Wade et al., 2014).

The experience of SGs is likely to vary according to available and received support, both informally from their own family and friends' network and formally from the services provided in their local area. Support need assessments were often described as taking place in advance of the final court hearing when SGs found it difficult to predict their own or their child's long-term needs or feel confident to voice them (Wade et al., 2010; Wade et al., 2014). Although some felt happy with the support offered, SGs often felt their own and their children's needs were not adequately considered (Harwin, Alrouh, et al., 2019; Wade et al., 2010; Wade et al., 2014). Some did not have details of their support package in writing, leading to uncertainty and fights to receive it (Hunt & Coldrick, 2022; Wade et al., 2014). Training was rarely offered (Woodward et al., 2021).

Many SGs felt abandoned LA involvement ended shortly after orders were made; in Wade's (2014) survey sample one-third reported social work involvement ceasing when the SGO was made with fewer than one fifth receiving continuous social work contact throughout their three-to-six-year follow-up. Many SGs were left without wanted or expected support, or it was difficult to access or unavailable when needed (Hamilton & Blades, 2025; Harwin, Alrouh, et al., 2019; Hunt & Coldrick, 2022; McGrath, 2021; Wade et al., 2014; Woodward et al., 2021). Some interviewees contrasted the support available to them as SGs with what they believed to be better support available to foster carers and expressed how trying to obtain support was a '*battle*' (Hamilton & Blades, 2025, p. 28). SGs who were not living in the

local authorities that had placed their children perceived a reluctance among their own local authorities to take responsibility (Hamilton & Blades, 2025).

Some did not want social work support, particularly those with past negative experiences of social workers. Some had low expectations of help or feared that seeking help might be turned against them and lead to the child's removal (Harwin, Alrouh, et al., 2019; Hunt & Coldrick, 2022; Wade et al., 2014). Some expressed a belief that they should be able to cope on their own and be a 'normal' family. Other SGs simply lacked knowledge of available support or their entitlement for it (Wade et al., 2010; Wade et al., 2014). Some SGs would have liked an ongoing link to support services, such as a named contact, newsletters or an annual phone call to check in on the family (Hamilton & Blades, 2025; Hunt & Coldrick, 2022; Wade et al., 2014). However many reported that no arrangements had been put in place to establish support, with some SGs who had not wanted support at the start of the SGO coming to regret this when family life became more challenging, particularly as new issues emerged as children entered adolescence or unforeseen life events occurred (Hamilton & Blades, 2025; Wade et al., 2014). Commonly wanted services were those that could assist with their children's complex needs, physical and learning disabilities and/or mental health and behavioural problems, with some SGs '*desperate*' for this support (Wade et al., 2014, p. 219).

Financial support was variable and inconsistent, echoing reports by professionals of inconsistency (Wade et al., 2010; Wade et al., 2014). In some cases satisfactory financial settlements were only obtained after long fights in the courts (Harwin, Alrouh, et al., 2019; Wade et al., 2014). Despite more than two-thirds of Wade et al.'s, (2014) survey sample continuing to receive allowances, one-fifth reported serious financial strain, with many experiencing reduced employment opportunities due to childcare. SGs worried that allowances would be withdrawn (Harwin, Alrouh, et al., 2019), with payments ending at age 18 despite continuing needs (Wade et al., 2014).

Some SGs also shared some positive examples of support. In general, professional support, when received, was viewed positively (Woodward et al., 2021). Most SGs in Wade et al.'s (2014) study who had accessed advice, information or guidance from their local authority found that this had been helpful, as did those who had accessed peer support groups or had received support at some stage to supervise and/or support parent contact. SGs usually reported experiencing a supervision order as supportive, especially in relation to managing contact in the first year of the SGO (Harwin, Alrouh, et al., 2019). Around three quarters of

SGs responding to a survey of their experience of the Adoption and Special Guardian Support Fund (ASGSF) agreed that the ASGSF had helped their child, had helped them as a carer and had helped their family (Burch, Backinsell, & Coombes, 2022). However, the take up of this fund by SG families was seen to be less than that by adoptive families, despite a greater proportion of SGs perceiving ongoing challenges of caring for their child to be highly significant compared with adoptive parents (Burch, Backinsell, & Coombes, 2022). Provision of support was associated with reports of less carer strain in Wade et al.'s (2014) study.

SGs appreciated supportive schools who were sensitive towards children's individual needs, provided additional classroom support, one-to-one tuition or mentors and undertook careful transition planning (Wade et al., 2014). Schools that were proactive in identifying and supporting pupils with emotional difficulties and clear and consistent policies on bullying, behaviour and pastoral care were more likely to meet children's needs (Ramoutar & Hampton, 2024). Most were also appreciative of support from paediatricians, health service providers, CAMHS or specialist therapeutic services. However, many battled with poor mainstream professional understanding around SGOs and the impact of trauma on children (Hamilton & Blades, 2025; Harwin, Alrouh, et al., 2019; Ramoutar & Hampton, 2024; Wade et al., 2014). Some SGs were concerned not to share their child's status with schools and mainstream services as they did not want their child to be stigmatised as different (Wade et al., 2014), consequently missing out on potential opportunities to gain support through standard and virtual school resources.

Personal resources varied significantly. Many relied heavily (and often preferred to rely) on informal family and friend support (Woodward et al., 2021). Children were often embedded in - and maintained connections with - many members of their extended family network. In Wade et al.'s (2014) case file sample over a third saw aunts and/or uncles (living outside of their household) at least weekly with only one in five having no contact with aunts and/or uncles living outside of their household. Over half had at least monthly contact with other relatives, such as siblings and half-siblings living elsewhere, cousins, great aunts and uncles, great grandparents and step-relatives (Wade et al., 2014).

However supportive family networks did not exist for all with many SGs facing complex tensions in the wider family around their decision to care or finding that friends and family did not want to know when children became more challenging (Hamilton & Blades, 2025; McGrath, 2021; Wade et al., 2010; Wade et al., 2014). Many were single carers. In Wade et al.'s (2014) case file sample nearly one in ten were aged 60 and over. Not all SGs felt their age

was an issue, as their greater knowledge and life experience enhanced their parenting. However, many who were older were dealing with their own health issues alongside children with highly complex needs and often voiced concerns about the future (McGrath, 2021; Wade et al., 2014). Many wanted to provide a home for their child into young adulthood, but felt confused and worried about how they could do this without support (Harwin, Alrouh, et al., 2019). Despite struggling, most carers were still highly committed to their child and would not change the decision they had made (Hamilton & Blades, 2025; Woodward et al., 2021).

These studies have shared consistent messages around the SG experience. However, the SGs focussed on in the reports quoted have mainly involved grandmothers. The views of non-grandparent SGs such as aunts, uncles, older siblings and friends are underrepresented, and the findings cannot be assumed to apply to all groups. The impact on other SG family members also needs further exploration. The age of children in these studies, where reported, has also been relatively young, providing little information on the challenges and issues that SG families may encounter in adolescence and beyond. Samples were often recruited via specialist support groups or charities which may attract SGs in particular need of support. Nevertheless, findings highlight the challenges faced by SG families that may inhibit achieving the best outcomes for their children. Many children in SG families are likely to be navigating life in their SG families with carers who have not received adequate information, preparation and support around taking on this crucial and life changing role, and they have journeyed through childhood and adolescence without adequate support for themselves. Despite struggling with issues similar to those experienced by adoptive and foster families, they receive very different treatment (Wade et al., 2014).

#### 4.3.2 Children and young people's perspectives of and experiences within SG families

There is a very small number of studies which focus exclusively on SGOs and include children's perspectives. After reviewing these, and to make the most of the very limited available research, this section will also include an overview of findings from UK studies of children in wider kinship care settings (under other legal orders, or no order).

Wade's studies in the early days of the SGO's operation included a small number of interviews with children (Wade et al., 2010; Wade et al., 2014), however the three children who completed the 2010 survey were all in families with non-relative carers. Ten children aged 10-17 years old were interviewed in the 2014 research, including both those living with

relative and non-relative carers. There is another study that included the views of seven children in SG families (five with relative carers), a PhD thesis that looked at educational experiences (Ramoutar, 2021; Ramoutar & Hampton, 2024). Some studies involving children in a variety of kinship settings have included a small number of children placed with carers with a SGO (e.g. Selwyn et al., 2013). However, the findings specific to children under SGOs are not usually identified.

Focussing first on Wade et al.'s (2014) study (which included children with relative carers), the young interviewees presented as settled in their SG home, speaking '*with great fondness*' about their SGs (p167). When asked where they would live if they had free choice, all spoke of being content with their SGs, expecting to live with them until independence. Some also expressed appreciation for their SG's positive parenting qualities including strict discipline, with one child crediting his grandparents for his significant school progress after moving to their care (Wade et al., 2014, p. 164).

Young interviewees referred to their SG home as feeling like a normal family. Many viewed other children in the household as like brothers and sisters, noting close relationships, enjoyable company and the sense of belonging gained from (original and new) siblings. They showed little concern about their legal status, not understanding SGO's nature or how it differed from adoption. What mattered more was their psychological experience and quality of relationships. Having carers who they felt loved by and who were committed to them and their wellbeing, and acted like family was important. This fuelled their sense of permanence, normality and belonging in their family (Wade et al., 2014). This contrasts with adoption research that shows the significance of adoption orders to children (e.g. Sinclair et al., 2005).

Ramoutar and Hampton (2024) focused on SG children's experiences of school belonging. They noted how the young people did not view their SG status as having particular significance in school; instead, children and young people placed importance on positive and supportive relationships with their peers and school staff. They wanted friends they could trust and confide in, and teachers who were kind, caring, and understanding. Many struggled with these social connections and not all schools, particularly high schools, were proactive in identifying and supporting pupils in SG families.

Very little in these two research reports includes views directly gained from children on their feelings about and the impact of their relationships with their birth parents and contact.

Wade et al. (2014) reported that children spoke of wanting to see more of their brothers and sisters who were placed elsewhere, becoming distressed when they lost contact, either due

to parents stopping contact, or relationships becoming distant because of infrequent and formal arrangements (Wade et al., 2014).

Overall, the research provides a limited range of children's and young people's views on living under SGOs. The views of young people who have left their SG's family home is absent in the literature. However as young people in SG families appear to place little significance on the SGO itself, their experience might be expected to share similarities to children being cared for on a long-term basis by relative carers with or without legal orders formalising arrangements. To explore this possibility, the next section considers findings from several UK studies exploring young people's views from different (but non-SGO) kinship settings.

### 4.3.3 Children and young people's perspectives of and experiences within other forms of kinship care

These research studies report that most young participants living in different forms of kinship care describe their family life positively (Farmer et al., 2013; Selwyn et al., 2013). Most express feeling nurtured, safe and secure in their families (Aldgate & McIntosh, 2006; Broad, 2004; Burgess et al., 2010; Farmer & Moyers, 2008; Hunt et al., 2008; Selwyn et al., 2013).

Those who can remember their previous homes often favourably contrast life with their kinship carer with the more negative, unsafe and chaotic environment of life with a birth parent, valuing the kinship home's stability, calmness, boundaries, child-centred environments, material comforts and family time together (Aldgate & McIntosh, 2006; Broad, 2004; Burgess et al., 2010; Farmer et al., 2013; Hunt et al., 2008; Selwyn et al., 2013).

Interviewees mostly describe receiving positive parenting (Wellard et al., 2017).

Transitions to known carers, if remembered, were often recalled as generally being quite smooth, with appreciation of the home's familiarity and shared culture (Hunt et al., 2008; Selwyn et al., 2013) although sudden, unexpected moves could be traumatic (Burgess et al., 2010). In one study most young people who moved when they were four years old remembered *wanting* to move to their kin carer (Wellard et al., 2017). In many cases children retained continuity of community, schools and friendship groups, which also made the adaption to a new home easier, although others struggled with moving away from friends and some found adaptation to stricter rules and routines, overcrowded spaces and having to share bedrooms difficult (Aldgate & McIntosh, 2006; Burgess et al., 2010; Selwyn et al., 2013). Living with extended family was sometimes viewed positively compared with being accommodated in non-relative foster care with unfamiliar strangers where greater

stigmatisation, poorer life trajectories and separation from loved family members such as siblings was assumed (Burgess et al., 2010; Selwyn et al., 2013; Wellard et al., 2017).

Most young people also often showed evidence of being emotionally attached to their carers, for example, describing strong, affectionate bonds, feeling understood, supported, loved and wanted by their carers, and sometimes feeling special or spoilt (Aldgate & McIntosh, 2006; Broad, 2004; Burgess et al., 2010; Hunt et al., 2008; Selwyn et al., 2013). One study using an attachment measure reported similar scores to those found in the general population (Selwyn et al., 2013). Children and young people usually indicated that their kin carers were the adult, or one of the adults, to whom they were closest (Farmer & Moyers, 2008; Farmer et al., 2013; Hunt et al., 2008; Wellard et al., 2017). Many referred to their kin carer as a person they trusted and would turn to if they had a problem (Aldgate & McIntosh, 2006; Farmer & Moyers, 2008; Hunt et al., 2008; Wellard et al., 2017). Young participants reported having stronger bonds with their kinship carers than with their mothers or fathers (Burgess et al., 2010; Hunt et al., 2008; Wellard et al., 2017).

Young participants with negative perceptions of kinship family life were in the minority. Some children living with older relatives described a generation gap, sometimes feeling that their older carers did not understand their needs and behaved in an overly strict or embarrassing way (Aldgate & McIntosh, 2006; Hunt et al., 2008). Some children with older carers who were in poor health or disabled talked about feeling bored, lonely and isolated in their homes, as they often took on caring roles (Farmer & Moyers, 2008; Farmer et al., 2013; Hunt et al., 2008). Some young people disclosed feeling weighed down by needing to help carers look after younger siblings (Wellard et al., 2017). One study highlighted that a small group of boys with single female carers expressed less certainty that they were wanted and loved (Hunt et al., 2008). Another study showed a significant minority of young people were struggling with stressful household conditions, what they perceived as neglectful parenting, living with carers with serious physical or mental health problems and had a sense of being treated differently to the carers' (often younger) biological children (Wellard et al., 2017).

Most young participants did not want to leave their carer's home (Aldgate & McIntosh, 2006; Farmer & Moyers, 2008; Farmer et al., 2013; Selwyn et al., 2013). Only a small number of young people in different studies expressed wanting to be back home with their parent(s) (Burgess et al., 2010; Farmer et al., 2013; Hunt et al., 2008). However, when asked if there was anything they wished for, more young people expressed wanting their parents to get better so they could return home, and some shared a desire for their siblings, carers and a

parent to live together (Aldgate & McIntosh, 2006; Farmer & Moyers, 2008). Adolescence could be a testing time for some, with many describing having felt angry as teenagers, sometimes due to living in kinship care and feeling 'different' to their peers. However, a study with an older sample of young people who grew up living with an extended family member found the vast majority (nearly 90%) to reported no conflict or only moderate episodes of conflict with their carer when a teenager, versus just over 10% who experienced '*major battles*' (Wellard et al., 2017, p. 32).

Some children spoke 'casually' about their family situation, describing their family situation as like any other home, that did not generally lead them to look or feel different to their friends (Burgess et al., 2010, p. 301). However, in some studies a significant minority of children had been bullied at school for being different, such as having parents who were drug addicts, having no parents, being deemed unwanted, or having old fashioned carers with early curfews (Aldgate & McIntosh, 2006; Farmer & Moyers, 2008; Farmer et al., 2013; Selwyn et al., 2013). Young people often spoke about developing strategies to manage talking (or avoid talking) to others about their situation, sometimes telling a cover story or giving partial information (Aldgate & McIntosh, 2006; Farmer et al., 2013; Selwyn et al., 2013). However, those still living in close vicinity to their parents, and where parents were known figures in the community, could suffer from their reputation (Aldgate & McIntosh, 2006; Farmer & Moyers, 2008; Selwyn et al., 2013). Finding peers in similar situations helped some young people cope (Burgess et al., 2010).

Although most young participants were content with their kin carer, for many young people, at least one of their parents was still felt to be an important family member. Around 60% of young people in different studies identified at least one parent as one of the most important people in their lives (Farmer & Moyers, 2008; Farmer et al., 2013; Hunt et al., 2008; Selwyn et al., 2013) and a minority viewed a parent as a source of support in another study (Aldgate & McIntosh, 2006). For a small minority of children, parents were seen as closer, or a greater source of support than their carer (Farmer & Moyers, 2008; Hunt et al., 2008).

In most studies, most children expressed valuing time spent with parents and considered it important to continue to see them, when this was wanted by the children (Aldgate & McIntosh, 2006; Farmer & Moyers, 2008; Hunt et al., 2008). Absent parents could appear to play on young people's minds, with many wanting more contact or to re-establish a connection with parents who had lost touch with them, particularly in relation to fathers who were frequently not in touch (Aldgate & McIntosh, 2006; Farmer & Moyers, 2008; Hunt et al.,

2008; Selwyn et al., 2013). Young participants voiced struggling with carer's negative attitudes towards parents when contact was wanted, witnessing parent-carer conflict or feeling loyalty conflict (Hunt et al., 2008; Selwyn et al., 2013).

Across studies many children spoke positively about their meetings with parents, especially if their parents were reliable, the visits were conducted in natural community spaces and the children were not exposed to frightening parental problems or embarrassing public situations (Aldgate & McIntosh, 2006; Hunt et al., 2008). This was not always the case, however. Some children experienced uncomfortable, distressing, frightening or risky contact, due to parents' addiction or mental health issues, unpredictable behaviour or failing to attend (Burgess et al., 2010; Selwyn et al., 2013; Wellard et al., 2017). Living in the same communities as their parents could mean bumping into them on the street, which could cause issues if the children were openly ignored or embarrassed by parents in public (Burgess et al., 2010; Selwyn et al., 2013; Wellard et al., 2017). Young people's unresolved feelings of hurt and anger could impact relationships with parents (Selwyn et al., 2013; Wellard et al., 2017). Some young people held low expectations of their parents, whilst others remained positive about them despite their limitations (Selwyn et al., 2013). Some chose to end contact, but also some wanted to try to reestablish it as young adults (Wellard et al., 2017).

Many young participants lived in large family networks and described multiple family members with warmth and appreciation, viewing siblings, cousins, uncles and aunts and pets as important sources of support (Aldgate & McIntosh, 2006; Broad, 2004; Farmer et al., 2013; Wellard et al., 2017). For a few children another extended family member who was not their carer was seen as someone they felt closest to, or became closest to, as a teenager (Wellard et al., 2017). Two studies reported children having less connection to, and wanting to see more of the other side of the family to that within which they were living (Burgess et al., 2010; Hunt et al., 2008).

Brothers and sisters were nearly always described as important for children, whether they lived in the child's home or elsewhere, and some strong relationships were evident (Wellard et al., 2017). Both those siblings whom they lived with, and those residing elsewhere were usually placed in inner circles of diagrams indicating close relationships in Hunt's (2008) study. It was common in studies for participants to express distress or unhappiness about not being able to see brothers and sisters or see them as frequently as they would like, or without the parents those siblings were living with (Aldgate & McIntosh, 2006; Farmer &

Moyers, 2008; Selwyn et al., 2013; Wellard et al., 2017). Some described feeling responsibility, anxiety, or guilt in relation to younger siblings, especially those who lived elsewhere or were adopted (Wellard et al., 2017). Occasionally jealousy and/or resentment was evident (Wellard et al., 2017).

Some young people, particularly those with memories of their previous home, spoke with directness and clarity about the issues experienced at home with their parents, and why they could not remain in their care (Aldgate & McIntosh, 2006; Selwyn et al., 2013). However significant proportions, including older participants in their late teens, expressed confusion or stated that they did not know, or were troubled by, unanswered questions about their backgrounds (Farmer & Moyers, 2008; Farmer et al., 2013; Selwyn et al., 2013). For example, most young people in the Farmer and Moyers (2008) study could not give a reason for leaving their parents' care and almost a third of Aldgate and McIntosh's (2006) sample did not appear to understand or know why they had not returned. One study noted the high proportion of inaccurate accounts voiced by young people who also rarely referred to the court's involvement (Hunt et al., 2008). Some young people referred to hearing conflicting stories, about their family background or it not being mentioned, or being told they were not old enough to understand (Aldgate & McIntosh, 2006; Farmer & Moyers, 2008). In one study, only around one in ten children said that their carers regularly spoke to them about their past (Selwyn et al., 2013). Many were reluctant to raise the topic or ask questions about their parents for fear of upsetting their carers, despite sometimes a strong desire to know more (Brown et al., 2016; Selwyn et al., 2013). Although some young people seemed content with the limited information available to them (Hunt et al., 2008) others struggled with complex emotions about the past, feeling let down, abandoned, or responsible for leaving their parent(s) (Selwyn et al., 2013; Wellard et al., 2017). Life story work, which might have alleviated many of these issues, rarely took place (Broad, 2004; Hunt et al., 2008).

One study reported many children noting that no-one had talked to them about how long they were going to stay with their relative (Aldgate & McIntosh, 2006). Despite the lack of communication, most young people felt secure in their families, sensing their carer's commitment to them and feeling little uncertainty about their future place in their home (Burgess et al., 2010; Farmer et al., 2013; Hunt et al., 2008). However, common worries voiced by children in different studies included concerns about their carers' poor health and emotional wellbeing or what would happen if their carer passed away (Aldgate & McIntosh, 2006; Farmer et al., 2013; Selwyn et al., 2013). Money concerns were also commonly raised (Farmer & Moyers, 2008; Selwyn et al., 2013). Some showed guilt around not living with their

parents/siblings (Hunt et al., 2008). In one study a small number of young participants showed insecurity resulting from the carer having reportedly threatened, during the heat of an argument, to have the young person removed (Burgess et al., 2010).

Those who had received professional support usually rated it favourably, but often found it insufficient, and many who were experiencing emotional and behaviour difficulties or where a bereavement had occurred received no help (Selwyn et al., 2013; Wellard et al., 2017).

Teachers were the most cited professional children would turn to for support if required, with social workers less often referred to by young participants, as they were not perceived as part of their lives at all (Aldgate & McIntosh, 2006; Hunt et al., 2008; Wellard et al., 2017).

Despite experiencing significant issues, most of the children across the different samples spoke of generally being content and happy (Aldgate & McIntosh, 2006), and showed positive self-esteem with levels similar to those seen in the general population (Selwyn et al., 2013). Some young people showed gratitude towards their carer, and commented that the fact that their relatives had opted to care for them made them feel positive about themselves (Burgess et al., 2010). A strong bond with committed carers was identified in the research as protective for children, amidst the issues and problems experienced (Selwyn et al., 2013). Most children also referred to at least one or two close friends (Aldgate & McIntosh, 2006; Hunt et al., 2008; Selwyn et al., 2013) and some spoke about the importance of long-standing friends made when very young who appeared to more readily accept their family arrangement (Selwyn et al., 2013). Although some children experienced bullying relating to their kinship care status, children generally seemed to be positive about school, and had optimistic ambitions for the future (Aldgate & McIntosh, 2006; Burgess et al., 2010; Hunt et al., 2008; Selwyn et al., 2013). Most children felt they were encouraged by their carers to go to school more regularly and to do well (Burgess et al., 2010).

Only a small number of studies included young people or young adults no longer living with their carers. In one study, two young adults living in independent settings referred to both their kinship carers and their birth mothers remaining an important support network despite previously difficult relationships (Hunt et al., 2008). In another study, several of the young people had left the carers' home when under 18 years old but most of those who left due to conflict with carers were said to have subsequently improved their relationships (Selwyn et al., 2013).

These findings from children's perspectives may have limited representativeness, as recruitment for interview studies is often more successful with young people who are thriving

in kinship care and have supportive carers who encourage their participation (Hunt et al. 2007). Young people are often recruited through support services or support groups, meaning that those who do not engage in support are less likely to be aware of the research and encouraged to participate (Burgess et al., 2010). It may also be relevant that most research examining the views of the child in kinship care comes from larger studies that include the views of adults, such as carers, professionals, or birth parents (e.g., Broad et al., 2001; Aldgate and McIntosh, 2006; Hunt et al., 2008; Farmer et al., 2013; Selwyn et al., 2013; Wellard et al., 2017) which may impact young people's confidence in confidentiality.

#### 4.4 Summary of research findings

Although it presents some limitations, as noted above, the research shows that SG homes can be highly protective for many children, providing a stability and continuity of relationship that often starts from long before the order is made; these strong bonds of love and commitment from their carers frequently continue into young adulthood. SG families can reduce the negative impact of loss and maintain relationships with many people in their wider kinship networks. This includes parents, siblings and extended family members, who will often provide a community of care and support long into their future. As the NFJO review (Harwin, Simmonds, et al., 2019) stated: *'for the right child with the right family and appropriate support [SGO] is a valuable order'* (p12).

Research has also provided insight into the risk factors which can lead to poorer outcomes for children and greater strain for SGs. These include rushed and unsupported decision making, moves to carers with weaker, untested relationships with children, and a lack of support for many families struggling with multiple material, social and personal costs of care, especially when children have severe emotional and behavioural problems, are older at placement, or there are complex or conflictual relationships with birth parents. Evidence has demonstrated the need for resources to be available to ensure more thorough assessments of child-carer relationships, children's needs and difficulties, and carers' financial situation, housing, social connections and mental health, along with targeted, adequately resourced support including, where necessary, around contact and birth family relationships.

#### 4.5 Research gaps and justification for the study

Since much of this research was undertaken, there has been evidence of a greater political willingness to support kinship families (see chapter 2); if this can be channelled effectively and appropriately into SG families at risk or in need it is hoped that the burdens of personal costs to SGs and the numbers of 'failed' young people are reduced. Changes to practice and

support are already starting to be put in place and more SG families may be aware of the ASGSF and provision from kinship support charities. However, despite the evidence base referred to in this chapter, further research is needed to ensure resources appropriately target the needs of SG families.

We have heard very little from many of the key people involved, in particular the young people themselves, but also birth parents and other family members in the SG home. SGs have reported the negative impact of difficult relationships between children and their birth parents, and their struggles around trying to help children develop a coherent understanding of why they do not live with or see their parents and other family members such as siblings. Positive relationships with mothers were also said to impact how well children had integrated into the family. But there is little in-depth knowledge about how the young people themselves feel about seeing or not seeing their birth parents, their relationship within the family, or what they need to make sense of their family story. Research presented in this chapter shows that teenagers were more likely to leave the SG home prematurely than younger children. Yet very few young people have been interviewed in or beyond adolescence, or when they have more difficult relationships with their SGs.

These research gaps, and the growing use of SGOs to secure a family setting for children who have often experienced an adverse and challenging early start to their lives, points to the need for greater insight into children and young people's own views, needs and priorities for support as they develop and navigate life in a SGO family. The aim of this study is to address this shortfall by centring the voices of these young people with the objective of developing an understanding of their lives and experiences within this setting. Due to the limited research base, an exploratory approach is deemed appropriate, which will consider how children and young people understand their family background and context, how they navigate family relationships, how they have been affected by the support structures around them, and how they could have been better supported.

The following chapter explains further how the methodological approach was chosen and outlines how the study was designed and conducted to meet the research aims.

## 5 Methodology

### 5.1 Introduction

The review of the literature presented in the previous chapters highlighted the importance of understanding the strengths and challenges of a SG family environment, whilst acknowledging the very limited research that focuses on children and young people's own experiences of having been raised within a SG family. This provides a context for, and justifies, the research aims and exploratory qualitative approach outlined in this chapter. After presenting the questions that shaped the research, this chapter describes how the study was conducted. A rationale is provided for the methodological stance selected, with a brief discussion of the philosophy underpinning this approach and reasons why alternative methodologies were discounted. There is a detailed account of the procedures undertaken throughout the study, including the involvement of a lived experience consultant group, recruitment of interviewees, method of data collection and steps taken for the analysis. Integrated throughout the chapter are the ethical issues that steered the research process, following the approach of Shaw and Gould (2001), that ethics should not be seen as a separate element, but integrated into the approach taken throughout each research decision and action. The chapter then details the approach taken to analysis and concludes with some reflection on the role of my background and experience within this process.

### 5.2 Research aims

As demonstrated in the literature review, even though SGOs are a rapidly growing solution to the care of children who cannot remain with their parents, very little research has focussed on children and young people's experiences of being in SG families. To ensure appropriate support for young people we need to hear directly from those who have personal lived experience of a family upbringing within the unique relative SG setting.

The study aimed to fill this research gap through the following research question: *How do young people who were raised in a SG family make sense of this experience?*

Sub-questions, that were considered to address the research question more specifically and inspired by themes highlighted as important in the literature, are:

- *How do young people experience family life with a relative SG?*
- *How do they experience relationships with parents and other family members and people important to them?*

- *How do they make sense of and experience communication around their life history?*
- *How do they feel they could be/could have been better supported during their upbringing in their SG family?*

### 5.3 Methodological Approach

The research approach should reflect a perspective on the world that corresponds to the area of research interest and questions. Rather than describe observable features of SG family life, my research aim was to give voice to the personal lived experience of young people. The study sought to understand the varied, unique and subjective meanings they gave to their family experiences, relationships and life history (as opposed to objective ‘facts’ in the world).

It was therefore necessary to adopt a qualitative approach rooted in the constructivist paradigm. Constructivism views reality not as a fixed, external entity but as something constantly constructed by social actors (Hays & Singh, 2011). This contrasts sharply with objectivism, which posits that a single, stable, objective reality, separate from social interpretations, exists and can be described (Hays & Singh, 2011). Grounded in this constructivist view, the phenomenological research approach, first established by Edmund Husserl in the early 1900s (Beck, 2021), acknowledges the validity and relevance of personal perspectives as data, employing methods specifically designed to gain insight into individuals' subjective experiences. This can be seen in the definition of phenomenology presented here:

*‘The study of lived, human phenomena within the everyday social contexts in which the phenomena occur from the perspective of those who experience them.*

*Phenomena comprise any thing that human beings live/experience.’ (Titchen & Hobson, 2005, p. 121).*

Rather than seeking causal explanations or external, objective facts, phenomenology aims to understand the meaning and significance that experiences hold for people, with methods that try to access and gain deeper insight into conscious experiences as they are lived and understood by individuals (Spencer et al., 2020). Central to the approach is the concept of ‘bracketing’, where the researcher sets aside personal preconceptions in an attempt to access the participant's unique lived experience or personal life world (Beck, 2021).

Within this tradition, the Interpretative Phenomenological Analysis approach (IPA) aims to get as close as possible to personal lived experience, or to capture the essence of a

participant's world. It seeks to understand how people think about and make sense of their life events and experiences (Smith et al., 2022) through its commitment to '*understanding the first-person perspective from the third-person position, so far as is possible, through intersubjective inquiry and analysis*' (Larkin et al., 2011, p. 321). It sets forth a step-by-step procedure to support detailed exploration of individuals' lived experiences, personal meaning and sense-making in a particular context (Smith et al., 2009).

IPA accepts that the process is imperfect; unable to get into the participant's personal world directly, the researcher can only access other worlds through their *own* sense-making abilities and conceptions (Smith et al., 2009). However, IPA embraces the researcher's role as an active interpreter, something that is known as a 'double hermeneutic'; the participant is trying to make sense of their world (the first hermeneutic), and the researcher is trying to make sense of the participant's efforts to make sense (the second hermeneutic) (Smith et al., 2022). IPA is fundamentally an interpretative approach, and an active, questioning, and reflexive stance is important.

IPA is also characterised by *idiography* - holding the unique perspective of each individual as important in its own right (Smith et al., 2009). This involves focussing on the unique, detailed experience of individuals first, before moving to a broader, shared understanding. IPA typically uses small, homogenous samples to allow for a rich, intensive, case-by-case analysis. Depth of detail is prioritised over the breadth or generalisability of the findings; the aim is to produce detailed psychological insights into a particular context.

IPA is viewed as a methodology rather than a data analysis method (Silverman, 2006) because it provides concepts that underpin all research areas including the literature review (which normally takes a broad overview of the literature as shown in chapter 3), sampling approach, data collection, data analysis and presentation of the findings (Smith et al., 2009). IPA is a flexible process that can be adapted to particular ways of working and topics (Smith et al., 2009). Although various data collection methods are used within this approach, semi-structured qualitative interviews are deemed particularly appropriate as the researcher can explore deeply personal issues flexibly, allowing them to capture rich descriptions of the interviewee's life and world. Interviewers can seek and clarify understanding of specific experiences or situations, and encourage the participant to discuss the topics of interest to the research while simultaneously allowing them to steer the direction of the interview and bring in other aspects relevant to their own lived experiences (Brinkmann & Kvale, 2018;

Silverman, 2020). Data collected are recognised as subjective and bound by context rather than understood as truth (Nathan et al., 2019).

Other qualitative methods share similarities with IPA, which were carefully considered as part of this research process. While these other methods share similarities with IPA, each has a unique focus and approach to qualitative research. These options and their distinct characteristics are noted in the table below, along with an explanation as to why IPA was felt to be more appropriate for this research project.

**TABLE 5:1 OTHER QUALITATIVE METHODS CONSIDERED**

<b>Qualitative method</b>	<b>Key Features</b>	<b>Rationale for using IPA as opposed to this method</b>
Phenomenology (Smith et al., 2009)	Like IPA, phenomenology emphasises the importance of exploring how individuals experience and make sense of the world around them. Unlike IPA, Phenomenology focuses on developing a comprehensive understanding of the nature of experience itself	The aim of this study was to explore the personal sense making and experience of individuals within their own particular context (of family life with a relative SG) rather than to understand and present the broader existential meanings of phenomenon.
Thematic analysis (TA) (Braun & Clarke, 2022).	TA is a method or tool that can be applied independent of theory and epistemology. It typically involves the identification of themes in the data, which are then organised into a thematic map or table. It allows for either an inductive, or a more deductive approach to analysis whereby researchers use existing theories or literature to guide their analysis. Reflexive TA (RTA) emphasises the importance of reflexivity, or the researcher's awareness of their own assumptions and biases throughout the research process. This includes reflecting on how the researcher's background and experiences may influence the interpretation of the data.	Although TA/RTA is suited to a wide range of research questions and can lead to similar outcomes to IPA it fits less well with studies that focus on individual experiences, concepts and language use. I wanted to prioritise each participant's lived experience, drawing out all themes represented in individual cases before looking for themes across cases (Smith et al. 2009). My aim was to ensure a fully inductive approach to <i>each</i> individual's experience and bracketing off prior influences (at the same time as accepting that, and reflecting on how, many influences affect how I interpret the experience described by each participant). Adopting TA would have led to a risk of distraction from existing concepts or missing unanticipated unique aspects of individual lived experience.
Grounded Theory (GT) (Glaser &	Like IPA, GT is an inductive approach to qualitative research that emphasises the importance of an	The present research objective is to explore and present the personal meanings and experience of family life

Strauss, 1967; Creswell, 2013)	open approach to analysing data without preconceived notions or hypotheses. GT uses a realist orientation and aims to develop a theory based on the data collected from participants (such as in relation to factors, influences, impacts etc.) rather than exploring the meaning and experience of a particular phenomenon.	and relationships as opposed to building theory from the data.
Discourse Analysis (DA) (Paltridge, 2012)	DA is an approach that examines how language is used to construct and maintain meaning in social contexts. Like IPA, DA emphasises the importance of exploring how individuals make sense of their experiences through language, but DA is more focused on examining the broader social and cultural contexts in which language use occurs.	Although interested in language used, this study is also interested in the <i>content</i> of people’s interviews, accepting a basic link between what people say in the interview and their actual experiences of their family life. Its objectives do not support separating out the interaction and dialogue.
Narrative Analysis (NA) (Adler et al., 2017)	NA is an approach that sees narratives are essential when making sense of a phenomena. It examines how individuals construct meaning through the stories they tell about experiences and events. Like IPA, NA emphasizes the importance of exploring how individuals interpret and make sense of their experiences, but NA is more focused on the structure and content of these stories, looking at how a chain of events is discussed an ongoing narrative.	NA was considered as an appropriate methodology for this study as it reflects the view that experience is subjective, and reality is socially constructed. However, the structure of these stories, although of interest, was less of a priority for this research. Importantly, the young people consultant group shared a preference for a more semi structured interview schedule that could impact on the narrative structure (see below).

In summary, IPA was chosen because the research required a methodology that was simultaneously phenomenological (focused on lived experience), interpretative (focused on meaning-making), and idiographic (focused on depth over breadth, and unique alongside common). The research's objective to provide a voice to young people and attempt to reach a detailed and full understanding of each individual's way of experiencing their world within their family setting with their SG fitted well with this approach.

## 5.4 Working with a lived experience consultant group

### 5.4.1 Reasons for involving a lived experience consultant group

The perspectives of children and young people can often be assumed, overlooked or marginalised; even when asked for their views and experiences these are typically channelled through adult's priorities and interpreted by adults' discourse (see chapter 3). In recognition of the importance of research accurately reflecting the priorities of children and young people themselves and responding to their own views, the involvement of young people in the research process itself is becoming increasingly common (Kirk, 2007; Liebenberg, 2017). However there has been criticism that much is tokenistic (Groundwater-Smith et al., 2014). This has led to researchers categorising the different levels of participation. For example, Groundwater-Smith, Dockett, and Bottrell (2014) describe levels that are categorised along a continuum from non-participation (tokenistic involvement), through increasing levels of ownership, influence, and decision-making by the young people themselves to genuine, child-led participation (see Table 5.2 below).

Some hold that young people should always be involved in research that is about them and be interviewed by someone with a similar experience to them (Dixon et al., 2015). Standpoint epistemology views that the production of knowledge and the research process is a political act in which the 'researcher's own personhood is always part of the research' (Letherby, 2003, p. 45). It argues that to overcome this, social investigation should be driven by the structurally oppressed as they 'have the ability not only to understand their own experiences of oppression but to see their oppressors, and therefore the world in general more clearly' (Letherby, 2003, p. 45).

**TABLE 5:2 LEVELS OF PARTICIPATION IN RESEARCH - TAKEN FROM GROUNDWATER-SMITH, DOCKETT, AND BOTTRELL (2014)**

<ul style="list-style-type: none"> <li>• <b>Assigned but Informed:</b> <i>Young people are assigned (by adults) a specific task or role in the project. They are fully informed about the project's purpose and process and willingly volunteer.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Consulted and Informed:</b> <i>The project is initiated and managed by adults. Young people are consulted for their opinions, and their advice is taken seriously. They are informed about how their feedback was used (or why it was not).</i></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Adult-Initiated, Shared Decisions with Young People:</b> <i>Adults initiate the project, but the power to make decisions is genuinely shared throughout the research design and implementation process in the form of a partnership.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Child-Initiated and Directed:</b> <i>Young people select the topic, design the method, and direct the action, with minimal support from adults, as in youth-led activism.</i></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Child-Initiated, Shared Decisions with Adults:</b> <i>Young people initiate the project, but the process of decision-making and implementation is shared with adults who offer support and resources. This represents the highest level of collaboration and young person agency, as they empower young people while at the same time enabling them to access and learn from the life experience and expertise of adults.</i></li> </ul>

Standpoint epistemology has been challenged due to its assumption that all members of an oppressed group (such as young people under SGO) will have a shared experience or similar perspective (Harlow, 2009). It is possible that any person living through challenging experiences may be motivated by their own immediate needs or have personal agendas and experiences that could narrow their focus and impact negatively on their ability to remain somewhat neutral in the research process. Recruiting, training and involving young people as co-researchers and interviewers also has difficulties; it is a costly and time-consuming process with complicated safeguarding and ethical issues to navigate (McLaughlin, 2005, 2006; Smith et al., 2002).

This research was not fully user-led or controlled. Pre-determining a basic structure for the research was necessary for the research ethics approval process and funding, and to address other resource/timing limitations. Hence it was appropriate for me to keep overall control in final decision making and to conduct the research interviews and analysis. As an experienced researcher and interviewer, I approached the research as a curious, questioning 'outsider', motivated to explore a diverse range of views and experiences related to a clear topic of concern to meet a specific gap in the field. I remained aware and acknowledged that personal experiences and background meant that complete neutrality was unachievable.

Engagement in reflexivity across the process (discussed further below) and determination to allow and consider all interpretations of the views and stories presented, has aimed to ensure that the voices of the young people spoken to are presented in a way that reflects their world.

Despite accepting overall control and the role of sole interviewer, I was keen to ensure the appropriateness of all research approach and plans for the targeted population. I recognised that my perspective on the research topic may be coloured by personal experience and narrowed by the concerns of my professional and academic world. Acknowledging this gap between myself as the researcher and young people as the researched I saw the importance of involving a young people with lived experience (YPLE) of SGO to inform the process using their understanding and experiences (Dixon et al., 2019). Hence, it was planned from the start to recruit and work with a YPLE consultant group throughout the process to discuss and test out ideas and approaches.

This process began with a genuine interest and expectation that the group would influence the findings through participating in the design and analysis. Sweeney and Morgan (2009) propose a level of service user ‘contribution’ sitting between that of ‘consultation’ (where comments are not necessarily acted upon) and ‘collaboration’ (where decision making power is equally shared with the researcher). At this level researchers do more than ask service users’ opinions; they actively involve them throughout the research process, but with the researcher maintaining final decision-making powers (Sweeney & Morgan, 2009, p. 28). This was the approach taken with the group.

#### 5.4.2 Recruitment of and preparation for the group

Aware of there being a sole researcher on this project, it was important to involve young people who had another known professional support base able to monitor and support them through the process. A preliminary search for a pre-existing group of young people under SGOs involved in research or professional and policy decision making, who would have the benefit of established relationships, confidence and understanding of the research process (Dixon et al., 2019) was unsuccessful. However, fortunately a LA SG Support Team offered to recruit a group of young people known to them. The involvement of a professional team of social workers meant that the young people were supported by a trusted supportive adult in their decision making around participation, the practicalities of coming to meetings and, as at least one of the team was present in meetings and offered emotional support before during and after sessions if required. Their SG could also be reassured about the reputability

of the researcher's role and the research. This strategy of supported, individualised recruitment meant that the final group were representative of a broad range of young people.

A pre-prepared flier (see Appendix C) was passed onto the team to support the recruitment process and telephone calls and visits with the young people were used to explain the role further. Consent forms were completed by both the young volunteers and their SGs (see Appendices D and E). The word '*consultant*' was used to define the young people's role in this material, as it is commonly used for a person who provides expert advice. However, it was made clear in the material and in the meetings that the researcher was keen to work with them as '*contributors*'.

This process led to a group of five young volunteers. All were living with relatives under a SGO, having joined their new family for different reasons and at different stages of their childhood. They were aged 16 to 18 years old, two identifying as male and three identifying as female (one transgender). The young people did not know each other prior to the meetings. All were described by the LA team as confident, competent academically, and keen to share their views and opinions. None had specific learning difficulties or disabilities that needed to be disclosed.

A provisional meeting plan was agreed with the LA's Special Guardianship Support Team. This consisted of three meetings; two prior to and one towards the end of the analysis to share and discuss preliminary findings before completion. There was also an opportunity for the young people to be involved in pilot interviews if they chose (with an understanding that these interviews may be used in the final sample). It was made clear that participation was voluntary and that meetings would involve activities and options to contribute that did not always involve talking. Meetings were held in a comfortable private room in a modern building that was frequently used for community activities and had a public café and free parking. The room provided a relaxed and informal environment with food and drinks available. A thank you gift of a £25 voucher was given for each meeting attendance and travel expenses reimbursed. Previous experience had identified the importance of attending carefully to practical details and comforts, to demonstrate respect and inclusivity, and to avoid anyone being unable to take part because of financial constraints (Cossar & Neil, 2015).

The LA SG support team sent reminders and checked arrangements with the young people prior to each session, and at least one team member was present throughout most of each session. Not all young people could attend all meetings due to other commitments.

### 5.4.3 YPLE group meetings pre-data collection

The first meeting (involving 3 attendees) was used to discuss the research and purpose of the role and answer questions, for all to get to know and feel relaxed with each other, and to gain a sense of their priorities for the research and the terms and concepts they used when sharing their experiences. After a short warm up activity, my role as a researcher at UEA was explained with a brief description of two concrete examples of my previous research that provided young people with a voice that could lead to practice changes. For the main activity they were asked for any messages that they wanted to pass on to others from their experience as a young person raised in a SG family. This was considered to be a useful way to start to engage the group in discussing SG family care and identify some of their primary areas of concern but did not put focus on their own personal experience. Different categories of people (shown in Table 5.3 below, along with a brief summary of their key messages) were written in the centre of large sheets of paper and 'post-it' notes and pens circulated for those who preferred to write rather than share contributions verbally (all preferred to talk rather than write or draw).

**TABLE 5:3 YOUNG PEOPLE RESEARCH CONSULTANTS FIRST MEETING - MESSAGES THEY WOULD LIKE TO PASS ON TO OTHERS**

- **To Special Guardians** – (if older) understand that parenting is different now to how things were when you parented before. You might feel you want to be more protective but be aware of the 'culture clash'/'generation gap'. The world is very different now.
- **To a child in a SG family** – keep up relationships (e.g. grandparents) as people are important to have around you. Don't feel you are different. You will have different feelings about what has happened – that is ok.
- **To parents** – they are still your kid. Don't make a big deal about the fact they are not living with you. Keep up contact if you can, even if it doesn't feel like there is a bond.
- **To professionals** – don't assume things about SG children or their special needs. ASK what support they feel is needed. Don't treat SG children differently.
- **Anyone else** – avoid stereotypes of young people of their needs or issues. There needs to be more publicity and media coverage, so people know what a 'special guardian' is.

For the second and final activity in this session, I asked for advice they would pass on to researchers thinking about interviewing young people from SG families. Their key points are collated into Table 5.4 below.

**TABLE 5:4 YOUNG PEOPLE RESEARCH CONSULTANTS FIRST MEETING - ADVICE THEY WOULD PASS ON TO RESEARCHERS**

- Make clear that interviewees don't have to answer all your questions
- Don't ask what happened – some topics will be triggering; they must have choice around what to say. Instead ask how they feel or think about things.
- Offer face-to-face interviews as some will want this – be ready to travel
- To help recruit, make people curious about the research. Be less professional, be casual and informal.

The exercises worked well for engagement with all young people making contributions and sharing views in the discussion. All the young people said they would be happy to help with further sessions and pilot interviews.

A second meeting was arranged around a month later; only one person from the first session could attend with two new young people becoming involved. A summary of the discussion was prepared from the first meeting (similar to the table above), to both demonstrate that contributions were judged important and taken seriously, and to provide an overview of the session to the two new members. Time was given over to explaining my role in the process as a researcher as before.

The focus of the second session was to discuss interview topics and questions. The group were asked; firstly, what they would want to cover if they were the researcher and, secondly, what topics would they be keen to talk about if they were interviewed? A large sheet of paper and colour pens was laid on the floor for anyone to add responses. I took a clarifying and prompting role throughout this activity although all members of the group contributed to the discussion with minimal input. Topics are presented in the order raised in Table 5.5 below.

**TABLE 5:5 YOUNG PEOPLE RESEARCH CONSULTANTS SECOND MEETING – TOPICS THEY WOULD LIKE TO BE COVERED IN RESEARCH WITH YOUNG PEOPLE UNDER SGO**

- **Family dynamics and rules**
- **Changes in relationship** with relative carer due to the move to SGO.
- **Relationships with the wider family**, including parents – restrictions on contact and decisions made by others.
- **Making sense of things**, including changes in awareness and understanding / what has been told – conflicts in information and information gaps.
- **Assumptions made by others**, reactions of others that are helpful/not helpful (including peers and professionals).
- **Who / what is needed to support or help?** At what point? What resources or people have helped at different times?
- **Wellbeing / mental health** and assessment/supported related to this.

Following this, they were asked to think about *how* they would want these topics to be explored by a researcher. They were all clear that they would not want to experience a lot of questions, but rather just be given topics. The option of using a narrative or life history interview method was raised (Hargreaves, 2021; Hollway & Jefferson, 2000). It was explained that this method of interviewing involves asking one main question, prompting the young person to share their life story as they would like to tell it, possibly using the structure of life ‘book chapter’ summaries. It was noted that this method allows the young person to have a high level of control in the research interview without being restricted to predetermined themes or feeling forced to respond to fixed questions (Harlow, 2009). This was met with a negative reaction from the group who felt the approach was too open and would leave them either ‘*not knowing where to start*’ or feeling compelled to begin with early childhood memories prior to removal. ‘What happened in childhood’ had not been a topic raised in this session as important to discuss and had previously (in the first session) been noted as a topic that may ‘trigger’ difficult memories and should be an optional topic only.

Based on my previous experience interviewing children and young people (such in research presented in Neil, 2012) I had prepared and brought to the session some sample ‘topic cards’ as a way of presenting themes to be covered in the interview. Utilisation of topic cards to explain the process of an interview can provide participants with clear, pictorial ideas of what they may like to speak about during the interview as well offering choice over when topics are discussed. Responding to the YPLE group suggestion that a ‘topic’ style of interview would work best for them, the sample cards were shared at this point and these were positively received.

A further discussion was led around the similarities and differences between the cards presented and the topics generated in the previous activity. Suggestions were made as to what was important to prioritise and what topics could be added. The young peoples’ final suggestions for the topic cards are shown in Table 5.6 below – it was considered that presenting the cards as open questions was preferred. Other suggestions put forward in the discussion were that the interview should start with a simple chat about life was currently for the young person at the time of the interview, and it was reiterated that the interview should be offered online through a variety of platforms as well as face-to-face.

**TABLE 5:6 YOUNG PEOPLE RESEARCH CONSULTANTS SECOND MEETING – DRAFT INTERVIEW TOPIC CARDS THAT COULD BE PRESENTED TO YOUNG PEOPLE UNDER SGO**

- **What is family life like in an SG family?** Tell me about the family dynamics? How have the family relationships changed over time?
- **How have things been with your wider family**, including parents? What has seeing them been like?
- **How have you made sense of things that led to you being an SG family?** How are things talked about? Are there any problems or gaps in what you are told or what you know?
- **What have others done for you that are helpful/not helpful** (SGs, parents, peers, professionals, mental health workers)?
- **How could things be better for other children in SG families in the future?** Who/ what is needed to support or help?
- **Any final messages** you would pass on to (1) your younger self (2) SGs (3) parents (4) others?

The remainder of the session discussed recruitment of interviewees. Feedback was requested on sample recruitment materials and there was discussion about the wording for social media advertising (via Kinship and other organisations). It was stated that the term ‘*interview*’ should be avoided if possible as this sounds formal and threatening, and ideally the research should refer to ‘*chat*’ or some other less threatening term. One participant made clear that detailed written material informing him about the study would not be read, the ideal place to promote and inform about the study would be via social media which could be shared and viewed.

These early group meetings enabled the researcher to gain insight into issues that I had not considered such as the threatening connotations of the term ‘*interview*’, the use of social media for promoting the study and the importance of allowing time for participants to discuss everyday family dynamics around rules and behaviours. It also clarified ideas for the interview methodology and confirmed that starting an interview with a question that focussed on ‘*what happened in the past*’ could be off-putting, upsetting and distract participants towards a focus on *details* of their story rather than their *feelings* about and *interpretations* of their story and relationships. The group members voiced a preference for having some structure around the interview through topic cards that could be held and looked at, to provide an element of flexibility and choice. The sessions highlighted the value of involving non-researchers and YPLE, who could consider research from their standpoint and offer challenges and suggestions (Rhodes et al., 2002).

#### 5.4.4 YPLE group meetings post-data collection

Attempts were made to hold a final meeting with the group after preliminary data analysis. It proved difficult to get in touch with the young people and the meeting was delayed over several months, so that the analysis was virtually complete before a meeting could be arranged. Four young people hoped to attend, in the event only one of these young people was available on the day, despite the best efforts of the LA SG team to support their attendance. This young person had been through considerable changes to her family and personal life since the last meeting, and much of the session involved giving space to her need to talk about these changes.

The plan had been to discuss the key messages constructed from the interview analysis, which were to be presented via a screen supported with (anonymised) interview quotes. This was possible, although in a more limited timeframe than originally planned, and some feedback was received and incorporated into the final analysis. In particular, the young person was keen to emphasise the importance of truth and transparency in all communication with children, even those in young and middle childhood (this theme is discussed in the analysis chapters 7 to 9).

### 5.5 Sampling and recruitment process

Due to the nature of the methodology, a relatively small sample was sought aiming to recruit around 15 young people with experience of living with relative SGs through LAs and support organisations settings (and via their carers if under 18 years). The age band of 16–25 years was considered preferable as this is often a time for greater reflection and exploration of identity and most young people over 16 years of age are deemed to be competent to provide their own consent (the minimum age was reduced to 14 years after slow initial recruitment). It was felt appropriate to also seek participants where the SGO ended prematurely to ensure that a range of positive and negative experiences of this family dynamic were included in the study. Therefore, the following inclusion criteria were used:

- *Young people who were removed from or left parents' care following child protection intervention*
- *Age around 16+\* and are or were in the care of a relative (or connected person) SG (as opposed to young people living with previous foster carer SGs).*
- *Young people who are willing to engage in a research interview for the purposes of this research.*

- *Young people who have lived with their SG for at least two years and with a range of positive or less positive experiences*

*(\*Minimum age changed to 14+ years a few months into recruitment)*

It was apparent from the start of the research that reaching participants would be challenging; firstly because a SGO is a recent order and has only become more common in the last ten years (Masson et al., 2018), therefore finding children who met the criteria of being in their late teens and above was difficult. Secondly, as the literature review has highlighted, SG families do not have the same ongoing relationship with LAs as foster and adoptive families and can therefore become a hidden group, unknown to authorities, agencies and professionals. A variety of sources was approached as well as a social media presence to support recruitment. The group of young consultants helped advise on recruitment flyers and format (see above).

I had some established contacts with local authorities via previous research and self-employed consultancy work; these were first approached throughout late 2022 and 2023 and asked to facilitate communication with SG support teams. Connections were also made with the Kinship charity and other local kinship support groups who supported promotion via advertisements on social media and through word of mouth in relevant support groups. Contacts were sought and found in different parts of the country, including areas of high ethnic diversity. Some of these initial contacts led to online conversations with managers and other professionals (and in some cases entire SG support teams), enabling a fuller discussion about research in detail, with many then offering to identify and speak to young people about the research.

Ethical approval was obtained from the UEA school of Social Work ethics committee and the Association of Directors of Children's Services (see Appendices A and B); most local authorities were happy with this prior approval with one requiring a further check with its own ethical approval process. Information and flyers were prepared and provided to all organisations/professionals, ensuring they were clear and accessible and included the different ways people could make contact for more information, including email, phone and WhatsApp (see Appendix G).

Young people were invited to take part, mostly via their known professional contacts, or through SGs who had received knowledge of the study via professionals, support groups and charity social media advertising. It is not possible to know more specific details of recruitment as this was left in the hands of SG teams/organisations and their practitioners

using modes of communication they deemed most appropriate. It was apparent that different approaches were used including personal communication, emails, newsletters, flyers and social media posts. As participants were recruited via their SGs and/or a known professional, they were able to discuss with the decision around participation with their trusted adult as appropriate. In all initial communication with professionals, SGs and young people it was made clear that participants would only be asked to talk about things they were happy to share, and checks were made checked for any special needs that needed to be considered to aid participation. If approached directly by a young person under 18 (which occurred in two cases by email), direct communication was made with the relevant SGs (with their young person's consent) before arranging the interview. This was to ensure that they were aware the young person had made contact and their consent could be obtained (in both cases it was made apparent that the SG had passed on information about the study to the young person).

It was made clear in promotional materials that that participants could choose to take part in the way that was appropriate for them in either a phone, online video, or face to face interview. It was hoped that this would improve participation and diversity in the sample and comfort with the interview setting (Heath et al., 2018) as well as reduce any COVID 19 risk if necessary. A thank you gift voucher of £20 a session was offered to all interviewees, an amount considered to be enough compensation for their time, but not enough to make young people feel pressurised into taking part.

An information sheet and consent form (see Appendices H and I) was used for all young people who took part to help make clear why and how the research was being carried out and how their information and contributions would be used, to reassure them of confidentiality. Although the word '*interview*' was avoided (as requested by the YPLE consultant group) it was made clear they would be talking to a researcher and contributing to a research project report. It was made clear that steps would be taken to change identifying characteristics in the final report. The consent form also contained a statement regarding potential safeguarding concerns and who a potential safeguarding concern would be reported to if it arose. Participants were told they could withdraw, without being asked to give a reason, up to a month after the interview was conducted. The form was sent in advance for them to view prior to the interview taking place and on arrival with the researcher to check that they were happy with all aspects of this process and were giving their full consent to participate before signing. If the interview took place virtually the form was read out, discussed and verbally

answered in a separate audio recording before the interview started. All interviewees were happy to be audio recorded.

At the end of the interview, participants received and talked through a debrief sheet (see Appendix K), which listed services which could offer further support. This was important due to the possibility that talking about this research topic could stir up emotions during or after the interview. In addition to the form, the young person's wellbeing was checked after the interview, ensuring that they knew who to contact if they wanted support and encouraging them to talk to their SGs about the interview. If participants had any queries or concerns about how the interview or research was conducted, contact details for the Head of the School of Social Work at the University of East Anglia was provided on the information sheet and consent form.

Recruitment was slow at the start. No responses were generated by the Kinship charity Facebook message. Although promotion by one local authority led to 6 interviewees, some other local authorities reported that their known families did not meet the criteria, were not contactable or did not want to participate. Several months into the recruitment the sample remained under ten with two-thirds from one local authority. Attempts were then made to promote the study more widely, including emails to further SG local authority support teams and organisations where it had been possible to obtain contact details. The desired sample was eventually exceeded when several young people from different areas of the country came forward towards the end of the recruitment period. This included three from an organised group for young people under SGO after I attended one of their social events to talk about the research. Even though this meant exceeding the initial target for interviews, having raised expectations to take part I felt obliged to support the 'surplus' participation. The final sample was made up of 22 young people aged 14 to 19 years old (mean 16 ½ years, median 17 years). Further details on the young people are included in the next section.

This sample size is large in terms of typical IPA research, although not unique in IPA, and some respected IPA research studies have exceeded this number (Brocki and Wearden, 2006). It is generally noted that there is no '*right*' sample size in IPA research (Smith, Flowers and Larkin, 2022, p. 46), with the appropriate number dependent on several factors. Authors warn that large samples can lead to overwhelming levels of data potentially preventing a full account of each individual perspective (Smith, Flowers and Larkin, 2022) or the loss of '*potentially subtle inflections of meaning*' (Collins & Nicolson, 2002, p. 626). However, along with a desire to be inclusive to those who sought participation I aimed for a sample that

included a range of local authority areas, cultural background and SG settings, whilst remaining broadly homogenous. Strategies to ensure my commitment to idiography was maintained despite the challenges of a large data set are discussed below.

Due to the diverse range of processes in which families were informed about the research and interviewees self-selected to take part, it is not possible to know how many SGs and young people were aware of the research but actively chose not to take part/inform their young person of the study. It is acknowledged that many young people may not have been made aware of the research if gatekeepers (SGs and professionals) deemed it not a priority, inappropriate or potentially upsetting. Telephone discussions were conducted with two SGs who wanted their young person to take part, but the young person themselves declined. Similarly, contact details were provided (with consent) of four other SGs and two young people who did not respond to messages. Reasons for their decisions to not follow through participation were mostly unknown; in two cases the relevant practitioner who passed on details said that they were struggling with issues within the family. This suggests that the sample may be biased towards young people whose lives were more stable and not (at least currently) struggling significantly in their families.

## 5.6 The interviews

All interviews took place across a 15-month period from the end of 2022 to early 2024. Eight interviews were carried out using Teams or WhatsApp video call (one young person chose to have his camera off throughout the Teams call), 14 were conducted face-to-face in their own homes. The length of interviews ranged from just over 30 minutes to just over two hours (interviews conducted virtually tended to be shorter).

Although interested in the stories that young people tell themselves and others about their lives, and how narratives around the past and family members are discussed within the family, discussions with the consultant group had discouraged an open 'life story' approach to the interviews. A semi-structured approach with suggested topics and broad questions for the interviews fitted in with the young consultants' preference for young interviewees to have both guidance and suggested topics for the conversation at the same time as having flexibility and control, ensuring space for young people to talk about their experiences and relationships in their own way. Prompted by the consultant group as described earlier in this chapter, it was decided to approach the interview as a loose framework of prompts around key topics, printed or shown on topic cards, that would offer reassurance about the overall content of the interview from the start, and ensure participants felt able to guide the

interview by choosing cards in the order they wanted to discuss them. Appendix L shows the final version.

A loose, open question guide (just for myself) was prepared with suggested questions and prompts to use flexibly as required depending on participants responses to the topic cards and initial questions (final version in Appendix M). The aim was to encourage participants to express their thoughts and feelings openly in their own way with the topic cards as an aid and open-ended prompts only used if needed to probe interesting and important areas which arose. Pens, paper and 'emoji' style stickers were also available for young people to use throughout any face-to-face interview if desired, in recognition that young people commonly use multiple media, and short, typed messages and emojis to communicate and process information and ideas (Bagnoli, 2009; Hearn & Thomson, 2014). I also considered that interviews with an older stranger about personal lives and intimate topics can be intense and intimidating, and the use of physical materials (including the topic cards) would provide a useful distraction and permissible way to avoid eye contact, if desired by the young person (Henderson & Mathew-Byrne, 2016).

Pilot interviews were carried out with four volunteers from the young consultant group (one online and three face-to-face). This group was already familiar with the research and aware that their views about the research methodology had been heard and taken seriously and that they would feel confident to challenge and give honest feedback on any aspects of the interview process that they felt had been inappropriate, uncomfortable or had steered them away from areas they felt were important to be covered. All interviews were audio recorded with consent. For each interview the young person was presented with the topic cards stating that these were to provide an overview of the areas that would be covered in the interview, that there was flexibility in how, when and if the topics were covered and that they were suggestions only. It was made clear to the young person that they were free to discuss things that were important to them in terms of their life in a SG family. All pilot interviewees talked about the areas presented on the topic cards and were sometimes proactive in selecting cards to cover at different points in the interview.

At the end of each pilot interview, all interviewees provided positive feedback about the interview structure, stating it felt comfortable and enabled them to cover all areas of interest and significance. They appreciated the topic cards for giving them an indication of the number of areas that could be covered. They did not suggest any changes to the interview process; however, this must be considered in the context of the power imbalance within this

process. Although the researcher presented as keen to learn and improve the interview, the pilot interviewees were new to the world of academic research. Viewed as the ‘experienced professional’, they may have been likely to accept the process as presented by the author despite encouragement to critique it, perhaps unless there were clear discomforts or areas they were particularly unhappy with.

Following the pilot interview, the process and the quality of the data was reflected on and discussed with the research supervisors. A key learning from the pilot interviews was an awareness of the risk of becoming preoccupied with the detail of *what* happened over the course of the interviewees’ lives (for example how long they had lived with different people, how old they were when different events happened, who was in their family network) and the necessity to remain focussed on how they *experienced* their family, changing relationships and events, what *mattered* to them as they moved through different stages of their lives in different family settings, and how their personal understanding developed. Some knowledge of the factual details of each interviewee’s life and family was important to be able to understand the context of their experience and ask follow-up questions on specific elements of this, however it was important to not interrupt their focus and change the priorities of their story. Small changes were made to the question guide to ensure that questions asked were as open as possible, and that early questions on each topic could deal quickly with any key facts of their situation (such as who they saw as in their family, and how many family homes they had lived in). Prompts were added to maintain the focus of the interview on their own experiences, to enable young people to describe what was significant to them in their own words (the final version of the question guide is as presented in Appendix 2). As the amended interview guide was not substantially different from the pilot interviews, it was felt appropriate to include the pilot interview data in the final sample.

With the support of the topic cards and revised interview prompts the rest of the interviews were conducted. Interviews progressed differently depending on the characteristics of the interviewee and the dynamic co-created in the interview, with some people talking at length quite soon into the interview and requiring very few prompts and questions, others providing short answers with little elaboration. Sensitivity was ensured around difficult topics and breaks offered if they seemed appropriate.

The use of virtual platforms to conduct the interview appeared to reduce rapport in most (but not all) cases, however it was necessary to continue to offer this option as advocated by the young person consultant group. Some participants expressed an explicit preference for this,

and their comfort and free choice in participation was seen as a priority; the same young people may have struggled with a face-to-face interview. Virtual communication has become a common form of communication for young people, even more so since lockdown restrictions imposed in 2020 separated children from their friendship groups over many months. Some research has shown that professionals (such as independent reviewing officers, who were required to switch to this form of communication in lockdown) found that the use of virtual platforms with young people gave the young people more control, and led to greater participation, more meaningful conversations, more information about their wishes and feelings and an overall improvement in the quality of communication (Copson et al., 2022; Neil, Copson, & Sorensen, 2020).

The imbalance of power that is always present when an adult interviews a much younger person (Rich, 1968) was kept front-of-mind throughout. McLeod (2007) described various tactics or '*power plays*' (p278) used by young interviewees to redress or manage power imbalance, such as: '*passive resistance*' (withholding information, volunteering nothing in response to prompts or answering questions with monosyllables if questions were deemed pointless or unclear); '*fantasy*' (including fabricating responses due to wanting to believe something is true or not wanting to lose self-respect); '*exaggeration*' (for example, overstating the case to make a point); and '*changing the subject*' (such as taking control of the agenda or topic to be discussed).

Each interview encounter was entered attempting to keep in mind these interview power dynamics, creating a climate for a '*fact-giving*' interview, where the young person would be empowered to share information as they wished, as opposed to a '*fact-finding*' interview, seeking to elicit information from participants according to a predetermined agenda (Rich, 1968, p. 10). It was made clear that the topic cards were suggestions only, allowing them to be used however they wanted or not refer to them at all, as they wished. Acknowledging that '*achieving a constructive relationship with some teenagers is the work of many months, or even years*' (McLeod, 2007, p. 285), but conscious that there would be only one opportunity to create a relationship with a young person in this research, as much time as the young person wanted was made available to talk and share their views. For example, interviewees were given time to finish each question before moving on and minimal probes were used, such as '*Can you tell me more about that?*' or '*How did you feel about that?*'

## 5.7 Data management

All files related to the study were kept in password protected documents. All recorded interviews and accompanying transcriptions were given an identification number that was kept separate from personal contact details. Transcription was undertaken by the researcher, anonymising throughout the process (including removal of unique identifiable details) and re-checking for full anonymity at the end.

## 5.8 Analytic procedure

As noted above, IPA was selected for the opportunity it offers to gain the fullest and most detailed possible understanding of how people make sense of their personal life experiences (Smith, Flowers and Larkin, 2022). IPA acknowledges the imperfect nature of this process; *'the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world'* (Smith et al., 2009, p. 26). As I aimed to give voice to a young and mostly unheard group within the current research field, attempts were made to remain fully committed to trying to understand each participant's point of view and how they made sense of their situation, with reflexive awareness that any preconceptions would colour later sense-making and interpretation of their words.

The IPA approach accepts a basic connection between the content put forward in an interview, and the participant's thinking and emotions, whilst acknowledging that this link is not straightforward; people may not have the vocabulary, conscious awareness or motivation to express their full emotional and mental state (Smith et al., 2009, p. 26). Open, gentle and empathic questions in a trusting environment helps promote honest articulation and self-disclosure. However an important role of the IPA analyst is to look critically at the interview data obtained to interpret beyond the surface description – paying attention to the language used, the context of their concerns and identifying more abstract concepts that can help to make sense of the patterns of meaning in their account (Smith et al., 2022, p. 79).

The process of IPA involves an idiographic approach; first looking in detail at each interview/case as holding unique value, aiming to capture the particularities of the individual's experience. Cases are then compared to cautiously note general observations and results are usually presented showing the convergences and divergences within the accounts of participants (Smith et al., 2022). The truth claims of an IPA analysis should always be tentative, with acknowledgments that the analysis is subjective whilst at the same time *'dialogical, systematic and rigorous'* (Smith et al., 2022, p. 76).

The analysis followed the approach recommended in Smith, Flowers & Larkin's (2009) book on IPA, the stages of which are shared below. The process was cyclical rather than linear and involved moving from a focus on the individual to a more shared understanding, and from a descriptive level to a more interpretative one. The large sample size meant that this process took place over a year and necessitated the use of specific strategies to support the holding of each unique narrative in mind throughout the cross-case analysis as outlined below.

#### *Step one: Reading and Re-reading the Transcript*

The process of transcription helped to ensure that close, careful, and active attention was given to not just the words, but also hesitations, pauses, intonations and expressed emotion that was contained within each interview. This became part of the first stage of the analysis; careful, intense listening and checking is a necessary part of all in transcription work and this enabled greater immersion in the original expression and tone of the interviewee's words than reading a transcript alone. When assured about the accuracy of the transcript, a final reading to feel familiar with the account overall was followed by production of a basic descriptive summary of the interviewee's story, including current and past family arrangements, ages and location of any siblings, details of contact with family members residing elsewhere and key events referred to in the interview. The purpose of this was to provide a context to the interview and an aide-mémoire to support later stages of the analysis.

#### *Step two: Initial exploratory note making*

The next stage involved a close, line by line consideration of each statement/phrase put forward by the participant, paying careful attention to the different ways the interviewee talked and appeared to understand and think about each issue or situation. To support this process a table in Word was created with three columns. Interview data was pasted into the first column, and the second was used for exploratory thoughts, comments, observations. This included summarising and drawing out different features that may have been missed with a quick reading or due to a pre-judged view of the issues, and freely commenting on or questioning anything of interest, trying to stay close to and explore the participant's meanings. Attention was paid to the individual's specific use of language, including strong or repeated words and phrases, metaphor, contradictions, hesitations, or rhetorical emphasis; anything which may indicate emotional significance. Relevant associations were noted, alongside connections or concepts that came to mind, making preliminary interpretations

and reflections. An example of this can be seen in the ‘*exploratory notes*’ column of the sample transcript in Appendix N.

#### *Step three: Developing emergent themes through ‘experiential statements’*

Following the idiographic, or a case-by-case analysis approach, and working primarily with these exploratory notes, as suggested by Smith, Flowers and Larkin (2022), the next stage of the analysis progressed for the same interview. Continuing in the table created in step two, a last/third column was used to develop ‘*experiential statements*’. Here the initial notes were transformed into more concise phrases or interpretive concepts which attempted to describe *how* the participant was making sense of what is or has happened to them. Throughout this stage, summary statements were produced involving a slightly higher level of abstraction or more psychological terminology, trying to capture the underlying meaning being communicated by the participant (Smith, 2024). Again, these statements/phrases can be seen in the ‘*experiential statements*’ column of the sample transcript included in Appendix N.

#### *Step four: Connecting and linking emergent personal experiential themes (PETs)*

The exploratory notes from step three were then developed into clusters of experiences by connecting similar experiential statements from within the same interview. The aim was for these clusters to gradually form an overview of the person’s whole experience as shared in the interview. For this step, the content created in step three (in the last/third column created in the original analysis document) was copied and pasted into a new Word document. Using ‘cut and paste’ tools in Word, as well as mind maps where helpful, all experiential statements across the interview were considered, looking for groupings or clusters formed around key experiences or topics and drawing them together to create a more organised and cohesive structure. Themes that appeared to share an underlying psychological concept were grouped together under a smaller number of broader overarching superordinate themes. The clusters of themes which seemed to capture most strongly the participant’s concerns on the topics explored in the interview were then given an appropriate label, summarised more succinctly and ordered into a case summary table. The original interview data was revisited and included in the document supporting quotes from the interview, to ensure that the themes remained grounded in the data (see an extract from an PET summary table in Appendix O. A version was also constructed with carefully selected supporting interview quotes. However, this is not included here to protect individuals’ anonymity. See also appendix P for examples for mind maps used to aid this process.)

### *Step five: Moving to the Next Cases*

The process above was repeated for the remaining transcripts one by one, with each transcript considered afresh before making any comparison to previous cases. Each interview was analysed considering minute (line-by-line) details of all aspects of their experience separately, with exploratory and interpretative thoughts and notes for each word or phrase, before drawing the interview data into case summary tables of PETs as before.

The detailed PET documents produced during each idiographic case study outlined and explained all the PETs for each participant, complete with quotations from the interview to illustrate and justify the themes. Sometimes mind maps or diagrams explored connections between sub-themes. Along with the detailed case summaries these helped me to hold in mind the full breadth of each participant's experience, despite the large sample, and supported the next stage of the analysis outlined below.

### *Step six: Looking for patterns across cases*

After completing the analysis for all participants individually, the final stage involved synthesising the superordinate themes from the individual case summary tables. This involved looking for patterns of connections and differences across the entire interview sample.

A cross-case analysis can be challenging in IPA with such a large samples and rich quantity of data; however, I was able to utilise the case summaries and individual PET documents to remember each person's unique perspective. Having been fully immersed in each interview and the associated analysis for so long, additional details from each interview came to mind again while reading the summaries and checks back to the original full transcript were made when required. This enabled me to stay true to both the idiographic and whole sample commitment of IPA even while working with many cases.

Whole sample superordinate themes were constructed, with the aim of showing both the *range* of and *differences* between accounts as well as presenting key themes *repeated* in different interviews. Themes were selected to be included if dominant (significant, detailed and prevalent) *within* a transcript as well as *across* transcripts. Notes on these themes, together with verbatim interview quotes, formed the basis of the findings chapters in this report, illustrating the common patterns of meaning-making while also highlighting the individual variations in each participant's experience. Due to a concern to protect participant confidentiality and keep within the words count of the thesis, rich details of individual's

actual experiences were compromised in the presentation. Quotations were selected for their ability to demonstrate the validity of the analysis without breaking confidentiality.

Although this analysis is presented as a chronological series of steps, the process involved moving back and forth between the key stages, which were all carried out throughout the period in which all interviews were conducted. Early interviews were reconsidered in the light of later interviews, enabling a refinement of the early emergent themes into more nuanced, insightful accounts.

### *The process of bracketing*

Throughout the process I tried to approach each participant's narrative with a fresh and open mind, attempting to acknowledge and set aside my own beliefs, values, and assumptions. I kept my focus on each participant's unique lived experiences and descriptions. I reflected upon how my preconceptions, biases, and assumptions may have influenced my interpretations by considering different ways of describing and thinking about the participants words and discussing my interpretations with others. This is further discussed in the reflexivity section below. In IPA the 'bracketing' of prior knowledge is noted to be 'something which can only be partially achieved' (Smith et al., 2022, p. 20) and it the process of fully 'engaging with the participant' is emphasised as more important than the process of bracketing, as 'skilful attention to the former inevitably facilitates the latter' (Smith et al., 2022, p. 29).

## 5.9 Reflexivity

Reflexivity involves acknowledgment of the personal and professional experiences that may have influenced the research approach and analysis. It involves a '*process of continuous self-awareness and critical self-reflection by the researcher on their potential biases, preconceptions, and relationship to the research*' (Tavakol and Sandars, 2025, p1443). By engaging in, and outlining, this reflexive process, Roulston (2010) argues that researchers '*contribute to the trustworthiness of their study by openly addressing the biases and complexities in the research process*' (p. 81). This is noted to be a crucial element of IPA methodology. Through 'bracketing' (Smith et al., 2022), the researcher should be constantly aware of their own role as an interpretive instrument and attempt to acknowledge and address influences, biases, and pre-formed judgements, to ensure research credibility and dependability. This section brings to light and considers the impact of my own personal influences on this research, which was kept in mind throughout the analytic process.

### 5.9.1 My professional background

I was drawn to this study topic after an extensive career as a researcher involved in projects looking primarily at the experience of those involved in (stranger) foster care and adoption. I was therefore not a 'blank slate' but already immersed in findings from various research projects which had explored connections with birth family, communicative openness in families and the impact of life story work. These themes inevitably led to the particular focus of study to explore how these topics played out in the kinship care context. However, with little experience of kinship care both professionally and personally, it was possible to approach each interview with a genuinely curious stance, mindful to connections with previous projects but ensuring these did not dominate the process. In addition, my experience of conducting interviews across multiple previous projects had taught me to appreciate the complex forces that influence an individual's life, as even those raised in similar environments often have different feelings, emotions, and perspectives. Each interviewee within this study was approached with the knowledge that they would have their own personal story, and a desire to hear it. Nonetheless, the topics and events highlighted in the flexible approach taken to questioning, were often linked to personal interests in how kinship family settings differ to those of adoption/stranger care.

### 5.9.2 Personal Influence on Research Approach

Part of this reflexivity process has involved reflection on how personal and family experiences have been influential in shaping my selection of the research topic and the approach to study and analysis of that topic. While not raised apart from my parents, and sharing physical similarities with parents and brothers, I felt profoundly different from those in my household from a very early age and developed an interest in social and biological influences on development and variations in lived experience.

I was raised in a traditional religious household, with academia seen as having limited value - particularly to a daughter. Through an early love for reading and school success, I became interested and immersed in literature, science, philosophy, and sociology, while at home communication was mostly limited to domestic events and views passed on through the church (such as the distinct roles of men and women) presented as concepts to be accepted uncritically. Through house moves and family rifts, I was separated from my extended family network. As the only girl raised in a male dominated household of brothers, without sisters, grandmothers or aunts, I lacked variations in female role models with my mother's role as a homemaker presented as the primary way for a woman to be content.

Growing up in an environment where belief systems went unquestioned, certain family members were estranged or unknown, and open conversation was largely absent may have sparked my deeper interest in life stories, personal narratives, and the ways families navigate or avoid the conversations that matter most. My negative sense of nuclear family isolation possibly predisposed me to seeing positive value in extended family networks.

Reflecting on these personal experiences aided the bracketing of my own concerns and interpretations. While my personal history likely sensitised me to themes of connection/disconnection, identity, and the significance of unknown characters and histories in the interview schedule, I tried to remain aware of the risk of assuming understanding or over-emphasising these themes based on my personal history.

### 5.9.3 The experience of the interviews

I was aware that my older age and status as a professional was likely to accentuate unequal power dynamics in the interview. I made clear that I was an outsider – a researcher who had spoken to many children and young people raised in foster care and adoptive families, but with little knowledge of children who lived within their own kinship networks. I presented myself as a curious and interested learner, dressing casually and sitting with each participant in a relaxed pose. I tried to maintain a non-judgmental and open attitude and expression, fostering a safe space for participants to articulate their experiences and using the topic cards to portray a sense of their control over the process.

Reflexive thinking was employed immediately after each interview, which was transcribed and considered as soon as possible before undertaking subsequent interviews. Any responses that might have steered narratives towards particular themes, rather than allowing interviewees' own concerns to surface naturally, were looked for and noted. Interview transcripts were regularly discussed and reflected upon in detail with supervisors, with non-identifying extracts also considered in a similar manner with a postgraduate student group. This led me to greater awareness of and adaptation of the questioning style in later interviews to give space to each participant feelings and priorities.

Distinct differences were noticed between conducting interviews virtually compared to in person. Face-to-face interviews created a sense of being more closely connected to the interviewee, while the remote interviews created a sense of distance with reactions and emotions of the interviewee somewhat harder to judge. Nonetheless it was felt important to continue offering whatever format was preferred by interviewees, with in-person interviews encouraged where it felt appropriate. Discomfort around virtual interviews may be less likely

for young people, who are more familiar and comfortable with this mode of communication, than for me, and I tried to relax into the format and remain comfortable with pauses.

#### 5.9.4 The experience of the data analysis

The data analysis was a time-consuming task due to the considerable amount of data generated from the interviews. However, due to the staggered and slow initial recruitment this was able to take place over a long period of many months and permitted new interview transcripts to be approached with fresh eyes. The set stages of the analytical process helped to ensure an open focus on the participants' voices. My initial descriptive and linguistic comments made on the transcripts were deliberately low-inference, staying close to the participant's own words. I tried to be mindful of instances where a narrative triggered a personal memory or emotion or fitted in with my personal priorities and considered different possible meanings of the interviewee's narrative. I tried to ensure that every emergent theme was grounded in the participant's words and represents their unique lived experiences, trying to safeguard against projection. The constant checks back to the original transcripts and the consensus checks with supervisors helped to 'de-centre' my personal viewpoint and ensure the themes were grounded in the data, rather than an idiosyncratic interpretation.

As can be seen above, the reflexive process involved not just an acknowledgement of bias but an active, critical engagement process whereby I aimed to enhance the quality and trustworthiness of the study. By continually reflecting on my positionality, I sought to ensure that the resultant themes represented an authentic interpretation of my participants' lived experiences, not a projection of my own preoccupations.

#### 5.10 Summary and introduction to the following chapters

This chapter has explained and described the methodological approach to this study. It demonstrates how IPA fitted with the aims of the research, facilitating an in-depth exploration of individual variations in lived experiences of their SG family life, while also identifying shared patterns of meaning-making across the sample. The following four chapters introduce and present findings from the analysis, with the chapters structured according to the broad superordinate themes that were constructed through the analysis. To protect confidentiality, detailed personal narratives have been omitted. However, the IPA approach ensured that the analysis remained grounded in the participants' unique voices rather than constrained by predefined categories. This idiographic focus is demonstrated in the findings chapters by presenting the complexity and variation of individual experiences.

## 6 Introduction to the findings and the young people

This introduction to the findings provides an overview of the sample of young people, their family contexts and how they presented at the time of the interview. It then sets the scene for the rest of the findings' chapters, outlining the structure of the section.

### 6.1 The young people and their family context

#### 6.1.1 Characteristics of the young people

Twenty-two young people took part in the study, with ages ranging from 14 to 19 years old (mean 16 ½ years, median 17 years). This included 10 female participants (nine cisgender, one transgender) and 12 male participants (11 cisgender, one transgender). There were two sets of two biological siblings. Five interviewees were of Black/mixed Black African or Caribbean heritage and two white European. The other 15 young people categorised themselves as White British. The young people resided in different areas across England; there were representatives from most regions including London, the North West, Yorkshire, the West Midlands, the South East, the East of England and the South West. Two of the interviewees stated they had been diagnosed or were trying to obtain support for suspected autism. One had a sensory disability.

#### 6.1.2 The young people's SG family

Most SGs were a biological relative (in some cases one of the SGs was a step grandparent) apart from one single SG who was a close family friend. The status of SGs can be seen in table 6.7 below, based on their *current* living arrangements at the time of the interview. Two SGs had died since the SGO; in one case, the young person remained living with the SG's wife (the young person's step grandmother) and in the other case care of the young person was transferred to the SG's adult son. In a further case involving two siblings, their SGs (their maternal grandfather and step grandmother) had separated since the SGO and (following a few years with their step grandmother) the young people had moved to live with their grandfather and his new partner. 'Single' includes SGs who may have a partner, but they are not co-habiting. All SG couples were heterosexual. No interviewees at the time of the interview had left their SG care (one was away at university but returning to her SG home in the holidays).

**TABLE 0:1 THE RELATIVE SPECIAL GUARDIAN(S) INTERVIEWEES WERE RESIDING WITH**

Special Guardian connection to interviewee	No of interviewees
Maternal grandmother (single)	6
Paternal grandmother (single)	2
Maternal grandparents	1
Paternal grandparents	2
Maternal grandfather & partner/wife	2
Paternal grandfather & partner/wife	2
Maternal aunt & husband	1
Paternal aunt (single)	2
Paternal uncle (single)	1
Paternal uncle & partner/wife	1
Step grandmother (maternal grandfather deceased)	1
Family friend's son (Family friend deceased)	1
Total	22

All interviewees had lived in their SG families for at least four years and most at least ten or more years. Their age when they had joined their family ranged from infancy to around 11 years of age, with around two thirds being approximately five years old or under. However, some young people's memories were vague and therefore the accuracy of this information cannot be guaranteed.

All young people were still living in their SG household, although five (almost a quarter) of the young people had experienced significant changes in this family household. Two young people had experienced the death of a SG. Three other young people had experienced their SGs' divorce, and two of these (siblings) had spent some years with one their SGs before moving to the other (due to adult housing choices). In addition, a sixth young person's family was impacted by the death of the SGs' adult (birth) daughter.

### 6.1.3 The young people's continued connections with birth parents

Seven (almost a third) of the young people had experienced the death of a birth parent; four had lost their mothers (one prior to the SGO) and three had lost their father. Most birth parents appeared to have separated, with just two interviewees believing their parents were still together as a couple. Young people gave their own interpretation of the parents' difficulties that led to their removal, which cannot be verified, however many referred to drug addiction, parental youth, not being able to hold down jobs and mental health issues.

Continued relationships with living birth parents varied considerably in quality and frequency. Contact frequency ranged from weekly contact with a parent sometimes including regularly staying over in their home, to occasional meetings that may have not happened for some years, or no contact since the SGO. Some expressed positive, loving relationships with their parents, other more distant, challenging or occasionally emotionally abusive. Some people described contrasting relationships and experiences of contact with different parents.

### 6.1.4 The young people's overall wellbeing

No formal wellbeing measures were used in this study, and therefore the general wellbeing of the young people could only be inferred from the young people's narratives. All but one (who had been diagnosed as neurodivergent and referred to himself as a loner) described friendship groups. Many were actively engaging in sports or other hobbies. They were nearly all in education or work, except for two young people; one who was temporarily in between jobs following a redundancy notice on the day of the interview, another had recently pulled out of a further education course to reconsider their options. All other participants were in a mainstream school or college, a special school (one participant), or university (one participant). Of those in further education, at least four were aspiring to attend university. Five were hoping for careers in helping or therapeutic professions (such as the emergency services or psychology).

Many participants described currently experienced what they referred to as behavioural challenges, anxiety, or periods of low mood at some point in their lives. Two young women described having been through a period where they were frequently reported missing, although they both felt at the time of the interview that this was behind them. Two participants shared experiencing school exclusions, and one participant had spent time in a pupil referral unit, although was now settling into A level studies and aspiring to attend university. A few others described school suspensions. Most linked their challenging

behaviour at school to difficult emotional turmoil. Their reflections on these issues will be explored further in the findings chapters.

## 6.2 Structure of the findings' chapters

The findings have been organised into three chapters, based on the overarching themes that emerged from the analysis of the interviews. Chapter 7 looks at how the young people *experienced being* a SG family. This includes their feelings about transitioning to and being raised in these family settings, how they saw their family as compared to other families, and how they felt about any differences. It considers their sense of security and permanence in their family, it explores how they experienced their relationships with their SGs and their parents, what roles they saw significant adults taking in their lives, and how they experienced sibling relationships including those known or not known, living with them or apart from them.

Chapter 8 looks at how the young people *made sense* of their family story in terms of how they understood and felt about themselves as a young person raised in an SG family after removal from parents. It explores how they presented knowledge and information gleaned from various sources, including memories, ongoing contact with parents, observations of family interactions and family stories, and used this to feed into their sense making journey. It considers challenges they experienced in accessing wanted information or seeking understanding, as well as how they interpreted and gave meaning to knowledge/knowledge gaps, how this influenced their sense of identity and how this changed over time.

Chapter 9 provides an overview of challenges that young people reported experiencing in their life journey, with a focus on their satisfaction with any help and support they received, and the factors they saw as feeding into their resilience and optimism for the future. Young people also made suggestions for improvements in support for SG families and this information is also presented in chapter 9.

## 7 Doing family differently? SG family as a 'normal', non-normative family

### 7.1 Introduction

This chapter explores how the young people experienced family life with SGs. It examines their feelings about transitioning to and being raised in these family settings, and their descriptions and feelings about their relationships with their SGs, biological parents and other family members. It investigates their sense of permanency in these families, the relevance of biological relatedness, and experiences of being part of complex sibling groups across different households. It considers how the young people navigate living within a society structured around nuclear family norms and the strategies developed to manage these differences.

### 7.2 'Normal' family life: A reality and desire

Many young people described their SG family as '*normal*' using this or similar words to characterise what family life was like to them. Family life was often repeatedly framed as ordinary - like any family they could imagine or believe their peers experienced. While also acknowledging its uniqueness or strangeness to others, SG life was often talked about in a matter-of-fact way - it was simply their family:

*It's not that different... It's pretty much like any old parent...[moving here] was pretty normal... It's not really any different. (9)*

For those who moved to their SG homes as young children, this sense of normality stemmed from having known no other reality. It was simply *their* normal:

*I've lived with her since I was born. So haven't known anything else (22)*

Even young people who moved later in childhood described an eventual settling into a comfortable family routine, although a later transition could be more challenging:

*I didn't want to move in the beginning... we were tiptoeing around each other [at first]... I think that we were just trying to figure out, what can we do?...How to just act like a normal family I guess. [But] It went alright... It did go better than I thought it would. (1)*

For those older at the time of the move to SGs, adapting to a new school and making new friends played a significant part in finding ‘normality’ in their new home, highlighting the importance of peers and social life *outside* of the family in mid-childhood:

*It was a complete change in environment...I was new to the school... But I started making friends... I grew to actually kind of like it.... but not at first. No. (4)*

Finding ‘normal’ sometimes involved burying difficult feelings – becoming resigned to the situation:

*I was forced to become very emotionally mature by a young age, so I got used to not having a mum or a dad, and that was just the norm...obviously you know I wasn't happy about it, but I couldn't change it. So there is no point in me being sad (4)*

Many young people articulated a clear desire for all to *treat* their situation as ordinary, indicating that being responded to as ‘normal’ helped *establish* normality, and that feeling normal was wanted rather than just resignation:

*Don't make the child feel like this is different to having a mum and dad... 'cause it doesn't need to be different. You're still going to love the child. (2)*

Ordinary family activities - watching television, playing games, eating together, shared interests, family rituals, and everyday companionship - were frequently mentioned as family practices that cemented their sense of normality and belonging:

*We watch TV and it's just nice to be at home with [SG] and the dogs, it's like a cosy environment. (14)*

*Me and my [SG] like to do art together...And we have an interest in like cars as well. (20)*

Happy family memories often centred on holidays and fun activities, highlighting the importance of shared, enjoyable experiences as a family:

*We go to [coast town] a lot. Not always stuck indoors...we do have fun together. (5)*

### 7.3 A secure base of care and love

All young people described their family using mainly positive words. They felt cared for and loved by their SGs with physical needs being met, emotional support provided, and efforts made to give them the best possible life:

*It's good. 'Cause I get fed, I have a roof over my head, I've got heating, general necessities. I'm able to talk to my [SG] when I want to...[I feel] cared for. (5)*

Virtually all narratives went beyond appreciation of safety or material provision, describing having a close bond to their SGs, often using words such as 'love', 'bond', and 'close' to characterise these relationships. Some felt this close emotional connection was established quickly, even when very young:

*[My SGs and I are] close, really close... I talk to my [SG] about everything. (1)*

When referring to specific qualities they appreciated in their SG's parenting, most young people identified good communication – their SGs were seen as people they could talk to and who would respond to them openly and honestly:

*Me [SG]...I just talk to him the most. I like tell him stuff, that I wont tell anybody, tell him the truth and all that...I can tell him anything. (17)*

Advocacy and support for their individual needs and choices was also highly valued:

*They've always been really supportive of what I want to do, like with my singing, my choice of college. (1)*

Many showed admiration for their SGs' strengths and abilities to cope with life's challenges and fight for their own and their family's needs:

*She's very much a fighter... it is good to have her on my side if I want anything. (13)*

Some valued the structure, discipline, and high standards provided by their SGs:

*I like how high standards [my SGs] have for me and I want to meet those standards... it's a good strict, it's not like a bad level of strict. (12)*

Other young people voiced appreciation of *freedom* and autonomy within limits that provided a sense of being cared for *and* respected, perhaps not surprising at this stage of adolescence:

*They're not that strict. I can do whatever I want... So, like, it's not like I can do anything. I just get taken care of. (17)*

## 7.4 Being wanted and fought for

Feeding into their sense of their family was knowledge of being '*fought*' for by their SGs. They appreciated their SGs' efforts to care for them, often persevering through difficult processes:

*They were pretty adamant that they wanted us... I know that they went through rigorous interviews. (2)*

Many expressed awareness of and gratitude for their SGs' sacrifices, such as giving up retirement plans, financial comfort or personal relationships to avoid them going into care:

*When [SG] first had us... she was either married or had a boyfriend, but after a bit he just couldn't cope looking after me and [younger brother] so she just ditched him. (18)*

Gratitude was also expressed around their continuing care. SGs, including elderly grandparents, remained actively involved in parenting even for young people in their late teens, providing support with education, social activities, and contact. They portrayed a sense of feeling lucky and special to be prioritised in this way:

*It's a hard job for any [SG] to do, to pour their life, to give love and warmth to a child. A child who had probably gone through so much stuff that they had to start afresh...I'll always be grateful for the decision that she made... to pause her life to give me a life. (15)*

These actions appeared to provide concrete assurances that they were, and had always been, loved and wanted. However, alongside this, for some, were indications of guilt or not wanting to impose further on SGs. While guilt was rarely *explicitly* expressed, young people sometimes reported minimising their own needs or emotional issues to protect SGs from additional stress:

*Sometimes I'll have a cry about things, but I won't want to go to my [SG] about it...I don't want her to think that she's doing something wrong that's making me not to have, you know, a good mental well-being because she is. You know, I am good. (13)*

However, some young people also highlighted reciprocal benefits for their carers, noting that their SGs gained from their companionship, help around the home, or assistance with technology:

*I still have to help her with her phone! (8)*

Some young people expressed plans to 'pay back' care for their SGs in older age:

*[In the future] I'm gonna be rich. I'm gonna make sure my [SG] dies a good death at least, that she will be living lavish when she dies. (4)*

## 7.5 A permanent home

Many interviewees were approaching or had passed the formal ending of the SGO. However, this did not negatively impact their status as settled, permanent family members. Most portrayed acceptance that they would continue living with their SG post 18 until ready for independence or after university:

*I don't know if I'm gonna move away straight away like I might wanna build, build up my financial status first, make sure I've got quite a bit of money, then move out. (4)*

While many picked up implicit messages that their home would continue beyond 18, some received explicit guarantees around this:

*My [SG] said to me like 'you can stay with me as long as you need. I'm not gonna like, you know, like kick you out or something.' (10)*

A sense of permanence in their SG family existed even for those who knew their parents had progressed to have settled lives and were now parenting other children:

*I do know that when I'm 18 the legal guardianship ends... I can either go live with her [mother] if I want to... I don't know if I'd want to do that...it's just too far from like all of my friends and stuff...[so] I'm still going to be living with my [SG]. (19)*

Those whose SGs had died or divorced still experienced continuity of care within the family. In two cases where SGs became terminally ill, an older birth child of the SGs had stepped into help with care of the young person. The three young people of divorced SGs enjoyed maintaining contact with their non-resident SG, although for two siblings this was not as much as they wanted.

The importance of having this sense of family security beyond 18 was evident in narratives of those struggling with transitions into adulthood:

*I'm at a bit of a crossroads right now I'm trying to figure out what to do with myself... Obviously gender identity has been a big factor recently... slowly but surely, I'm getting to a point where I'm feeling more happy with myself. (2)*

One young adult who underwent a life-changing operation after 18 was grateful to have his SG's support:

*Going through something that I've never done before and having my [SG] with me was nice ... I wouldn't have had it done on my own because it was so scary, it was overwhelming. (14)*

Two young people in the sample expressed uncertainty about their permanent place and belonging in the family. One had experienced changes in care-giving arrangements following the divorce of his SGs as well as family bereavements:

*Well, the first word that comes to mind [to describe family] is in flux. Because its been a bit...from one to another to another. About every 10 years or so it seems... it makes things a little bit shaky...because of all the changes and being the outlier. (2)*

Another young teenager experiencing struggles around boundaries set by her SGs had been threatened during arguments about potentially being sent to live with other grandparents:

*I have been threatened a lot of times to move to my other grandparents. Like if I do something they're like, 'do you want to go and live with other grandparents because we can arrange that'. And I don't want to... I don't want to test just in case it does happen. (20)*

While most valued the security of their family home, two interviewees expressed a desire for independence. One was struggling with her SG's boundaries, and another felt burdened by caring responsibilities for her SG, younger sibling and birth mother:

*I just really want to live by myself... I don't really want to look after anyone. You know, I want to be myself. (22)*

For some young people, appreciating ongoing support and security around their place in the SG family *post-18* coexisted with a desire for independent decision making around family relationships *before* the age of 18. One argued that the legal structure of the SGO should allow for this:

*[Before 18] I was making decisions to see Mum, I was doing all that planning. So by the time the SGO order ended, it didn't really affect me 'cause I was already doing all that I was already the one who's making the plans, making the arrangements...so it didn't actually feel like anything to me really... I feel like [rules] should be relaxed a bit more when the child turns 16 because at that point they're old enough. (3)*

## 7.6 Navigating 'normal' in a nuclear-family society

Experiencing family life to be 'normal' did not mean it was felt to be *identical* to other families. Young people highlighted challenges arising from residing in a society structured around nuclear families. Many struggled with language to describe their family relationships:

*I think what has been most confusing is trying to explain my relationships with other family members to friends. (2)*

Some challenges were perceived by some as merely inconvenient, however societal traditions centred around biological parents (Mother's/Father's Day, school letters addressed to 'parents') imparted a sense of stigma and evoked feelings of loss:

*When I had to make Mother's Day cards, I wasn't able to do that because my mum was somewhere, I didn't even know where, with another man, not giving a second thought to me... everyone was talking about how much they loved their mummies and daddies, and I never saw mine... [and] when letters] said 'Dear parent', I was like, 'yeah, I do not have parents'. But then it said 'parent/carers' and I was like, 'OK. Now it involves me'. (13)*

Fears around intrusive questions from peers about their family formation was highlighted by several interviewees as a key challenge. Desire to avoid such questions appeared to lie behind some of the need to be seen as within a 'normal' family. Some demonstrated great concern around privacy, developing strategies to manage others' perceptions and controlling the narrative about their life story:

*I don't tell them anything, I never really told any of my friends that [I don't live with my parents]...some people could get really offensive, say things about their mother. (6)*

Other interviewees appeared less concerned with the perceptions of others. For some, this stemmed from finding commonality with peers from diverse family structures. Some young people appeared to gravitate to others in similar family situations, feeling an affinity with those who understood their differences, would not question intrusively or could empathise with feelings of loss:

*As I got older and went through life I found more mates in a similar situation... There's this one boy who's like in a similar situation as me, so obviously we're like best mates cause like we know how each other may feel. (15)*

Some young people appeared to project confidence and ease about their situation that seemed to discourage intrusive questions or negative reactions from others:

*It's kind of cool because most people live with their mums and their dads...I don't really know anyone that lives with their nan ... I'm lucky. (16)*

Having a sense of confidence and ease about their family structure appeared to be linked to young people's feelings of comfort with and acceptance around their life stories (see next chapter), that may have been projected out to their peers. One young man noted how he came to feel more negative around his family situation as he matured and became more cognitively aware of, and concerned about, what not living with parents really meant:

*[When I was younger] at times I thought that everyone else is with mums and dads I'm with [SGs] so that must mean I'm better than everyone else!... I'm special... the words that come to mind to me are blissful ignorance...I'm young, I don't really know too much. Hence, there's not too many anxieties or worries. (2)*

Some living with grandparents or older relatives referred to generational differences in the parenting approaches of their SGs compared to their peers' parents, noting significant changes to their social context. This led to struggles around adolescent needs and the imposition of stricter rules such as early curfews:

*They've raised their kids in different generations. They're not of my generation...It's just a completely different thing now. (4)*

Not all young people expressed the older age of SGs to be an issue. Some felt their SGs attitudes or friendships with people of different ages kept them attuned to modern adolescents' needs:

*[The SGs being older] was never a problem because obviously my dad [SG] knew so many people...most of the dads, most mums, no matter what their age, would know my Dad anyway, so it just felt like a normal thing. (11)*

A few interviewees felt they experienced greater over-protectiveness and concern in their SGs approach to parenting fuelled by a concern the young people would follow their parents' path:

*My [SG] is very worried that I'm gonna make the same mistakes that my mum did... I'm completely different. I'll have a couple of drinks with my mates sometimes in a*

*safe house...And then I'll come home, but they're like, 'oh, you shouldn't be drinking at this age, and you should be careful'. (1)*

Some interviewees with older SGs noted the impact of SGs' age-related health issues. Illness, disabilities and increased hospital visits could reduce their SGs' ability to engage in activities or be emotionally present, or require young people to take on caring responsibilities:

*All the other boys... being able to play like football or go out or just do things with their dad... I couldn't really do that much with my dad [SG] and I couldn't do it my mum [SG] either because she was always having to look after my dad [SG], so I feel like it got a bit lonely. (11)*

There were occasional references to the negative consequences of their family history or the emotional strain their SGs were under compared to other parents, and the impact this fragility had on their family experience:

*[My SGs] also have trauma issues... because obviously a lot of stuff happened [with mum and dad] ...she's had to take over [us] children. And that obviously leaves a big, huge impact on her like financially and mentally and physically. Because she's always tired...she doesn't know how long she can take it... I have nothing but respect for her...I think mentally [SG] can be in a bad place at times, but that's almost not her fault and she can't control it. (12)*

## 7.7 SGs as parents: Beyond labels

While some of the young people recalled progressing naturally to calling their SGs 'mum'/'dad', others kept terms relating to their SG's original status such as 'nan'/'grandad'. Those who joined their SG family later in life tended not to refer to them as 'mum' or 'dad', perhaps because their SGs were already established in their minds as 'nan', 'uncle' etc, and birth parents had become their concept of 'mum'/'dad' in their early lives. However, this could also be the case for young people who were placed as babies or toddlers. For all young people, regardless of labels used, SGs were distinguished as their key psychological parent; they had become loved and important 'parent' figures:

*My [male SG's] basically a dad to me now.... [birth father] just kind of felt more like a friend... I couldn't trust him with certain things that I could with my [male SG]. I could talk to him about little things, but nothing major or big problems that I would have. (12 – referred to SGs and birth parents as 'mum and dad')*

Even those who saw their birth parents frequently, or even had them come to stay in the family home for a while, recalled knowing who *mattered* to them as a parent figure:

*[My parent] was definitely my grandma... (22)*

Most appeared to attach little significance to the labels used, however, for some language mattered:

*I don't want her to be like my mum. Because...the only experience I've had with a mum is bad, so I'll stick with her being grandma. (13)*

One young woman described her SG as having at first deliberately dissuaded the use of 'mum', concerned that that this would upset her birth mother's feelings, by making her feel excluded:

*[SG] didn't want me to call her mum in the beginning because she didn't want my mum to feel like she was replacing that role. But after a while I was like, can I call you mum? She was like, 'yeah'...[so] I do. It's mainly over text though. But sometimes I say mum. (22)*

Most participants called their birth parents 'mum' and/or 'dad', even if they also used these terms for their SGs. Although comfortable with the dual use of these terms themselves, they were aware of potential social confusion and during their interview frequently clarified for me *which* mum or dad they were referring to:

*I've called [SG] mum since I was young...for other people it does get quite confusing, but for me I know because whenever I'm talking about my mum I refer to her as mum X. I say her name, so that people know who I'm talking about. (19)*

Some also showed sensitivity to the emotional significance these labels held for the adults in their lives:

*If I accidentally call [SG] mum [in contact] or something, it might make [birth mum] feel bad. (6)*

Only a minority of interviewees did *not* use parental terms for birth parents, typically when relationships were more distant or conflictual.

Although young people described their SGs as effectively 'parents' and emphasised the general normality of their family life, a couple of young people imagined slight differences between being parented by an SG and by biological parents. One young man, living with

relatives with whom he had no prior relationship before moving to them in early childhood, reflected on these differences, showing how they were partly based on *imagined* fears than actual *experiences* of difference:

*Occasionally, sometimes I feel like...I don't really fit in...I just haven't got a connection...they're not actually your proper parents. You can get like so close, but maybe there might be a little thing that shows you are not like biologically related... they gave birth to [their biological children], whereas I came in after four years outside...I don't feel that all the time, it's only if I'm like, down... Sometimes I'm kind of worried that they see me differently. (6)*

Differentiating between a birth and SG parent in this way was rarely voiced by others in the sample who generally spoke of close bonds with their SG and made no negative comparison to those living with parents. One young person felt there may be a slight difference in how much he would disclose to his SG compared to a birth parent for fear of intrusion from outside agencies, perhaps aware of the state's involvement in forming his family structure:

*You wouldn't be able to tell them certain things like you would like your actual parents or stuff like that, but apart from that, everything else is pretty much the same... So like if I was having trouble at like school or like, if something was going on, I wouldn't be able to like tell them as detailed as I would be able to tell my biological parents ...It's not that I don't trust my mum, just that like... 'oh if I tell her this then what's going to happen?' Or 'is she going to tell anyone else?' (9)*

Another young person, who expressed that her SGs felt a '*bit of both*' - grandparents as well as parents - shared that this feeling seemed to primarily stem from being reminded by her SGs that they *were not* her parents:

*'Cause sometimes they're like, 'you know, we're not actually your parents and normally we just see you like on the weekends' and I'm like, 'yeah, I know. But you don't. You have to put up with me.' (21)*

## 7.8 The 'best of both worlds' – the ongoing significance of birth parents alongside a SG parent

### 7.8.1 Birth parents as important members of the family network

While firmly anchored in their SG families, most participants maintained relationships with at least one birth parent, the significance and quality of which varied considerably across the sample. For some, at least one of their parents was described as a loose connection rather

than a close family member ('they're sort of just like people to me'; '[he's] more like a mate that I keep in contact with every now and then'). Some had explicitly rejected them ('I deleted his number, and I blocked it'; 'She's just an idiot. I don't want to see her'). For others, their birth parents appeared to be important, integral members of their family network.

Perceptions of birth parents are discussed further in the next chapter, here the focus is on how these young people integrated these connections into their family network.

Many young people viewed their birth parents as key members of their family network and often described having what felt like relatively 'normal' family relationships even when contact was limited or aspects of the relationship difficult. This often represented continuity of the only relationship they had ever known with these parents, or one that they had settled into - it was *their* normal:

*Sometimes I go to my dad's, but not very often. But I still have a good connection with him... He's very laid back, he's dead funny. He's nice to me...It's not awkward. It's just normal. (16)*

Most described and appreciated visits with parents which enabled them to have natural, family-like experiences such as days out in the community, activities or holidays or relaxed time together in family homes:

*[We went to] public cafes or we went shopping or parks... still spending a decent amount of time together. And it was nice when we were all together how the family dynamic was... It just felt like we were all together like a normal, like a family. (1)*

Young people appreciated inclusive traditions around special occasions:

*[On my birthday] my [SG] always takes me out for food ... And we'll like, open my presents before we go. And I'll either see my mum the day before or the day after. (8)*

In a few cases, contact arrangements resembled those typical for children of divorced parents, with weekly or fortnightly meetups, sometimes including overnight stays. Such visits were described as comfortably routine:

*The arrangement was...a day out with dad on the Saturday and then a day out with mum on the Sunday... It wasn't a case of, you know. I don't have a mum and dad in my life anymore. It was just a case of, other people live with their parents. I still see my parents, but it's just a bit of a different situation. (2)*

Regardless of the current quality of these relationships, all young people expressed the importance of having the *opportunity* for continued connections with birth parents:

*I'd seen my parents... I remembered them. So I think just like going [from them] would be like a massive change and to be not seeing them again would have been quite like distressing... when I was younger, they were like the main part of your life and to just have that like person or those people just like - gone... it'd be really hard. (10)*

Several explicitly compared their situation favourably to those who lose all contact with birth family through foster care or adoption:

*One good thing about special guardianship is that if I was with foster parents I might not have been able to see [birth mum]...because my dad [SG] actually knows [mum] it's easy to keep in contact. (6)*

Some described a close emotional connection to their parent, or retaining elements of a parent-like relationship. Feeling loved and cared about by their parents as a son/daughter was widely appreciated:

*She does [feel like a mum]...I don't really spend much, like enough time with her to be able to know her, but I do know that she still loves me and she does care about me. (19)*

Relationships with birth parents could in some cases provide a valued, distinct type of support to that received from SGs:

*I feel like I speak to [my birth mum] a lot more about how I feel, 'cause it won't affect her as much as it would if I would speak to my own mum [SG]... mum [SG] she's had like a really nice upbringing and she's like in a good family... Whereas although I've had like a nice upbringing, and been safe, it's been very messy. So it's nice to speak to someone [birth mum] who's been through all of that. (11)*

A few described feeling a unique biological connection with birth parents which felt special, even when contact was very limited or tricky, as it was for these two young people:

*I'm kind of shy [but] I feel something with [biological parents] that I don't feel with [SGs]... It's like a biological thing. I don't know what it is but it's like a mother thing and a father thing that I can't get with [SGs]...it just feels like we share something. (6)*

### 7.8.2 Dual parent connections as enriching

Rather than experiencing these dual parent-like connections as conflicting or confusing, most described a 'best of both worlds' scenario where birth parent and SG relationships could coexist as complementary rather than competing. Birth parent relationships more commonly seemed to *enrich* rather than *undermine* their sense of security and belonging with SGs:

*I saw [mum] often enough anyway, so she would still take me out, and I'd still stay at her house ...there always some'at going on in family... there's always people, like always there to talk to and always there for you...you've always got someone to talk to if you're bored. (16)*

Participants consistently expressed they did not wish to return to parents' care, valuing their life with SGs and recognising parents' limitations or differences:

*As much as I love my mum I much prefer living with [SG] because I've just built up that kind of bond with her over the years where she is like my mum and she's like kind of like my rock. (11)*

Even in the case of two participants whose mothers had stayed for prolonged periods in their SG home, their felt sense of security and permanence remained with their SGs:

*When I was about five, she lived in our house for a year... I didn't feel like there was any, that they were equal...My mum was like a sibling. (22)*

It was rare for issues of conflict between dual 'parent' figures to be mentioned. It is possible that this positive situation had slowly evolved over time into a stable and accepted pattern, with early issues gradually resolved over time. This research focussed on the young people's perceptions and memories of the situation, rather than 'behind the scenes' negotiations they were unaware of or had forgotten. In one case, conflict was referred to as a distant and insignificant memory:

*When I first went to my [SGs] she [mum] didn't really like it. But she's properly like settled about it now... she's just accepted it as it went along...when I was first living with my [SGs], [contact] was supervised by social services. (17)*

A few participants referenced the SGO legal framework as providing helpful boundaries and clarity about decision-making authority:

*I've been begging [SG] to get me belly button pierced... she's finally said 'yeah' ...my mum's been wanting me to get [my piercing] done for ages, but obviously it's not up to her no more... by rights [SGs] have all the rights over me. So, no one else can really make any decisions that like needs consent...they can't really argue about anything because it's been decided by the courts since like years ago. (16)*

In some cases, issues of role interference seem to have been avoided by having set structures or boundaries around visits. Young people valued adults taking appropriate responsibility and maintaining structure around contact, as long as they too had input into decisions, could perceive *their* needs and emotional wellbeing being prioritised, and experienced visits as comfortable and natural:

*I've never slept around my mum's. I could do. But I think my [SGs] had a fear that if I slept round my mum's for a night then she'd then push for two nights, and then the whole weekend and then possibly even a week... we're in a comfortable place now where I see her ... Every week or every two weeks. I think it's good as it is. (7)*

A delicate balance is required to ensure young people experience natural and quality relationships with parents whilst staying safe. In a couple of cases, inadequate boundaries meant young people were not fully protected during parental contact. This young woman, whilst having some positive childhood memories of happier and playful times together with her mother, also recalled frightening experiences, indicating the danger of prioritising the development of parent-child relationships above keeping children safe:

*My [SG] would drop me [at my mum]. She'd wait inside the car, just wait outside and I'd just have time with her.... I don't think she would have done anything bad to me, but I do feel like I didn't feel entirely safe alone with her... [when mum came to live with us for a year] it was quite difficult to be fair because when she was ill... she'd start crying and I'd never seen an adult cry before, and it really scared me. And she would just say 'oh they're coming to get you'...stuff that children don't need to hear. (22)*

This same interviewee's narrative also revealed challenges from parents who remain unwell and are closely involved without adequate boundaries, leading to unhealthy dependency interference:

*I feel like I've been more of a parent to her than she has to me... if I told her to take her medication, she'd take it, I'd watch her take it. I kind of just had a caring role for her...*

*sometimes she'd ask me to buy her food for her when she didn't have food...one time she asked me to order her food and I didn't even have enough student finance money but I still got it anyway. (22)*

### 7.8.3 Valuing adults' respect for dual-parent connections

Whilst appreciating reasonable boundaries around roles, young people valued their significant adults' support for each other's role, and being enabled to gradually develop their own agency around relationships. Interviewees spoke appreciatively of their SGs 'letting' or 'not stopping' them see their parents:

*[My SGs] never stopped me from seeing my biological parents, 'cause they because they obviously know it's gonna happen at some point. And I'm going to want to ask questions. But I've always wanted to stay with [my SGs] anyway, so nothing would really change. (12)*

They showed gratitude to SGs who proactively facilitated birth parent relationships, including making long journeys for visits or support around interactions. Such support could still be very much wanted in emerging adulthood:

*My dad's [SG] the one that organises all the trips up and stuff.... we go up for like two or three days...She's quite isolated and she can like, not answer the door... He normally does the talking ... her voice is like, it's very hard to understand...[SG] can kind of understand her a lot... I could go see my mum and whatever by myself now but...I can't drive and even if I could drive I would want someone else with me. (6)*

There was appreciation for SGs who helped them honour their relationship with birth parents as parents:

*[On Mother's Day] Me and [male SG] took her some flowers and a card and stuff and kind of spent the evening with her. (7)*

One SG, a paternal relative, created a photoshopped picture of a young person and birth mother soon after the mother's death. Although the interviewee's mum had abused and rejected her, she valued being enabled to remember her in this way and displayed it on her bedroom wall:

*I didn't ask for it, but [SG] thought it'd be best because obviously I never really saw [mum] when I got older. So, it was just nice to have something to make it look like I did just to help with the healing process... she wasn't really a mum to me like she should*

*have been, but she was still my mum, and I still did think of her and I still did look like her. (13)*

Young people equally valued birth parents' acknowledgment of their SGs' parenting role. A moving example was shared by a young person whose SG had died; his birth mother helped preserve his connection to his SG through a legal name change:

*[My birth parents] always said to me [SG's] been a good woman and that looking after you is the best thing she's done and that, and like brought you up to be a good boy...My [birth] mum brought me like a form, a certificate so I could change my name to [SG]'s last name ...Because obviously I lived with her as like my mum, so it just felt normal to have her name in my name... we were talking about [doing the name change] when I was a kid, but we didn't really know how to do it, but now my mum's done it for us. (15)*

Feeling supported to have *relationships* with parents was not the same as allowing them to be parents in all senses. There were occasional indications that SGs may have struggled with loyalty to a birth parent, prioritising their feelings above the child's:

*My [SG] didn't want me to call her mum in the beginning because she didn't want my mum to feel like she was replacing that role. (22)*

Appreciation was expressed when adults prioritised the young person's own wellbeing and ensured parent relationships could be enjoyed in a safe and enjoyable way:

*I didn't go [to mum's home] and see her...Because I felt it was always best if I got too upset or too annoyed about things, then I could go to my bedroom. Whereas if I was at hers I would be like 'oh I can't leave'. I knew that if my mum and my dad failed to turn up, if everything went wrong, or if I didn't enjoy talking to them, then I still had my [SG] in the same room...She was my safety net. (14)*

Young people valued their significant adults recognising their need for increasing agency in decision-making, particularly as they entered adolescence. Some had decided to see their parents more, and some less, some appreciated greater flexibility:

*My [SG] was just like 'as you're like getting older and you're coming to the age where you can legally make your own decisions based on like what you wanna do with your parents'...As I got older, it was just like I don't necessarily want to see them monthly.*

*That felt like too much for me like...I wanted to have my own space and just like figure things out. (10)*

However, young people's feelings of guilt or over-compassion could cloud recognition of their own needs. This could include guilt around the SGs long journeys to visit birth parents, or around hurting their birth parents' feelings. Young people needed adults to help them to separate their own emotions from those of others and validate their choices:

*When I was younger, I obviously enjoyed seeing them...But as I got older, it felt as if I like I had to see them... because like they're my parents...then I spoke to my [SG] about it and she was just like 'you have no reason to feel guilty about it'... now I'm understanding that more that it's not like my fault that I'm like where I am...I shouldn't be the one feeling guilty for not seeing them...[my SG's] just like, 'it's completely your choice. Don't feel, you know bad for whatever decision you decide to make'. (10)*

#### 7.8.4 Conflicting dual parent connections

While most participants described collaborative arrangements, a few participants recalled birth parents undermining SGs' parenting or struggling to accept the permanence of the arrangement. In a couple of cases this led to distressing situations:

*When [mum] was unwell, she would say [to SG] 'oh you always causing friction. You're trying to take my daughter away'. She'd go to my school and try to pick me up...[one time] she actually did pick me up... the police came and everything. (22)*

The young woman below, who moved to her SG in mid-childhood, recalled receiving clear explanations of the SGO from her SG which she felt provided her with enough reassurance despite her parent's references to her returning to their care:

*When I started living with my [SG]...when I would see mum, whenever she got a chance to be alone with me ... she'd always ask like awkward questions like, 'Oh would you like to come and live with me again someday?'... at that age I always said, like, 'oh, yeah, you know, I really want to'. Whereas in fact I didn't but I felt like I had to say that because she's my mum and that's what she wants to hear [but] I knew that I wouldn't be leaving my [SG] until I'm 18, and then even then it's my choice... my [SG] explained it to me briefly when I was younger, so I just had that initial thought in my head of being like, you know, this is my home until I'm 18 and then my home afterwards, if I want it to be so. (10)*

Rather than show confusion or distress, young people expressed frustration with parents who undermined SGs' parenting, indicating understanding of and confidence in their family structure:

*When we have an argument, [birth mum] will be like, don't let your [SGs] try to change your perspective on me. It's like, I have my own perspective on you. I just think she takes me as an idiot and I'm not. (21)*

## 7.9 A 'village' of multiple caring, supportive adults

Beyond their immediate SG family and birth parents, many young people voiced appreciation of close and supportive connections with other adults in their extended family. These relationships were generally portrayed as enriching their lives and providing additional sources of support, care and companionship. Networks could include multiple sets of grandparents, aunts, uncles, cousins, and their SGs' adult children. This interviewee living with one set of grandparents regularly visited another grandmother and an uncle, went on outings with her mother and had holidays with her father and his new long-term partner:

*I can go to anyone's house whenever I want... Wherever you turn you've always got an adult. And it's fun... Sometimes I prefer staying [at my other grandmother's], not because of any reason. I just like it...I'm really close with my uncle. He feels like not a dad, but... We just have a good bond...me nanny [not SG] and me are really close. I'm close with everyone, really. (16)*

Continued relationships with SGs' ex-partners and their families were valued by several participants, providing valued additional grandparents who could offer practical support such as childcare or different types of company and activities:

*I love my [ex-partner of male SG]... she's still friends with him... I went at least every month...when my [SGs] were just continuously working. I used to go and stay like for a weekend, or like if I had holidays, I'd go for the whole holiday... She got me into horse riding when I was little...She got me into dance. (21)*

Adult children of SGs also could provide additional companionship and support:

*My aunt I see quite often... she comes down every weekend to see everyone... she comes here to see me, look after me... I think at first she would come here every weekend to kind of make it easier for them because I was difficult in a way... But since then, I've grown up, but she does still come down and it's very nice to see her. (7)*

For one young person whose SG grandfather had deteriorating health, a biological aunt became especially significant:

*We were super close, she used to take me all the time and stuff... she felt like kind of older sister... she was like a best friend, a bit like a mum 'cause whenever my [female SG] was busy looking after my [male SG], she would always be keeping me company or taking me out places and stuff. (11)*

These additional relationships sometimes provided unique forms of support. One interviewee chose to first disclose his emerging transgender identity to his aunt rather than his SGs:

*My aunt was the first person I spoke to about this... she did a lot of work with special needs children... I figured that would be really the best person to talk to that time... I just flat out said, you know 'I'm transgender'. (2)*

## 7.10 The (ir)relevance of biology and the importance of the 'periphery'

While all participants appreciated being kept within their wider family network, their concept of 'family' often extended beyond biological connections. Several lived with or had strong bonds with SGs who were not biological relatives:

*[SG] used to come to my house all the time 'cause she were a family friend... And obviously like [SG] had like an emotional attachment to me... we just connected... [and SG's son is] just like basically like a brother. (18)*

Step-grandparents were frequently mentioned as important family members without distinction from biological grandparents:

*I know both of them as Nan, [SG's previous partner] and his first wife who he had my dad and my uncle with. (2)*

Many described important relationships with people who might be considered peripheral from a traditional family perspective: parents' new partners, SGs' ex-partners and their families, neighbours, and family friends:

*I'm definitely close to [children of step MGM's], especially like I love [daughter of step MGM] so much...I stay around [her] house a lot. (21)*

These relationships highlight that quality of relationship mattered more than biological connection; 'family' was defined by care, familiarity, and emotional bonds. However, complicated networks could result in important potential or past relationships for individuals being overlooked or not supported. Divisions between family members also limited young people's access to certain relationships:

*[SG's ex-partner] decided 'I don't want to live in this house anymore. It reminds me too much of my marriage'. So she moved into a little bungalow in [town]... I don't see her as much as I would like to, but I do call her regularly... I don't really know the specifics as to why... I think it's just life. (2)*

Relatives from the side of the family the young people were not living with were sometimes not seen as frequently as those from the side of the family they resided within. Many showed a passive acceptance regarding adult relationships, relying on adults to initiate contact. However, one young adult who could drive and demonstrated particularly mature insight into adult dynamics, took the initiative to maintain important relationships:

*Dad died. And then...I don't know why, but I know contact with [step mum] was cut off for quite a bit... [SG] got really annoyed 'cause - in her words - [dad's long-term partner] didn't reach out to try and arrange anything. But in all the previous times up to then, [step mum] didn't reach out because [SGs] were reaching out and making arrangements so...She didn't feel like it was her place to make the arrangements...I started making the initiative to go and see [SGs previous partner] once a week and [step mum] whenever she was free. (3)*

He highlighted the importance of adults supporting young people to maintain family connections despite any difficulties and to put conflict aside:

*[My advice to relatives and SGs is] to not cut off communication with family... you don't have to like people. But when you're deciding to raise your grandchild, you shouldn't be taking those personal grudges and turning it on the other person. (3)*

As with parents, not all family members were *valued* family members. Some had strong views about whom they did or did not want to see, but did not always feel able to voice their feelings:

*I want to see my gran. Just don't want to see my granddad. That's why I love it when my gran just comes down by herself. That's fun. She always takes me to restaurants*

*as well... she's lovely...I feel like if I said that [I didn't want to see her] husband, then I feel like she wouldn't want to see me, and she would think I'm a horrible person. (21)*

## 7.11 The ongoing significance of siblings: Important bonds and significant loss

Sibling relationships emerged as a particularly significant theme in young people's accounts of SG family life, with lengthy discussions on how these relationships were experienced, maintained, disrupted, and valued across different living arrangements. Some interviewees lived with at least one sibling, and most noted the positive impact of remaining together, appreciating continued connection and unique shared understanding:

*I think it's just the spending time with [my sister] that helps me a bit. Because I don't really talk to her about how I feel. Even if we just sit in in our bedroom watching our films it's just that, I know she's there. (8)*

Some who had taken on caring responsibilities for younger siblings before moving to SG homes felt these experiences created uniquely strong bonds:

*I basically bought my brother up until everything was sorted... I got up with him through the night and I changed his nappy and stuff... I wouldn't want him to be anywhere else because I don't think anyone else would be able to understand him... I've grown to understand his mannerisms, and I've grown to understand his temperament. (13)*

Many participants portrayed the opportunity to remain with or continue connections with siblings as a fortunate outcome, made possible through the determination of their SGs or exceptional social workers:

*[SG] tried really hard to get [care of sister], but the professionals thought 'no'...[but] the woman who was involved with me and my sister wanted my sister to find a family who would allow me to see her...luckily, they found one family who she's with now that allowed me to see my sister. (14)*

For many, siblings were geographically dispersed across different households including with parents, other relatives, foster carers, or adoptive parents. Despite separation, siblings often remained extremely significant. Where regular, natural contact was facilitated, young people described sibling relationships that felt almost like those of siblings living together:

*I saw [my brothers] yesterday. We went to the park and played some football...we see them quite often... In the summer we get together quite a lot, we go to the beach... we do see each other and go bowling and do things that kids would do with their siblings... my brothers can sleep here too. (7)*

Digital technology played an important role in maintaining connections between visits:

*I have both my brother's phone numbers, and they send me gobbley-gook messages, they can't write properly. But it's good to have that contact... we played [an online game] endlessly every single day in lockdown. (7)*

Even across household boundaries, participants described powerful, unique sibling bonds:

*[My oldest brother] is one of my best friends. We are very, very close... we've just got this really weird bond that just can't be broken... no matter how much you fight or you may say you don't like each other but at the end of the day you're siblings, if you've gone through things together, I feel like if anyone is going to understand you, I feel it would be them. (11)*

Perhaps because of shared experiences and mutual understanding, siblings could provide crucial emotional support to each other:

*The thing that helped me the most with my wellbeing, my mental health, is probably having someone you can talk to... my brother spoke to me a lot and I speak to my brother about stuff. (11)*

Many interviewees took protective roles towards younger siblings, whether they lived together or apart:

*[My younger siblings] can't talk to my mum 'cause she doesn't like care, but they can talk to me about anything and they know that. (5)*

Some described taking on mentoring roles or trying to be positive role models for younger siblings:

*I told [brother] that I do regret going missing [from home] because I've lost chances I could have had. (5)*

This protection extended to shielding younger siblings from difficult information about their family history. Many interviewees were aware they held personal memories and information

about their family's story not known by younger siblings, but all described withholding information when they asked questions:

*He can't remember anything that happened... I think there's gaps in their knowledge and things that maybe when they're older, they'd like to find out... I guess it's not really my place to talk to him... I don't want to say something that would upset him. (7)*

In contrast to positive narratives of maintained sibling connections, some participants described significant losses and barriers to sibling relationships stemming from a failure of adults to prioritise or recognise their importance:

*Basically, every day I was coming home from school and asking [SG] when can I go to [sister] and when can I go to see [brother]?... You've got to go through loads of different social workers, which is just long, so it takes forever... they just took ages to do it. (15)*

Adoption posed particularly significant barriers to sibling relationships. Three participants with siblings who had been adopted all described this placement negatively impacting their ability to maintain connections. One young person with no information about his adopted sister articulated strong feelings of powerlessness and irrelevance:

*I think she has been adopted [which is] not good... I want to see what she's like... Last time I saw her was when I was a kid and I don't really remember that... she could be anywhere... I'd like to know, like how she's doing, just how she is... but every time we ask social workers, they just ignore us and that. I don't even know what's happening with her. (15)*

Another allowed only letter contact with her adopted brother throughout childhood was left with a sense that meeting him would be dangerous:

*Writing letters and then getting letters but not being able to see him was a bit weird... we weren't meant to meet up with each other because of everything, so, it was unsafe. (8)*

Even when direct contact was maintained with adopted siblings, infrequency and formality led to lost connection. One participant, grateful to a social worker who arranged annual supervised meetings, found this restrictive. He understood this arrangement was to protect her from their mum, yet had to make sense of this level of 'protection' not being applied to him, still a young child himself:

*There was a moment where I had to see her, like once a year, and that used to be supervised...cause they didn't know how my sister would be if she saw me, how would she have been, the emotions...what the professionals wanted was my sister to be protected from my mum. And because I wasn't protected from my mum, my mum could still see me. So if my mum came to see me whilst my sister was in the house that'd be breaking the protection. (14)*

Some of those separated from siblings, through adoption or otherwise, utilised social media for self-initiated reconnections:

*[My brother] found me on Tik Tok... he just started talking to me from there and then he just said basically I'd like to have contact, to see me and that... It were good [seeing him]... [now] I can go down to his house whenever I want. (15)*

The interviewee who had letter contact with her adopted brother in childhood initiated reconnection with him through social media, followed by a supported face-to-face meeting. Her eagerness to make up for lost time may not be easy at this busy time of their lives:

*Now we've seen him... It was really good... It felt like normal, we could just talk about anything... I think because I went that long without seeing him I just want to make up for the time that we didn't have together. (8)*

Reconnection later in life could be challenging. One participant who tracked down her father's older children in her late teens described the difficulties of forming relationships with adult half-siblings. She regretted missing out on these connections in childhood, losing a potential source of support to navigate the shared experience of their father's rejection:

*I just wish that I had known them a bit earlier on... I would have got closer to them, and it would have made a difference for me, in terms of help and stuff... [meeting them] felt like strangers... I've just walked into their life... it's just very, very, very weird. (22)*

Participants revealed nuanced understandings of who counted as a 'sibling'. While some half-siblings were considered highly significant, others - particularly those never met - were seen as less relevant:

*I do have two other ones on my dad's side [names] but I've never met them... I don't have an attachment to them like I do to my other siblings. 'Cause I've never met*

*them... I don't love them...they are related to me, but I don't have anything to do with them. (13)*

Conversely, some formed meaningful sibling-like relationships with children who had no biological connection to them, defining siblinghood by emotional connection and shared experiences rather than solely by biological ties:

*I think it's so lucky for my sister, to have another [sibling]... she got two, me and her sister and well, her sister sees me as brother anyway, so it's like... I've got another sister, but not in a blood way. (14)*

## 7.12 Conclusion

The experiences shared by these young people confirm that SG families can provide young people with positive family experiences. They also challenge assumptions that maintaining birth parent relationships within SG arrangements – even when these are frequent - creates confusion or undermines placement stability. Most participants described the ability to maintain significant connections with birth parents as an advantage of the SGO, avoiding loss and providing an increased sense of support and belonging while maintaining security in their SG home.

Dual 'parent' figures could be positive if relationships between adults were able to be collaborative, young people's needs were prioritised, clear boundaries recognised the SG as the primary caregiver, birth parents respected the SG's role, age-appropriate agency and support was given to young people around these relationships, and all showed sensitivity to the complex emotions involved.

Beyond their immediate SG family and birth parents, many participants described the benefits of belonging to a wide network of caring adults. Their experiences indicated an inclusive sense of family that transcended traditional boundaries of biology and household, revealing how SG families can foster a rich support network that functions as a 'village' of caring adults contributing to young people's sense of belonging and wellbeing.

The participants' accounts also emphasised the profound significance of sibling relationships, which could provide emotional support, shared understanding, and a sense of continuity and identity, even across household boundaries. At the same time, narratives highlighted the fragility of sibling connections when young people resided in different homes. While many described relationships maintained through their SGs' dedication, others recounted significant losses and disruptions, particularly when siblings were adopted or

adult gatekeepers limited or failed to prioritise contact. Determined agency was shown by some participants in maintaining, rebuilding, or establishing sibling relationships, sometimes through social media.

## 8 The known and the unknown – The power of honesty and detail in life story sense-making

### 8.1 Introduction

This chapter examines how the young people understood and made sense of their family life stories. Growing up in a society where most children live with at least one birth parent highlighted the distinctive nature of their family, prompting a process of sense-making (see analysis chapter one). The chapter shows how they actively gathered and critically evaluated information about their family and parents to construct a meaningful narrative as a child raised by relatives. Many recalled evolving understandings throughout childhood and adolescence, with new ways of thinking leading them to reprocess information and seek further insight.

Also outlined are factors which assisted young people to develop a sense of ease and coherence around their family story, allowing them to reconcile continuing (or lack of) involvement with a parent who had not fulfilled normative parental roles and had been deemed harmful to their wellbeing. It considers how their understandings informed critical decisions about ongoing relationships and their own life trajectories as they approached independence.

### 8.2 Gathering and evaluating information: A complex puzzle

For these young people, constructing a coherent sense of their life story involved navigating a complex puzzle, requiring them to piece together multiple sources of information. They actively gathered, evaluated, and interpreted fragments from memories, direct observations, family stories and occasionally professional accounts.

#### 8.2.1 Fuzzy windows into the past: The role of early memories

Most participants had no - or limited fragmentary and incomplete - memories of early childhood events that led to their current living arrangements. Only a minority of those removed beyond very early childhood recalled memories indicating inadequate parental care:

*I know absolutely every single I knew every little thing about why I couldn't live with my mum 'cause I witnessed it all...For years... I still sometimes have nightmares about what I saw...Some people would say, perhaps I know too much. (1)*

A few others recalled vague, mostly non-distressing memories but remembered having a sense of inadequate care. One remembered the move to her SG as 'relieving' and another recalled comparing her situation to that of school friends, recognising different living conditions:

*I remember like going out to play with like, friends or stuff ... but stuff around like how I felt or that, kind of thing, there's just like nothing really there...I have like an odd couple of pictures of like when I was like little, birthdays or like pictures of old dogs that we used to have...I don't think I felt like scared or worried about the situation I was in. But in comparison to other like friends and like how they're living, there was always just like, 'This isn't right. This is not how it should be for a 7-year-old'. (10)*

Some participants had specific memories of positive parental care, and expressed the value of these, appreciating a sense of being loved despite their parents' limitations:

*I have one memory where she got me an ice cream and I dropped it....I must have been like three or something so I was crying. Then she cheered me up and got me a new one. [its important] you don't forget all the good times because there was probably still good times even if they were taken from their families...Because if you forget all those, then you'll just be stuck with bad memories or like nothing at all and I think of them nice. I probably don't know the worst things they've done, but I know some bad things, but I know that they were like good to me. (6)*

More commonly, young people described having no memories or only vague recollections of their early years, even those who were removed in middle- to late-childhood. This young man was one of the oldest in the sample to move to his SG:

*I can't quite remember quite how it was back then...there may have been particular incidents that happened, but I can't remember or recall any of them. (7)*

Those with memories shared sophisticated understanding of their unreliability, particularly memories formed in early childhood or around distressing events:

*I remember some good things, but that's only because I have got a book somewhere... from one of the foster families... A lot of the pictures invoke their own memories... I don't know how much of that is actually memories or how much of it is just my brain piecing what it would imagine the pictures to look like. (3)*

While difficult memories of past abuse and neglect could be distressing and intrusive, young people also reflected on how they helped them understand the necessity of their removal. Participants shared how the absence of memories made acceptance of their family situation more difficult for younger siblings:

*[My sister] will be like, 'why did you get to live with them until you were seven?' Because she doesn't understand it and she doesn't know the details... she doesn't have any memories. (10)*

Limited memories left young people with a sense of disconnection from their origin story and early childhood self, dependent on information and stories from others:

*As far as I can remember back is a handful of foster homes that me and my brother were with...I can't barely remember any of it ...Seeing this photo shot of [mum and dad] together that was taken during their relationship, I can sort of see it, but it feels a bit off to me as well.... I think we just discovered it in our attic somewhere... this mysterious era of my life that I don't remember too much. (2)*

### 8.2.2 Direct observation through ongoing contact:

For young people who maintained contact with their parents, these interactions often provided concrete demonstrations of parental difficulties or limitations and insight into how life could have been had they remained in their care:

*I know how my dad is now. Like with his alcohol and stuff and my mum because she doesn't have a job and my stepdad doesn't have a job either, and they don't really get a lot of money. So they won't really be able to afford things I need or things I want sometimes. (8)*

Several participants witnessed SGs providing emotional and practical support to their parents, demonstrating their parents' needs for help around day-to-day living:

*[SG] is really good at all that kind of stuff like helping her. So she helped [birth mum] to get more money. So now she's got enough money to pay the bills and everything. (6)*

Some participants in regular contact with parents described their parents' ongoing challenging characteristics, such as being difficult to talk to, frequently intoxicated, manipulative, neglectful or abusive. However, their narratives generally showed balanced

insight, recognising complex combinations of positive and negative qualities without excessive demonisation:

*[My parents] were addicts, they couldn't look after me...they're nice enough...  
...[Mum] is still quite young now, not mentally mature enough in a sense... mum finds  
little issues and she'll like make them massive. She finds conflict where it doesn't  
need to be...My dad he's not, he's like, he's lovely, he is really kind, but he doesn't  
have the best like criminal record, like, he's been to jail and like prison and as a kid he  
was more stressed and got into trouble... They're not very good at committing to  
things. (10)*

One young woman described a very difficult history with her father (*'I will never forget what my dad did to me. And I won't ever forget the bruises, he gave me and stuff'*), but continued (boundaried) contact enabled her to remember positive elements of their relationship and shared interests:

*Sometimes we listen to stuff that we used to when we were younger, like Eminem.  
That was our thing when we were younger...the music video has painting... for some  
reason I just had an obsession with that video and that was my 'painting song'. (13)*

These young people appeared vigilant to evidence that despite past or ongoing issues, their parents *cared* about them; this mattered to them above all other factors. Signs of parental care that were appreciated included keeping photos of them, thinking about them, keeping promises, keeping a cupboard of toys ready for visits, making efforts to visit, and respecting their young person's place in their new family:

*She's always trying to do what's best for her kids... like she's just spent a ton of money  
on Easter eggs for everyone ... she does always try and spoil us and make sure that  
we know that she loves us and everything... [us not living with her] upsets her,  
obviously, but...she's never pressured us [to see her more]. (7)*

They often demonstrated sophisticated differentiation between a parent *caring* but not being *able to show* this care in typical ways:

*[Mum is] loud. Umm, and can be annoying. But she cares about us a lot. Just has a  
funny way of showing it...she'll be overprotective and stuff. And she'll, I don't know.  
Err, she like bullies us, but in a funny way. (8)*

Some participants maintained difficult but meaningful relationships with parents struggling with significant issues. Despite challenging interactions with his mother who had mental health difficulties, this young man valued their connection and persevered in engaging with her because she presented as genuinely caring about him:

*It's quite tricky [seeing mum]...she doesn't really know any better, really than drinking and stuff... she's been an alcoholic or something... her voice is like, it's very hard to understand... Sometimes I have to pretend to know what she's saying... She asks me like how I'm doing stuff. I think she still she still thinks like I'm still her son and everything... Once she got me this... a little thing to go on like a shelf or something...a heart thing that said... something about Mother and son. And she's got pictures of me in her house. (6)*

He also recalled the pleasure he felt when a reunion with his dad revealed photos of himself on his wall. Seeing evidence that he continued to matter to his parent to his parent after many years appeared to erase any significance he might have attached to the long absence from his life:

*[Birth dad] saw me as his son, he had pictures...I think [mum] must have given him some photos of me... none of them wanted to try to forget me or anything. I was still on his wall and stuff, even though he hadn't seen me in like ten years or something. (6)*

A parent's care – or lack of – was inferred from the information available, which could be limited when contact was intermittent or non-existent. It is possible that what was sometimes *interpreted* as lack of care was not actually the case. The young man quoted below showed ambivalence towards his peripheral father, interpreting a failure to initiate contact and awkward interactions as lack of interest. Although he briefly considered potential alternative explanations for his dad's apparent reluctance to engage, he hesitated to invest in the relationship without evidence of reciprocal interest:

*[Dad] drank a lot and he'd come home, and he'd just pass out on the sofa...[now] I think he's doing very well... I see him occasionally, like we went to go pick up my sister, who lives with his parents, and he was there...He was a bit quiet...he would talk to me on my birthday, and we would just have like a phone call...then you go another few months without talking...I guess that some of that is on me because I don't call him, I don't go out my way to talk to him or something, and maybe he sees, sees that as me not wanting to talk to him...I kind of just leave it down to him. (7)*

Young people often expressed a wish that their parents had demonstrated genuine care more than they did:

*It would be good if they like called me or something when it's my birthday. (9)*

### 8.2.3 Questioning and hearing stories from family

Information from SGs and other family members formed a critical component of participants' understanding of their story and shaped attitudes towards their parents. Several young people described developing curiosity or seeking greater understanding about their extraordinary family situation during late childhood, as growing awareness of the implications of living apart from parents displaced previous passive or resigned acceptance:

*Before then I just didn't pay any interest because I felt safe, I felt happy, I didn't really need anything else...I didn't understand it at the time and it didn't bother me as much...It was only when I got to about 11/12 when I started to kind of be like, OK, this is getting a bit weird now, I don't know much. (12)*

Interviewees acknowledged the value of living with those who held intimate knowledge of their parents and early life, enabling questions to be answered as they surfaced throughout their development:

*I think it's better because I have someone that's part of my family...[SG], she's family and blood family as well, so it's more like, I learn more. I know a lot now, so I don't need to be asking questions anymore... [I used to ask] where I like used to live when I was with my biological parents, if I had any pets or...how big the house was and stuff like that... [then later] I was just curious about the whole situation, about how I got there. (9)*

Some interviewees felt comfortable asking questions in the family whenever curiosity arose, and appeared able to obtain satisfactory answers:

*If I'm not sure I will just ask [my SGs]...and I'll make sure I get an answer like I won't leave them alone until I get an answer. So they know, they know to just tell me.... (4)*

All young people presented themselves as active evidence assessors, not accepting information at face value but critically evaluating available information:

*When I were growing up I asked [why I wasn't living with my parents]. I used to ask [SG] questions and that, so she would kind of like fill me in on it. And then obviously I got to see like my mum growing up as well, so I used to ask my mum questions about*

*it as well. And when I saw my dad I asked my dad for his perspective as well and he just told me the same story. So I was like 'oh everyone's told me the same story so it must be true', so I kind of just clicked with it. (15)*

Some expressed overall contentment with their current understanding, having gathered sufficient information through memories, observations, and conversations. Having trusted or complementary information from different sources, knowing that they could access further information as required, and being settled and happy with their SG family seemed to contribute to this contentment:

*I kind of know the basics. Like it was difficult and social services and people thought it would be best if we weren't altogether... I'm just happy knowing that. I don't need to know the details and the ins and outs. I guess I could find out if I felt the need. But, you know, it's in the past, it was a long time ago, I'm happy with what I know. I've spoken to with [SGs] and my mum, and just what I know and can remember, I kind of pieced together what I really need to know. (7)*

#### 8.2.4 Struggles to access 'truth'

Despite living within their family network, and often maintaining connections with parents, many participants reported having unclear elements of their story. Knowledge gaps or unanswered questions varied, indicating different needs and stages of processing their story. Some wanted more specific details around parents' relationships, the court's decision making, or about siblings. Some sought a greater clarity around why a parent was unable to parent or the origin of addiction:

*I got told that...my mum was too young. But then my [SG] told me another reason, but, I kinda forgot what it was... I don't think that they had a job either... neither of them have been able to look after their kids. 'Cause my stepdad, he had kids before he lived with my mum...I don't know what happened then but they just couldn't look after them...[And I don't know] why my dad couldn't look after the kid that he had before. (8)*

Lack of clarity was sometimes due to conflicting narratives and perceived unreliability in accounts received. Young people were highly alert to inconsistencies or ulterior motives:

*A lot of rumours were made and a lot of myths were told ...The whole thing with why me and [sister] ended up in foster care. I've been told four different stories by four*

*different people...sometimes the stories linked up, but a lot of time they didn't. But I feel like each one was trying to portray someone else in a different light. (3)*

Conflicting narratives were not always felt to stem from deliberate falsehoods; many interviewees showed an awareness of the fallibility of human perceptions and memories. Nonetheless, ambiguity around their narrative could be a significant psychological burden, leading to distrust and despair:

*I do talk to [family members] about it, but sometimes it's very much of you get nowhere ... they don't wanna talk about things or they say that they don't remember...I'm thinking do I actually want to start a conversation and have to do the hunt around trying to find out what is true and what is false? And all that. So sometimes it's just not worth having that conversation... does everything have to be a fight? Which it seems like it is. (3)*

Participants demonstrated perceptive awareness of who they could trust for truthful accounts, carefully weighing the motivations and limitations of information providers:

*The only one that makes more sense is from my other Nan, who doesn't sugarcoat much ... she's very much a person where she will say children are young adults, so you talk to them as young adults... she's the one who tells stories black and white, she'll tell everything... [My mum] may twist bits of the story. But she won't change timelines or anything. She's not that intelligent to do that to be honest with you. (3)*

For most young people, the person they could trust above all others was their SG. Some felt they could not rely on parents to present an unbiased story, whereas others felt that only their parents could provide insight into their personal experiences, such as the history of their addiction:

*I've got one story from [birth mum], one story from Nan [SG]. And one story from Mum [SG]... it was all like one blamed the boyfriend, one blamed her. And one blamed the life that she was in... I feel like if there's gonna be realistically any true story, it'd be from the person who's in the position of the story... [my mum] was there. She knows what was happening. (11)*

Some young people valued hearing directly from trusted parents about their struggles as this provided a deeper layer of understanding of emotions and motivations behind behaviours:

*I think [benefits of seeing him has been] understanding what he's like, his problems and that, and he's been able to talk to me about that, it's been nice to know what he's struggling with... his certain addictions, and no matter how he tries, there's always someone there, like around the corner just selling it and he can't help himself...he said, 'I'm trying. I'm trying, but I just can't'. Because obviously he's never got the help that he needs. (12)*

Regardless of whether any family members were considered trustworthy providers of information, most interviewees described holding back from discussing questioning unclear elements of their story. Barriers included struggling to articulate feelings or concerns, or a fear of causing emotional distress to family members or themselves. There was often a general assumption that the unknown information would be distressing or frightening:

*I think it's best to not bring any of that up...I don't really know how touchy the subject is for my mum... I don't want to upset her, and at the same time I don't want to upset myself either... I don't really know how I'm gonna react to that... I don't remember all that much about before, and I don't really want to push any buttons. (2)*

*[Things I didn't feel I could ask my SG were] if, like, if they're like dangerous people to be around, or if I had dangerous people in my family, or if anything, like if anything happened to them ...because like, I don't know. [Pause]. I was like, afraid, I guess. (9)*

Protective messaging from SGs that suggested certain topics were off-limits could inadvertently imply that their past *is* something that could be worrying and that shouldn't be discussed:

*[Why I didn't live with my mum], wasn't something that we spoke about in my household. Because my [SGs] thought like 'You live with me now. You don't need to worry, you can think about that when you're older'. (11)*

Feelings of gratitude towards SGs, aware of sacrifices made to care for them, may have contributed to concerns around burdening their SGs with the additional emotional labour that questions may cause:

*That's one thing that stops me from asking questions from, like my family, I don't want to say anything and then have them worry about me. (11)*

Not voicing questions could mean resorting to other sources for information. This young man in pre-adolescence discovered in a written message that his mum had been '*been doing bad*

things on drugs', and turned to the internet for further information, which exposed him to frightening images:

*Once you hear stuff like that, you research into it... I put it in my computer.... I saw that drugs can kill people and I totally worried...all these years, we thought she was fine...Or she was just really busy. But realistically, she's just been hooked on drugs. (11)*

### 8.2.5 Independent communicators and professional Information

A few participants mentioned professionals providing information about their family history. One appreciated the specific details a life story work professional could offer:

*I know why they can't like look after me...What was going on with them in the past and stuff like that...because I did this like life story thing with somebody. They umm, they went through some like files and stuff... they went through my story. And why I was taken in and what happened, and who was involved. and stuff like that... I think my mum [SG] arranged it... I was just curious about the whole situation. And how I got there... they could tell me in detail what happened and like all the extra bits that nobody knew about. (9)*

However, many were unaware that Life Story books, professional files or official paperwork on their early history could be available. Only two participants mentioned having a Life Story book, although a few others referred to their younger siblings having them and finding them useful to look at themselves. Two interviewees knew they had files of information they could access when older. However, most participants, even those over 18, seemed to have limited understanding of the existence of, or how to access files, with the professional child protection process remaining difficult to comprehend:

*Mum was one who decided to put us up into care, although from another story I've heard from [PGM] which was they had a meeting on it...a big meeting thing ...I don't fully understand the court... I've tried asking to see the paperwork from the SGO, but [SG] says he doesn't know where it is. So either he's like he's lost it, which he does with a lot of paperwork...Or he hasn't and he's hiding them, I'm not sure. (3)*

Some interviewees felt that access to official records would help to validate their memories and better understand the decisions made about their care:

*I probably would want [to see an official file if there was one]. They'll probably be lots of negative stuff because that would be why I'm being taken away but...I think it's just kind of like a bit of history and I'd kind of want to know...because I got this story in my head about the police car and stuff, but I don't know how true it is. And I don't really know what I did as a kid and maybe those judge files might tell a whole different story or...And the social workers might have a bit of information on stuff that I don't know.*  
(6)

Some interviewees shared how opportunities to communicate with an independent adult could allow them to explore topics they felt unable to discuss with family members:

*[It is important to have] someone you could talk to that's like not their parents. Because some things I do want to tell my psychologist and stuff that I haven't told [SGs].... I don't really want to offend [SGs]. So some things I just don't want to tell them.* (6)

Having access to someone independent to the family was by some also seen as potentially free from the bias or distorted perceptions in family stories:

*[If they're outside of family] then they're not biased, because my [SG], she admits that my dad wasn't the best, but sometimes she speaks more highly of my dad than my mum. Obviously, that's not intentional, but that's just how it is. But having someone outside of their family, they just rely on what I say, so they can't build an opinion of either side.* (13)

## 8.3 Constructing meaning from evidence

Beyond gathering and assessing information, the young people actively interpreted and processed available information, as they attempted to make sense of their parents' inability to provide care.

### 8.3.1 Information promoting compassion and contextual understanding

Participants often held an empathic stance towards parents who had failed to provide adequate care. Rather than expressing blame or resentment, some used neutral language like 'struggling' or medical concepts to explain their parents' limitations without judgment:

*I don't like feel really angry with them or anything like that. I think they're good people...I think that she's been like that because she takes, she's been off her medicine... she doesn't like taking tablets all that much... I don't know what she takes*

*the medicine for... she's trying to like improve herself by trying to get a job and all that...[and my dad] was like, struggling financially. And he had to go live with me [SGs]. And he used to get help from me [SGs]. He couldn't find like a job ... he was just like struggling. (17)*

Many young people constructed sophisticated contextual explanations that acknowledged human complexity and vulnerability. They demonstrated insight into the multiple and complex social, psychological, and economic factors, such as adverse childhood experiences, lack of social support, or poor mental health that contributed to their parents' difficulties, fuelling addiction, or contributing to poor mental health:

*She moved away and she was isolated from family...She couldn't go anywhere. She didn't have a car. She didn't have money... that's what drove her to drink so much...she moved away because she got with my stepdad and his kids lived in [town]. (1)*

*[Dad] didn't have a good upbringing ...His dad was horrible...he grew up as kind of like the outcast of that family... He was always singled out because of his behaviour in school and stuff because he didn't actually have a diagnosis, they just said he was a naughty kid. He was always kicked out of site school and stuff, so he didn't have a proper education. He can't read or write now...he can't even spell his own name. And then obviously, he's got all this police stuff and he has these sort of like trances that he goes where he don't really know what he's doing. And then he almost like died a few years ago 'cause he got beaten up...on top of all of this, as well as his meds and stuff, that he has to take, they could send him, you know, hay wire, I think it all just kind of pushes him over the edge sometimes... (13)*

Some participants living with grandparents gained insights from their SGs' reflection on their own parenting of the participants' parents, adding another layer to their understanding of human behaviour and regret:

*She said that she thinks...She just said she wishes she brought them up better. (5)*

For those whose parents gave birth to them in their teens, at a similar age to the participants themselves, empathy was drawn from reflecting on how they too would have been impacted by early parenthood:

*My parents were very young when they had me and my brother ...[mum] was younger than I am now...I don't think I'd be able to raise a child myself as I am...she couldn't handle raising two children by herself. (2)*

Even young people who recalled, or knew that they had experienced, severe neglect or abuse, could show sophisticated capacity to contextualise their parents' harmful behaviour as stemming from limitations rather than deliberate cruelty. The young people quoted below shared distressing details of their early life and presented their parents as generally *unable* to provide safe care, struggling in challenging contexts:

*My mum was [a young teenager but]...she didn't have an abortion or anything... she managed to hide the dad after I was born, but then my dad owned up to it and said that I was his kid... they moved in together even though they were still really young... She wasn't mum material. She wanted to go out and be with her friends ...And she'd had sort of like a rough upbringing herself because she'd had family problems...I think in some way she was brave because she didn't like have an abortion, or she still carried it. She might not have been the best mum, but you know, she wasn't...I think that there's worse. (13)*

*It's sad that she turned to drugs and that's the reason why everything blew up, well one of the reasons... I think that someone must feel really down or really bad about themselves or inside to want to turn to drugs. (14)*

Central to these non-blaming narratives was the perception that parents did not deliberately cause harm; they were fundamentally 'good' or 'normal' people who made mistakes or faced difficult circumstances:

*She wasn't like bad to us or anything...it wasn't her fault... she was like struggling with like money...she still doesn't have a job I think another reason why she couldn't really keep us is because of mental health...it's hard to look after people like children, and if you've got like mental health...She's really bad with it...She's just a normal mum. (16)*

Although many accounts of parents were characterised by empathic understanding, as shown above, some narratives around parents or previous carers were skewed towards blame and anger. Many who expressed more blaming perceptions towards their parents generally felt negative towards them because of ongoing behaviours, such as a failure to make efforts to maintain contact, continued broken promises or emotional abuse. When negative behaviours were interpreted as *deliberate* or indicating *lack of care*, different

attitudes towards different parents was shown, as demonstrated in the way two participants discussed both their parents below:

*[Dad's] got Aspergers, so he doesn't really worry much but he still cares... when he didn't have his motorbike, he used to walk here every Christmas...I know that I can talk to him... I think of [mum] as annoying ...My mum just cares more about herself...mum's useless in general. (5)*

*I can't really fault [dad] for the stuff he done. He was young and he didn't know better. [and when he got older] at that point he wasn't in contact so it must have been difficult trying to find the courage to reach out and try and be a part of our lives... a lot of stuff has happened in his life, so he couldn't really reach out and [birth mum] just doesn't really like him so...if, me or [brother] wanted to see him or something she'd just say no... She's a bit of a bitch...annoying. A bit controlling as well...like she used to constantly lie to me, she used to promise to come down my birthday, never did. (18)*

Some interviewees expressing blame or anger towards their parents had experienced minimal or no contact with parents and had little knowledge of their backgrounds to support more reflective alternative or empathic understanding. This was often when the parent was from the other side of the family to that in which they were living. Without opposing evidence, they resorted to assuming that their parent did not care about them:

*I think my dad influenced my mum a lot because my mum had a job before she met him and then when she met him she didn't have a job and she hasn't had one since... I haven't seen my dad for nearly four years... he was an alcoholic, so I think he chose that over us. And then got a girlfriend so he didn't really bother [to contact us] ...I just think he just chooses not to [care for us]. (8)*

Small details could influence perceptions. One young teenager had been told her father attended all court hearings and shaved his head to avoid negative drug tests so that he could care for her. Despite no contact from him for many years this detail was evidence that she had been loved and wanted. She directed no anger or blame towards him in the interview, just a desire to see him again.

Even those who expressed anger and blame towards parents demonstrated complex and contradictory feelings about them, and continued openness to reconnection if conditions changed:

*He's trying to reach out to me. But I don't want anything to do with him... There's parts of me thinking I do want to speak to him and then he just, ruined my brother really... It's not that I don't like him. Because there is always something in me that will love him because he's my birth dad... At the end of the day he is still my birth dad but I still don't want to meet him... if he can change in the way that my mum did and stay away from [drugs]. And I hear that he's apologised to [oldest birth brother], and then I might write back to him. (11)*

### 8.3.2 The wider family context

Interpreting parents' behaviour was not an isolated activity for these young people. They observed SGs' attitudes towards parents that was likely to shape their own perceptions:

*[Mum] has like mobility difficulties and stuff so she can't work... We go down every now and then. We buy her groceries and make sure she's OK. She lives in a caravan and she has lots of friends there. I think she's OK there, but we take her like firewood in the winter and stuff for her fire, make sure she's warm and has a lot of food and stuff. (7)*

In some cases, considerable support was provided by SGs to enable young people to maintain successful contact with parents. This young man explained how his SGs prepared him for and explained his mother's difficulties, enabling what could have been very challenging contact to be positive:

*It was explained thoroughly before I saw her... it was better [to see her regularly] ... I think it would be quite tricky if I just met her now after all these years. Since I've had a constant connection it's easier. As a kid, you don't really see alcoholism or anything, so I don't remember her being an alcoholic... I just saw her as a mother when I was a kid. Because I don't think I wasn't old enough to... I didn't know the causes ... Normally we went to like fun places like a fair and a café... which I guess reinforced the good stuff. (6)*

SGs with less connection to certain parents (typically the unrelated parent), sometimes imparted more negative or less empathetic framing of these relationships. With no or minimal direct evidence of their own due to lack of contact, and only limited family stories or negative inferences about them, interviewees were left without a context to frame an absent parents' behaviour:

*He's still alive. But there's nothing really to say about it....I'm not really sure [if I want to know more about him] ... I don't really want to [talk to my SGs about him]...I know exactly how they [SGs] feel about him! [laughs]...[My dad's parents] didn't want to know me when I was born, so that's all I know...I think he did go to court to watch it...But I don't know what else...I just wish he would have been there [when I was young]. (1)*

Conversely, this young man gained empathic insight from one of his maternal grandparents to contextualise his father's continuing unreliability:

*My [maternal] nan really likes [my dad]. She thinks if he got the help he needed, he'd be a great dad...my nan can see that he never got the help he needs, so she's more sympathetic with him...my nan and my grandad always supported [my mother] no matter what she did, so she always had that recovery. But my dad never got that recovery, so he was always stuck in this loop and just couldn't, he can't get out of it... he's never been given the opportunities that my mum had to go and be clean from whatever his addiction was... he has a family still alive, but they don't really want nothing to do with him because of the drugs. (12)*

Although many interviewees appeared to have been influenced by others in their perceptions of parents through the provision (or not) of information, reflection and support to understand behaviour, interviewees argued for the importance of receiving unbiased and balanced information about parents. They appreciated holistic, detailed information and being supported to make their own decisions about these relationships:

*I think it's good that the parent, that the SGO parents don't like force their opinions onto the kid too much like, so the SGO might say she's a horrid, horrid woman, you don't want to know about her, but I think it's better for the kid to like make their own opinion of their own biological parents rather than having it forced onto them. (6)*

Similarly, all participants strongly defended their right to know their parents and make decisions for themselves around the sort of relationship they want for themselves:

*I think it's very important [to see your mum] because it's still your mum...You need to know who she is and whether you don't like her or not, that's your choice. And you can obviously either block them out or let them come in...Maybe not when they're in their worst condition...you need to find out about them, and obviously if you don't want to*

*like them because of drugs, that's your choice... It gives you the experience like you can sympathise with them and you can understand where she was coming from. (12)*

### 8.3.3 The crucial value of truth and honesty

All participants emphasised the importance of receiving open and honest communication about their family history. This featured heavily in their answers to a question about general advice they would offer to other SGs. Specifically, they valued adults who created environments where questions were welcomed, and did not react to questions with shock, worry or offence:

*I'm also privileged in that they didn't get angry or anything, so I could learn a lot. They're not offended [by my questions] or anything... They don't get annoyed if I ask them stuff. Which is good. Because some parents might be like, 'Why do you keep asking questions about that?' (6)*

They appreciated adults who answered fully and honestly, treating them as mature and able to handle difficult information:

*[SG's] really, really open, she doesn't lie to me about anything... If I ever asked about [my past] when I was younger, she'd always tell me, no matter how young I was. Or no matter how much I wanted to know... [SG] wasn't supposed to tell me that [dad] had other kids. But she told me anyway because she didn't wanna lie to me. (13)*

Participants advocated for SGs *proactively* initiating conversations and having regular emotional check-ins to ensure that young people feel comfortable to able to raise topics and questions as they arise:

*[SGs should] ask them if they're OK and just check up on them. Even if they're like, happy and stuff. And have days when you go out, just you and them...Ask more if the child is ok, to see if there is anything they can do to make it better... Tell them things about their life... definitely tell them because they want to know, but they might not want to ask...[parents should] just try and help their child understand, even if it's their fault. Just tell them the truth. (8)*

Telling children truthful information in an age-appropriate manner even when painful was deemed important, to empower young people to respond to the situation as they wanted:

*At least I got told about [my parent dying] and it wasn't kept from me... I would have been very angry if that would have been kept from me...it's completely wrong if you*

*don't tell someone that a member of their family is dying, you're taking away...  
Everything.... you're taking away the moments you create, and that's out of order. (1)*

This appreciation of truth was tempered by their desire to protect younger siblings from the information about their past (see chapter one). When reflecting on their own needs, they argued for honest, age-appropriate communication from middle childhood, to avoid unnecessary fears, assumptions of rejection and promote understanding:

*I probably would have preferred it if my mum was like. 'I'm just in a special place to get special help, I need to be here to get better' and then I would have a lot less worries on my mind and know that she still does love me and stuff, and she's just not feeling very well... as a kid it'd just be nice to get reassured... reassured that they haven't done anything wrong, they are still loved and stuff...not, to kind of like feel abandonment. (11)*

Several noted the benefit of being given specific, concrete details about events that led to their removal. Details could help accounts to feel believable, illustrate what it means to be unable (rather than unwilling) to take care of children and allow parents to be considered with less intimidation or unnecessary fears. This young man described how receiving detailed information about his parents enabled him to change his perceptions of them from frightening to 'disappointing':

*SG just used to say that they didn't have like the right mindset to look after me... maybe or they had problems growing up and stuff like that... I had like three dogs, when I was little... because my parents couldn't look after them properly, they had to be taken away. Then my parents bought another dog and that had to be taken away again and then they bought another one... Apparently, they weren't even like paying attention to me, they weren't looking after me properly. Leaving rubbish in plastic bags, throwing it on the floor and stuff like that... I didn't really feel it was upsetting, just like disappointing ... if you don't know, you'll be like, you will be like asking yourself, 'Why this? Why that?' (9)*

Knowing and processing specific details from their past helped them connect together aspects of their life, and understand and rationalise present emotions and behaviours:

*I didn't like cry for a long time. Like if I'd hurt myself, I just wouldn't cry or if I was sad I didn't really cry or anything for like 3 years ...maybe I had to bottle stuff up when I was with [mum] and [mums boyfriend]...maybe crying back then would have got the wrong*

*sort of attention... I have a fear of blood and it might be because [mum's boyfriend] hit her or something. (6)*

### 8.3.4 Developing agency in managing complex relationships

Developing an in-depth understanding of parents' issues helped inform decision making around relationships. Some young people showed developing agency in managing complex parent relationships, establishing boundaries while maintaining compassion. Having empathy towards parents did not mean accepting negative behaviour:

*I'll text [birth mum] every now and again, but if she does like something to wrong me or to wrong someone I care about for no reason or no good reason I'll just cut contact with her. (18)*

Learning *how* to establish appropriate boundaries around adult relationships may require support from SGs who promote self-protection *alongside* empathy. Some SGs were presented as important role models of both compassion *and* protection. This young man used 'we' as well as 'I' when discussing the blocking of contact with his father, indicating collaborative action with his SG to avoid taking responsibility for and refusal to accept his father's continued negative behaviour:

*My dad, he used to be a loving father... over the years, he's become distant and he started to drink and take drugs ...because he been so rude, we said look, we want to move ourselves out of that situation... he said some really harsh things to me and the rest of the family and I just thought I'm not going to deal with him anymore...I've had so many years of bad memories ... I just deleted his number and I blocked it ...I told him a few times that I wanted him to be nicer. And I said how it was affecting me... I gave him quite a few chances. (14)*

This process of learning appeared empowering, supporting their resilience and ability to protect themselves in the future. Some participants demonstrated a transformative shift from passive victim to empowered agent as they gained greater control in their relationships with challenging parents. Ongoing contact, even when parents continued to disappoint and let down, could also provide young people with a sense of their own progression. The same young man quoted above articulated later in his interview how contact enabled him to prove to his parents that he could thrive in his SG family outside of their care and demonstrate a life they continually failed to embrace. This gave him a sense of moral pride and allowed him to take control of his story as one who would progress better himself:

*I think it was good for [my parents] to see me and for me to see them because it meant that they were able to see how much I have improved ... how well I've done in life, away from them...they could then see the full effect of what they'd been doing and how it had damaged the family that used to be a great bond ...I was able to give them chances to have a connection with me... And then I would have full control over when I wanted to see them, and if I did, where and what I wanted to say. (14)*

At least two young people may not have learnt to prioritise their own wellbeing in this way with narratives that included signs of parentification, whereby they assumed developmentally inappropriate adult responsibilities for their parent (Levesque, 2011). One expressed plans to support a parent escape their drug addiction and another shared stories of using their own limited finances to buy food and arranging medication for a parent. These young people expressed exasperation with the support their parent had been given from mental health services and reported negative experiences of children's social care involvement with their family. They appeared to be following the model of their family banding together to manage without outside support.

## 8.4 Identity formation and future choices

Making sense of complex behaviours within their family network appeared to impact the young people's own sense of self and future goals, as they assessed different life trajectories, and used their understanding to inform future choices.

### 8.4.1 Finding self through family connections

Many young people expressed appreciation for their continued connections to their wider biological family, valuing insight into their origins and identity. These connections helped answer fundamental questions about themselves:

*I think lots of people who are adopted, they can't say like; 'Where did I get my eye colour from or like?', 'How come my hairs like brown?' or 'why am I tall? But I can say that I've got big feet like my [birth] dad and I've got my mum's facial features ... history is kind of cool, all about how like everything happened...[SG] has so much family and cousins in [Birth mum and dad's town] and stuff.....I have some of [SG]'s traits. (6)*

Family stories and re-living memories together provided a sense of belonging, continuity and progression. The young people valued stories and memories that emphasised being loved and wanted, or a resilient family identity:

*My nan [not SG], she loves telling me a story when she's drunk... she grabbed onto my little finger and she told me that, so obviously my surname is Knight\*, she's like I'm a knight\*. You guys are known for fighting and you can fight through this... five minutes later I started breathing on my own again ...It's good to hear [these stories] ... you kind of just think back and think that you're quite lucky really. (11 - the name has been changed in this quotation.)*

Hearing stories about their clothes and toy choices when a young child was also important for a transgender woman. Contact with parents - even brief visits - could significantly contribute to participants' sense of self. One young man described how meeting his father once before he died helped him make sense of his own physical features, and provided him with positive stories of early childhood:

*[Seeing my birth dad for the first time] I was like filling in a gap... I didn't know much about him. So when I met him, I got to know a little bit of my childhood as well, because he filled in some stories...Like how I would wake up and say, come on, Dad, let's play football in the garden, and stuff like that, and he'd come and play football... and I guess kind of who I am as well because he is genetically related...Even though I'm short I still have quite big feet like him. It was good to see those features, like similar to mine. (6)*

Different family members from both sides of the family could provide valuable connections to participants' early years, preserving memories and stories that might otherwise be lost. One interviewee living in her paternal family valued stories preserved by her maternal cousin about her maternal grandmother who doted on her as a baby but died when she was young, a positive connection amid rejection from all others in her maternal family:

*[My maternal cousin] is probably the only one that's made an effort [to keep in touch] ... She tells me about what she remembers from when I was a baby...she always shows me like videos and stuff... it's just it's nice to know that there was happy moments, because all I can remember is sad... she remembers going to pick out my baby clothes...And my name reveal, because I was named after [American actress] (13)*

Connections within extended families also enabled participants to observe variations in life paths amongst people sharing their genetic heritage, perhaps particularly important for young people whose parents struggled with issues:

*About two years ago...I met my [paternal] aunty ... I went to spend a week with her... she was really nice, honestly, like definitely not what I thought of... it's nice they want to see me... she lives in a really nice place, a nice neighbourhood. Really nice people...And the cousins as well. It was nice to meet them they are a very sporty family, which is quite nice...I guess sports probably run in the genes. (11)*

Some participants also valued connections with non-family members who knew them as children and could provide a connection to positive early childhood stories. Unfortunately, some important people who had been connected to them in the past could be seen as peripheral and lost:

*[Mum] worked all the time. I literally lived with my childminder... she's definitely someone I definitely would've wanted to see again, but it never happened after the move...I hope she's still alive, but she's quite old. I'm going to try to find her on Facebook instead... I think I have tried before if I'm honest but I don't know where she'd be. (4)*

#### 8.4.2 Assessing life trajectories and informed decision-making for the future

Participants frequently described how understanding their family histories informed their own life choices. Whilst exposure to harsh adult worlds at a young age could be painful and disturbing, many spoke of gaining valuable insight into human behaviour and the consequences of choices. They learnt how people travelled different life paths, what set them back, and what helped them to recover - or not recover.

Nearly all participants expressed how coming to live with their SGs had been positive and transformative, contrasting the life they experienced in their care to one they believed would have been substantially worse had they remained with their parents:

*It was one of the best decisions that was ever made in my life for me. I want to be like [my SGs] very badly... I like how high standards they have for me and I want to meet those standards... if I stayed with my mother, it still would have been nothing like how I am now, I think would be a completely different person...a worse person. (12)*

Some provided detailed reflections on the alternative life trajectories they sensed they avoided:

*[The best thing my parents did was] letting me live with [SG]....If I would have still been living with my mum and my dad when I were a kid...I wouldn't have had choices*

*in life. I wouldn't have had like good care, I wouldn't have been fed good, I wouldn't have had like the college place I've got now, I think I would have been like in a load of trouble with the police... if I had been living with them I would have thought that violence and drugs were good and I would have done it myself like copied off them.*

(15)

Awareness of parents' substance misuse was frequently seen to shape participants' views. This young man, with university aspirations, in addition to contrasting the life he avoided with his stable and stimulating life with his SGs, also articulated how negative influences remained a danger to him if he spent too much time in his mother's social world:

*If I had been like with [biological mum]... I might have got into like rough stuff like gangs or something. 'Cause she lives in a rough part of [town] ... she probably wouldn't have been able to walk me to school every day, 'cause she was an alcoholic she might not know what time of day it is or anything, so I might have been left to my own devices...I probably would have got like bad grades or something because I just wouldn't have been able to revise at home... I could go see my mum and whatever by myself now but I gotta make sure that I don't like become an alcoholic. I could still become an alcoholic if I spent lots of time with her and she got me into her friend groups. (6)*

Many expressed motivation to break intergenerational patterns, drawing direct connections between understanding their family history and making different choices:

*[What has been helpful for my well-being is] understanding reasons why people do things...it gives you a certain amount of control so it gives you like an understanding of, so for me not to turn out like my dad for example...it's taught me to just never try a drug in my life... Because of what I've seen. And when I've talked to like my mum, who knows people that have done it, and she's told me that that's what it does to you, that it sends you insane. (12)*

When asked what messages they would want to pass on to their parents, this advice revealed their insightful, albeit painful, awareness of how particular choices can lead people down problematic paths, demonstrating a sense of control over their own future:

*I would have said to my mum, move back to [town] where your family are...And get the support from your family and from a psychiatrist, get that support because if she*

*would have got that support she would have we would have been fine. And get away from him. (1)*

Some interviewees had witnessed positive changes in their parents, taking pride in seeing parents recover from addiction and struggle through their adversity, viewing them as aspirational role models of resilience and strength:

*[Mum]'s off drugs...She's just a regular person now...[she] works as a manager ... she has really got her life back together... she's changed her life around... she's given me an idea of how to recover from things that she couldn't control...a very good role model. (12)*

Rather than defining themselves as victims of challenging family circumstances, these young people were actively constructing identities that integrated understandings of their family history and trajectories with aspirations for a different future. They showed a capacity to learn from others' mistakes and make deliberate choices to travel different paths. Detailed knowledge and supported reflection on parental limitations equipped them with informative and motivational insights, helping them develop a vision of who they wanted to be, and a sense of self efficacy that this could be achieved. Their narratives suggested that understanding - even painful understanding - was ultimately empowering.

## 8.5 Conclusion

Young people actively utilised and reflected on complex information gathered from multiple sources to construct coherent stories around their past and present circumstances. Throughout their interviews they showed perceptive and critical thinking as they actively engaged in interpreting and evaluating information and navigated often contradictory accounts.

Narratives showed how young people's understanding of their life stories evolves throughout childhood and adolescence, with many experiencing a heightened curiosity about their origins during pre-adolescence. Those with regular contact with birth parents often benefited from concrete demonstrations that helped them develop nuanced understandings of parental capabilities and limitations. Family members contributed comments, stories and reflections which shaped their narrative construction, and a few young people received professional input. Interactions with and knowledge of their wider family network revealed contrasting life trajectories of those from their own genetic heritage, illuminating a range of adult outcomes.

However, many participants described significant knowledge gaps, unclear elements of their stories, or conflicting narratives that created psychological burdens. Despite living within their family networks, accessing 'truth' about their early lives remained challenging for many, and they defaulted to inferring or imagining missing information. Participants consistently emphasised the value of open, honest, and age-appropriate communication about their family histories. They appreciated SGs who created environments where questions were welcomed and who proactively initiated conversations about their past.

Specific details about events leading to their removal helped accounts feel believable and allowed parents to be considered with less intimidation or unnecessary fears. Additionally, understanding the context of their parents' limitations enabled many children and young people to develop compassionate perspectives towards parents who had failed to provide adequate care. Rather than expressing blame or resentment, they often constructed sophisticated contextual explanations acknowledging the complex social, psychological, and economic factors contributing to their parents' difficulties.

It was important for young people to feel their parents cared *about* them. They seemed able to 'forgive' them for not caring *for* them if they understood the context and felt cared *about*. The most difficult life parental experience story to come to terms with, was where observations of parents (or ideas received or imagined) suggested they did not care about them.

Observed variations in life paths of different family members provided a sense of resemblance and belonging. Young people could identify positive elements alongside negative elements of their family history, and gain strength and optimism through resilient role models from their own genetic heritage. Many expressed insights into what might have been had they remained with parents. They had clear perceptions that their own life trajectories had been positively transformed through their SGs' care. This understanding appeared to influence their identity development and future choices, with many expressing motivation to break intergenerational patterns of difficulty derived from these experiences.

This chapter demonstrates how a coherent narrative understanding, even when painful, can be empowering for young people in SG families. Being supported to process information about their complex life story appeared to enable the interviewees to integrate these understandings into their sense of self, develop agency in managing complex relationships, and make informed decisions about their futures. Their experiences highlight the importance

of truth, detail, and supportive reflection in enabling young people to construct meaningful narratives that promote wellbeing and resilience.

Chapter 9 examines participants' perceptions of challenging periods, the support they received, and the features of helpful versus unhelpful interventions.

## 9 Harmers and helpers: barriers and bridges to support and resilience

### 9.1 Introduction

Many young people's narratives included accounts of periods of low mood and emotional struggles during their lives. This chapter focuses on their perceptions of factors that contributed to these challenging periods and their views on the help and support they received or desired. It highlights elements of support identified as critical for positive life experiences, revealing features of both helpful and unhelpful interventions.

### 9.2 Life's challenges and downward spirals

#### 9.2.1 Transitional and developmental changes

Participants commonly recalled periods of low mood, anxiety or behavioural issues linked to significant transitions. For some, this occurred shortly after moving to their SG home, as they processed separation from parents and familiar environments. One participant described the sudden loss of his entire friendship network and cultural world (despite moving to an extended family member), experiencing 'empty promises' and powerlessness around this change:

*I was ripped out of it, my little life there... my friends around me, they were my everything, and I was ripped away from them, every single person... I literally never saw any of them again. It wasn't nice. It was a complete change in environment. But I had to deal with it... No one took me back to see my friends. (4)*

Some recalled the change not being fully explained, with two interviewees believing their mothers were on 'extended holidays', leading to assumptions of being unwanted and unloved:

*When I was young, they [SGs] would prefer not to speak about it... they would tell like a little white lie saying she [mum] is kind of on holiday for a bit... Not speaking to your mum for a long time, just kind of makes you think when you're that age, like is it your fault? ... maybe she just doesn't like me or she don't want to be around me. (11)*

Some recalled attempting to bury difficult emotions associated with the change, and some recalled the negative impact of unexpressed emotional challenges on their behaviour:

*I wasn't being that vocal. I don't think I said it was because you took me away from my friends, it was more just me misbehaving. (4)*

The transition to secondary school and early adolescence emerged as a particularly vulnerable period of reduced resilience. Many young people recounted issues relating to mood and behaviour developing during this time. Not all could articulate reasons behind these struggles in their teens, or link it to external events:

*I was just feeling really down all the time and like feeling like the world was like against me...I don't really know what it was, I just felt really sad all the time. I still don't know why. (16)*

However, many explicitly linked this turbulent phase to developing understanding or new questions that they struggled to voice. Difficult feelings and thoughts were often expressed through behaviour:

*When I got when I got into trouble at school, it were like, because things had been going on in my head...Why I didn't live with my parents ... what it was like when I lived there... I think it was just seeing my friends go with their parents or their parents... It just made me think that I should have lived with mine, so I think I wanted to know why I didn't... it used to feel like sad and stuff ... I'd asked my [SG] before, but I think I'd forgot most of it. (8)*

## 9.2.2 Further loss and trauma

Nearly half of the interviewees experienced significant losses after their SGO placement. These events often triggered profound emotional difficulties, especially when multiple losses occurred in close succession:

*From like 10 to 14 it was probably like one of the hardest parts of my life because I had like, all those, the car crash [involving a very close relative], I lost my dad [SG], and getting told about the drugs and stuff, from my mum...I was very emotional. I would lose my fuse very easily... And I took a year out [of football]...You don't really want to get up and do anything because you're just not in the mood for it. (11)*

Such losses not only affected young people directly but also impacted their SGs, potentially reducing the attention and support they could provide. One young woman described how multiple family stressors coinciding with her transition to secondary school contributed to a deep depression, a strong contrast to her positive portrayal of a happy early childhood. In

these early years she appeared, at least on the surface, to be a bright, confident, cheerful and settled child. However, a change in her family's priorities to focus on a new stressful court case regarding a younger sibling may have meant that emerging adolescent identity struggles and a need to navigate a greater understanding of her mother's chronic and distressing condition may have been overlooked:

*I think it started when my mum was pregnant with my second brother... That's when I started to feel that transition from primary to secondary school. That's when I started feeling low... It started with just like low moods and just not eating, not sleeping...I didn't really understand what I was feeling because I've never felt so sad before... And [the long court case relating to my young brother] really, like, affected my [SG] and her health. And it affected our confidence. (22)*

Another young man reflected deeply on not always feeling fully connected to his SG family despite his move to them in young childhood. In his later childhood/early teens his family was significantly impacted by the illness and eventual death of his SG's adult daughter. This bereavement would not only have reduced his SG's focus on the young person's needs in adolescence but also may have resulted in the young person not feeling fully part of the traumatic events, hence his comment of sometimes feeling like 'a little brother on the side' (6).

### 9.2.3 SG's health-related issues

Several participants also described how their SGs' health problems negatively affected home dynamics during their teenage years. One young teenager linked these issues to increased family stress and reduced quality time to talk and relax together, vital for this developmental stage of increased pressure and vulnerability:

*My [SG] would be like in hospital. Then he'd come out, stay home for a week and then he'd have to go back in because something else would be wrong. And then my [SG female] would stress and everyone would stress, and we just get into lots of arguments. And then I'd have lots of homework... it was just not good. I didn't talk to anyone about it, I couldn't talk to my [SG female] 'cause she was stressed enough, my [SG male] was in hospital, and I don't like talking to school. (21)*

For some, an SG's age-related health issues led to additional caring duties. One young woman described how the burden of care she provided throughout her teenage years to her

younger brother and disabled single SG was compounded by responsibility for her unwell parent:

*I kind of just had a caring role for [my mum]... I look at my other friends and they're just like, they don't do anything. Some of them don't even know how to cook...I just want to be able to. I don't feel like I've had the proper teenage experience...I just want to be able to like live. (22)*

#### 9.2.4 Unspoken fears and worries

Many participants described withholding worries and concerns from their SGs to protect them from additional stress or emotional upset (see also chapter 7):

*I remember speaking to my mum [SG] about my mental health because it was bad at one point when everything happened. And I remember her worrying for like, a good five weeks... since then I don't really tell her that stuff 'cause I don't want her to worry. (11)*

Shame and guilt also made it difficult for some participants to share certain feelings with caregivers who have cared for, loved and supported them:

*I really felt like I was the only person in the world that felt like that... I was too ashamed to say anything and I think that's why I kept it in for so long.... saying that I had suicidal thoughts to my family... something about it just felt like. Why would you feel like that? ... I have my [SG], so in my mind I shouldn't feel like that. (22)*

The impact of shame and stigma around both their life stories and negative emotional states can mean that personal narratives are also difficult to share with peers, who usually form a key source of support in adolescence (see chapter one).

#### 9.2.5 Lockdown

The COVID-19 pandemic lockdowns coincided with participants' vulnerable teenage years, creating additional challenges. One interviewee described difficulties with crowded housing that complicated home education and made isolation during illness challenging. Another young person, struggling with depression and suicidality, described becoming trapped in an exploitative relationship with a religious leader found through social media - a situation that might not have developed outside this period of enforced isolation:

*During lockdown I found someone on Instagram. She has her own like, ministry... I reached out to 'cause I was struggling with, like, my mother issues...she took my*

*number, started calling and everything, and I told her about my story and stuff. And then she was like 'ohh, you know, I'm going to take you under my wing, going to look after you'... I just really opened up to like, told her everything... I was so attached to her...it was really, really hard to let go. It was like, it was a toxic relationship. (22)*

## 9.3 Barriers to support

### 9.3.1 Lack of support

Many interviews contained a notable lack of references to social work support or therapeutic interventions despite the challenging periods being experienced. Some stated that no professional support was received after the SGO:

*After [removing us from my parents] they didn't they just didn't care about us anymore... They've never really been interested in anything like [giving me support]... that's just social services. (12)*

Some young people believed support was not provided due to an assumption that family placements do not need ongoing support, or that if things appear initially positive, they will remain so:

*I had a social worker... she wasn't that involved. I think because it was SGO. I think they assume that everything is well, and it is, it was, everything was fine. So they didn't see the need to get in touch with you. But there were times when I did feel like I needed one. (22)*

Support could be experienced as mainly for the SG and not for the young person themselves:

*Me and [SG] had a social worker and then it stopped...Because like obviously [SG] were like doing a good job with me...they could see how I were happy and stable with [SG] So like they didn't need to see us anymore...I didn't even notice to be fair... back then I was like I just thought of it as some guy coming to my house to just check up on how I'm doing...they did a lot of things for [SG] and that. But for me I didn't even notice it. (15)*

In this case the young person did not feel they needed support and appeared content that his social worker professional focussed on their SG then faded out. However, if they *had* needed support at this time or in the future, it is possible they would not have understood that this professional could be a source of support for them as well.

Lack of appropriate support at school was raised by some young people. Some struggled with specific teachers or systems, or required specific support that was not forthcoming:

*[Secondary school] didn't really help you... they got money from the government for me, but they didn't really do much with it. (6)*

In several cases participants directly linked poor behaviour at school to emotional struggles or family stress:

*[When] my granddad would be like in hospital... I was just like not behaving in school and like just not really focusing'.*

Schools were criticised for purely punitive responses to these behavioural issues rather than trauma-informed approaches:

*[Our school would] just exclude people for no reason sometimes... I wish I'd had more support at school... [school should] just have kept track of my behaviour a bit better and just seeing if I was OK and stuff. (8)*

One person criticised her school for failing to look beyond academic capabilities to identify and address underlying needs:

*My [SG] asked for help, but they said that I was too intelligent, like too smart and that I didn't need help. ...My nan wanted help because I used to just run off from school. I wasn't concentrating well in class, but I was doing the work well. (5)*

Those who did receive support often referred to long delays:

*[I should have seen the therapist] a bit earlier... it would have been nice to have them so I could cope with these things earlier. (6)*

Difficulties in obtaining diagnoses for emerging issues or needs were mentioned by a few interviewees:

*Getting autism support was a long battle. Purely because there was no support there. (3)*

Participants also noted lack of external support for SGs' emotional health and financial situation, which negatively impacted their SGs' ability to support interviewees' own wellbeing:

*She's had to take over four children. And that obviously leaves a big, huge impact on her. Like financially and mentally and physically. (12)*

Lack of support to maintain or re-establish connections with particular family members or siblings, due to official systems or a failure to prioritise relationships, led to some young people being deprived from seeing those important to them for long periods, with some resorting to using their own initiative (see also chapter 7):

*And then nothing was arranged 'cause it was down to [SG] to arrange it and [SG]'s awful when it comes to arranging things... And then I got older, when I was in college I just put my foot down and started seeing [birth PGM], once a week and [late dad's partner] whenever she was free, basically (3)*

Some also referred to lack of social work support for their birth parents, which not only compounded their loss around this relationship but also led to blame and low expectations of professionals who should have been providing support:

*Social services didn't look into helping [my parents] properly... You've taken the one good thing out of a good person's life, and it's obviously gonna turn them bad and it's going to make them want to do more and more drugs to get rid of the pain of losing your two kids... they just kind of left [my parents] in the dust... I do think they made the right choice, but the way they did it was appalling. (12)*

This all seemed to feed into a sense of 'we're on our own in life' and could prevent positive working relationships with - and seeking help from - professionals in the future.

### 9.3.2 Inappropriate or poor-quality professional support

Some young people discussed professional responses or attitudes which were experienced as unhelpful or even harmful. Many formal support systems, within social, education and mental health services, were fraught with challenges and disappointments. Some cited loss of, or multiple changes of worker preventing relationship building and leading to ineffective support:

*I had a social worker every year until I was 18... [They were] not really [helpful] because they were changing a lot and I didn't really know my social worker... they only saw me, like every six months or something, so I can't really build up a connection like that if it's very rare. (6)*

One young man, whose move to his SG family coincided with the death of his mother and separation from his entire community, recalled forming a bond with a male worker who provided welcomed support but then abruptly disappeared from his life. This was particularly poignant due to his multiple losses and need for a positive male support figure:

*They brought a social worker in for me to have an emotional connection with, but suddenly he left. It was awful... I really liked him and we got along really well and I had him for like months... he just went, and I've never had him again.... because I didn't have a dad, like, any man that I knew that was like sort of father figure...I would just think of them as a dad. So I think this guy was actually my substitute as a parent for a while. So it's a bit awkward when you just take it away so soon after losing someone who is close to you...That's emotionally like damaging. (4)*

One young woman recounted numerous instances of feeling misunderstood or overtly harmed by professionals, including an insensitive learning mentor who threatened to take a picture of her to show how depressed she looked:

*She said to me 'You look so depressed, one day I'm going to take a picture of you in the playground to see how depressed you look'. I was like, wow, why would you say that? You know, to a child. (22)*

Being 'forced' to do things that they were not comfortable with or wanting to take place in therapy sessions meant that some young people did not receive appropriate support and may have been dissuaded from seeking it out in the future:

*The therapist...was trying to get me to do things that I didn't want to do, and if I said no, she would force me to do it, so that wasn't OK... sometimes I'd be having a really good week, and then I'd go to therapy and it'd be like they were trying to get me to talk about it again. (13)*

*I saw a counsellor for a little bit and then stopped because it was just making the problems worse... the counsellor just kept saying that this is the problem... I knew it wasn't... I knew what the problem was, but they just wouldn't let it go, and for like three weeks she only wanted to talk about the same topic...It wasn't necessary because it wasn't going anywhere so. (3)*

CAMHS workers were discussed negatively with references to mixing up personal information with that of other patients, unreliability, failing to truly hear and validate needs, and providing irrelevant advice or support:

*The first one, it was a trainee therapist... It was just very like 'if I had a magic wand, I'd make this disappear' and I didn't feel like I was being heard. The second time I didn't actually get to see a proper therapist cause the waiting list was so long, but because of how bad I was, they gave me one of the nurses... I went to the first session and she was late, she was at the shops... then another time I went and then she mixed me up with another patient (22)*

*I was telling them how I felt and he literally turned around to me and said, 'have a bath and have a cup of coffee'. I need, like actual advice, not like taking a bath. (16)*

One young person expressed frustration that early social work support was limited to assessment of issues in the family placement. She needed a social worker who could offer emotional support rather than something that felt more like an interrogation:

*The only way I ever saw a social worker was if they wanted to know anything about what was happening at home. It was never to be a friend or be an advisor and that's what I needed because everyone was fighting. I just needed that one person who wasn't trying to talk about what was happening, but that's all the social workers ever did, was wanted to know 'who, what, when, where, why'. (13)*

Professionally organised peer support could be experienced as belittling rather than helpful and could be perceived as being artificially pushed together with supposedly 'similar' people:

*We do have The Kinship Team and they organise days...It was quite childish, really for the younger kids... I was the oldest one there by quite a while. (7)*

Not all felt they needed any professional support, at least in the form it was offered, and being given it felt unnecessary. Several young people criticised professionals for pathologising their family situation after their move, creating an artificial sense of crisis around a family life that felt normal to them:

*Social workers just used to come over to me house...they ask you so many questions and you're like, you already know about what's going on in my life. So why are you asking me?... I don't even know why I got one, because everything was fine. Just because I went to go to live with me nan and my grandad doesn't mean like a huge crisis has happened in me life. (16)*

*It felt a bit dystopian just having random like official government people coming all the time...social services definitely imposed on like my private life a bit too much, coming into my schools and asking about me ... asking me 'Are you sad? Are you sad?' like it felt like they were trying to make me! (4)*

However, for others who were struggling with the complexity of their family and challenging emotions in their teenage years, it was felt that access to a professional at this time (when they wanted it, and presented in a way that they wanted it) could have offered perspective and a sense of normality:

*Things that I struggled with I don't think I could have told my family and I feel like a professional would have helped...they see children, different types of children and different types of families all the time. And it just would have given me comfort knowing that this person knows the ins and outs of everything and that I would feel reassured, knowing that they are listening to me. (22)*

Supervision of - or boundaries around - contact were also sometimes felt to be unnecessarily restrictive:

*I wasn't allowed my mum's phone number at the start. Neither was I allowed my brothers' or my sisters'. But then I think they relaxed the rules or...like my [SGs] thought, it's OK for him to speak to his mum. And I think it's better if I speak to them and talk to them, because then you don't lose that relationship... regular contact is helpful and I think if all of my siblings had that from the start, consistently, there'd be no issues. (7)*

### 9.3.3 Power imbalances and divisions

It was evident from some young people's narratives that professional decision making was largely accepted or endured, with deference often given to adult authority. Many failed to question adult decisions even when they appeared to them as illogical, unreasonable or contradicted their own wishes and needs. Narratives included references to being 'lucky' that they had even extremely limited contact with siblings, grateful that this was 'allowed', or repressing wishes to keep in touch with people:

*I just dealt with it...There's no point in me even complaining about 'cause it's already happened, but it would have been more beneficial if I had stayed in contact with people [in my old home city]. It's my fault, I probably didn't. I probably didn't like vocalise my thoughts that much. But I don't think it would have mattered... I cried,*

*then after that nothing. 'cause obviously you know I wasn't happy about it, but I couldn't change it. (4)*

Although sometimes interviewees presented desires for greater knowledge of their past, they did not proactively seek this from professionals or children's services departments, passively accepting that they would have already been told anything relevant to them:

*I've tried asking to see the paperwork from the SGO, but [SG] says he doesn't know where it is... **[Have you ever checked with social the social workers whether they might have anything?]** no, I haven't ever, thought of that really... actually it's not anything I have thought of. I always sort of knew there would be documents and files kept, but I never realised, you never think of it basically. (3)*

In a few cases, a generally negative attitude towards the whole social work system was presented:

*I think social services are one of the stupidest things to ever exist. (12)*

These negative experiences seemed to feed into a sense for the interviewees that struggling along by themselves was inevitable; that support could not work for them in a way that they wanted; resulting in a general lack of trust in professional systems. Unfortunately, this may mean it would be highly unlikely that professional services would be trusted with information or approached for support in the future.

## 9.4 Valued helpers and healers

### 9.4.1 A consistent, non-intrusive, holistic, appropriate and empowering supporter

Only a few interviewees referred to having a consistent source of support from a worker who they felt to be a valued resource for them, as opposed to having to rely solely on their SG. For these young people, having a familiar supporter they could always contact if required was critical:

*[My social worker] has always been there since we've moved in with my [SG]. It's really important. So that when things go wrong at home...I reach out to her, and she comes over and she helps us... She's always been in touch... it's never stopped. She has my number. She always messages me at least once a week to ask how I am. Or if we can have a call, we can chat. (1)*

Helpful support was described as individually tailored, targeted at specific needs and considering young people's own priorities. For this young woman, professional intervention helped her to negotiate specific challenges around independence through mediation with her SG:

*I think the most helpful thing was [social worker name] because she was always checking up and she would message every day and she should come into my college as well... making sure that was OK...she was just always there for me, to talk about anything really... she did help me get my key to my house. (19)*

Another young man felt empowered through support to reflect on his past experiences and understand how they linked to current anxieties:

*I have anxiety and phobias of like hospitals and stuff...my psychologist gave me coping mechanisms and stuff and they also went over my past experiences and try to see like how I could process them and make it easier... She kind of got me to like think about it myself...she didn't give me any answers but like she helped me think about everything so I could like think on my own... like how [biological mum name] felt and like how I would have felt as a child. (6)*

Several young people emphasised the importance of their maturity and emotional intelligence being acknowledged by professional systems, noting how their lived experiences differentiate them from their peer group:

*I'm very like self-aware and know that I don't need certain things, or if I do need something, I will say it. And I just feel like because you're a child, they will look at you on the same level, but I have grown up. I grew up really quickly. So for them to just assume that I don't know what I'm talking about... I didn't feel like I was being heard. (22)*

Recognition of agency was also stressed as a key feature of valued support, such as ensuring the young person has control over timing, pace and content of sessions:

*I liked [the school counsellor] ... She asked what I want to talk about rather than what she'd wanna talk about...she took an interest in how I feel and what I wanna do...And when I'd come she'd be like, 'are you thirsty? You want a drink or anything?' Offering me stuff instead of just going straight in. And she made sure I feel comfortable and everything. (21)*

Agency over help received was also important with regard to *who* provided the support:

*We're meant to talk to our tutors about something, but I just don't like him. He's too nosey and he's just weird. (21)*

In addition, there was some insistence that adults (SGs and professionals) should understand the limits of external control over adolescents' behaviour and take a more nuanced and empathic approach to discipline and guidance, recognising the agency of the young person in terms of their life choices:

*You can't change the way that they think, so you can't tell them that they can't do something that they want to do. 'Cause they're just going to do it anyway ...you can't fully control what they're going to get up to, you can limit it. But it's not gonna do much. (5)*

Creative and engaging activities were valued in therapeutic support:

*[A life story work therapist] actually helped me out quite a lot and he'd sit with me like we're doing now and we'd talk about things. Sometimes in the presence of (SGs) and they'd kind of help filling in gaps... he had this big roll of paper and we'd write things and draw things. I'd be telling my story and, in a way, getting it off my chest... to understand a bit more about what happened... It was like a fun way of presenting how I was feeling. (7)*

The young woman who was effectively a young carer for her SG, younger brother and mother, highlighted just one bright spot amongst many negative experiences of support. This was found through a young carer support worker, who believed in her unconditionally, in the context of relationship-based, empathic support:

*She was just very lovely. She always believed in me. She was like, 'the first time I saw you I knew you would do great things and I know you will go to a really good uni', and she was very encouraging and supportive...having someone to believe in me. I think that really changed it all for me. Like I know my {SG} believes in me, but it's different when it's someone younger. (22)*

The young woman above, and a further participant, mentioned the value of support workers who shared relevant personal backgrounds. This provided them not only with a sense of shared understanding through lived experience but also optimism around life outcomes for children of a parents with severe mental illness or difficulties:

*[My support worker] her mum had schizophrenia as well. So seeing where she is now, like it just really made the difference for me. (22)*

#### 9.4.2 Support for open communication

The importance of open, direct and honest communication from SGs and life story work professionals was covered in chapter 3. Professional support sometimes helped facilitate better communication within families:

*We did start family therapy. So I think that helped a lot... because my [SG] just didn't know what to do with me, how to help me so she wanted to know what was going on and everything so, it helped us talk. (22)*

Several participants emphasised the importance of having access to independent support to offer a neutral response:

*[It is important to have] like professional support, I guess like a therapist or psychologist or someone you could talk to that's like not their parents. Because some things I do want to tell my psychologist and stuff that I haven't told [SGs]...because I don't really want to offend [SGs]. (6)*

Simply having someone to talk to – both inside and outside of the family - was one of the most valued aspects of support:

*I had the... SENCOs or whatever it is...all these teachers and they just come and talk to you, like say 'we're here if you need to talk', I had that [when I joined the new school after the move]... for the whole entire five years [laughs] I talked them so many times about many different things. (1)*

Although some stressed the importance of not being *made* to talk to professionals, having the *option* available was seen as critical:

*That was the narrative that went across like my whole childhood, was that you should stop keeping things to yourself, you need to talk to someone, you need to talk to this person... some therapists and social workers don't seem to grasp the fact that you can do stuff by yourself, you don't always need to talk to someone...though I think there should be a social worker that you could like, when you want to, you can call them and that... just know that there's someone available. (4)*

### 9.4.3 Compassionate educational settings with support

A few young people, such as the participant below who was diagnosed with an autistic spectrum disorder, referred to the importance of school settings being equipped for their special needs, or professionals helping to put this support in place:

*[Secondary school] were kind of bad, they didn't know some stuff, but college made sure that I met the wellbeing person, so I could ask them and I can go to him like if I need, if I want to talk about anything... I went to him and talked to him about my anxiety and stuff... at the beginning it was like I just wanted some quiet places to go to... the college has given me a few like rooms on certain days, so I can have some time out. (6)*

Some people valued their school's trauma awareness, recognising the need for support around problematic behaviour and offering appropriate time out of stressful situations or someone to talk to when required:

*I think it was called pastoral team ...I was quite challenging for my teachers in primary school, so I spent quite a lot of time there and there was [name] and one other who were very helpful and they understood my situation, they'd sit there and talk to me about it, and if I ever needed something to talk about, I could go to them...I could always just go find them at break time or at lunchtime. (7)*

For the young people below, although behavioural incidents at school were initially responded to with punitive action, later compassionate intervention finally brought about much-needed support, highlighting the importance of trauma-informed settings:

*In high school...there was this teacher who used to be in charge of isolations ... I went there because I was really upset and I'd done something, I just flipped out...and from year nine to year 11, the isolation teacher practically became my counsellor. I built up a really good bond with her. It's not like she was the average teacher who would say be quiet sit down go and do your work, any kid who was in there, she was more like a mum... Always fight for their side of the story. And if they ever needed to chat they could just stop their work and talk to her, just speak about it...honestly, I think without her I don't know what would have happened to me because she was probably the main reason that I kind of got through it all. (11)*

At the same time, the importance of respect for privacy was emphasised, with one young person stating that being trauma-informed did not mean that personal details should be shared routinely:

*It's better that the teachers didn't know [about my background] ... I was just allowed to walk out... 'cause I wouldn't like them to know... It's not like they have to know, they're not entitled to know... obviously some teachers in the school did need to know so they can install the rules that like, this child can go at this time, but not like your day-to-day maths, English teachers. They don't need to know that sort of stuff. (4)*

#### 9.4.4 Practical and material support

Some participants shared the importance of practical and material support, including financial support for therapy, special needs assessments, school trips and travel to further education:

*The social worker is the one that funds all the psychologist meetings... they funded a lot of stuff like my autism assessment and my anxiety stuff... Because I've got diagnoses and stuff, they can put more things in place in college... At one point, the school offered extra tuition. And or like if I went abroad, they'd get like, half off and stuff. My current college, they give me like £100 a month. (6)*

Valuable targeted practical support recognised individual SG family's needs and priorities, such as enabling a family with a young person with an autism diagnosis to move house so he could have his own room during lockdown, and another to change his name to that of his SG's and remain with his SG's family after her death:

*Earlier on this year my [birth] mum... paid for me to get my name changed to [SG]'s last name and so like we were going to do it for [SG]'s birthday. And then, we like lost the certificate so we couldn't do it. And now since [SG]'s passed we've been going through all the stuff and we found it again. So like [social worker] signed it ... So actually she has been helpful with a lot of stuff actually... when [SG] passed if it weren't for [social worker] I could have been took off [SG son] and put into random like foster care. So like she's, like, help us deal with [SG son] being my carer. (15)*

Support to reestablish family contact appeared not to be proactively offered to young people hence some resorted to tracking down lost siblings via social media. However, one young woman noted how an eventual face-to-face meeting with the brother she had contacted

online was facilitated by support workers in an unimposing way that respected the young people's need for space to get to know each other:

*We started talking [with our adopted brother on Snapchat] and then we told our people we lived with. And they spoke to this social worker and then we saw each other... We went ice skating. And went to McDonald's... It was just [sister], me and [brother]. (8)*

One young man who experienced a forced move to a new area after his SGs' divorce noted valuable support around the transition provided by his local youth club service, highlighting the importance of gradual changes and the maintenance of routines:

*[Moving here was] difficult, and not [difficult] at the same time. There was a lot of familiarities up this way already, the youth service, they helped a lot by getting me into youth clubs up this way pretty shortly after I moved up... So I had a bit of familiarity that way basically just because it was just a gradual adjustment over time. (3)*

#### 9.4.5 Informal and formal peer support

Some participants had accessed support groups for young people from kinship care families, which they found validating when appropriately targeted to their age group and based around enjoyable activities that did not force communication:

*It was good to know that there are other people living in the same...because I had no idea... like I was always told that I was a care leaver... I didn't know that there was a whole different group of people like me. (22)*

Some people who were not given such opportunities expressed that it *would have* been helpful to meet up with people who shared a similar background to themselves, seeing the value of shared experiences and connection with others in similar situations:

*It would be nice to see people who have had, like similar experiences and are relatable. So you could like talk about your experiences that you don't really get with, like in secondary schools and stuff you might get like picked on or they might use it against you, but if you're talking to someone the same experiences or similar you can like... Like just share stuff and you won't feel like judged really. (6)*

However, the most appreciated peer support came through natural connections at school or college with others from non-nuclear families, giving them opportunities to share feelings and experiences with those who could empathise:

*In my class...there's this one boy who's like in a similar situation as me... we're like best mates cause like we know how each other may feel...he lives with his grandparents, cause like his mum and dad, like abused him... you get someone who like understand you, like having a friend who lives with their parents and lives with their siblings like doesn't know how it feels like to not have like the siblings like near you. (15)*

Connecting with others from similar backgrounds was expressed as validating and de-stigmatising. Along with older mentors who can present as successful role models of overcoming adversity and resilience, they can provide an important and desired sense of 'normal':

*I think with the low mood depression I had, it was like shell shock to me like I had no idea that any human could feel this low. I think having like a flash warning that this might happen it would have helped a lot. I think I just would have been like, 'I guess that it's OK I'm feeling like this, like, it's not anything that no one has experienced before'...I really felt like I was the only person in the world that felt like that...that made me feel like I was too ashamed to say anything. (22)*

#### 9.4.6. Activities providing coping mechanisms and support

Many of these young people noted how their involvement in sport and other activities such as music or drama, provided a positive steer to wellbeing through distraction, preventing over-reflection on negative experiences (in some narratives, emotional difficulties were linked to thinking too much). Activities were a means of escape and positive focus, confirming the importance of maintaining interests to build resilience:

*For me, football was probably one of the best things to do... you just get into the game and focus for 90 minutes so you don't think of anything else but the game...nowadays I use football as like kind of my escape. Whenever I'm playing football, I'm in my own little world. I don't have any worries... there's nothing else, no worry in the world, it's just pure love for the game. (11)*

#### 9.4.7 Plans for or transitions to careers and university

Many participants aspired to specific careers or university course, often in helping professions. This optimism was sometimes presented in contrast to the future they might have had with birth parents and discussed with acknowledgment of wisdom developed from their unique life history and gratitude for their family support. One young woman, who had

struggled with depression and complex family responsibilities, described how her depression lifted as she prepared for university, finally gaining a sense of control over - and positivity about - her life trajectory:

*Leaving home was what I was looking forward to...since year eight I was tired of responsibilities, because I had been like doing a lot at home, I was looking forward to just focusing on myself... And then when I started like preparing for my actual A levels, that's when I was like, I'm not suicidal anymore...Like I literally woke up and I was like, I'm not suicidal anymore!...I think without knowing that mum had schizophrenia and things that I went through, I don't think I would have wanted to pursue a career in psychology if I hadn't gone through that. (22)*

#### 9.4.8 Social media and the internet

Some participants referred to the internet as a source of information when seeking answers, viewing it as an accessible world of advice. Some described finding what to them was helpful support – a young person’s discovery of an online community gave her the confidence and acceptance she needed to progress her gender transition. One young man out of touch with his father and with no other male adults in his life asserted that he would not be disadvantaged due to this wide source of knowledge. One can only hope that this provides him with better role models than Andrew Tate, and highlights both the need for education around this ‘support’:

*There's stuff, something, Mum [SG] can't really teach me or talk about with me due to like her being much older and being a girl and me being a teenage boy... If I don't get one [male role model], my mates have dads. I'm sure they teach me stuff I need to learn and if and if they don't Google or YouTube exists then I can always use that for my stuff I need to learn. (18)*

### 9.5 Conclusion

This chapter shows how, despite the many positive elements of their new family, the young people experienced considerable life challenges often directly related to their SG family structure and – in many cases – the vulnerable nature of birth parents and the older age of their SGs which led to further loss and change. Their narratives are reminders of how new challenges and stresses can appear at any time for young people in kinship care. Even for children with many early settled years, this pattern can be interrupted in both unpredictable but also predictable ways as adolescent curiosity and identity issues lead to difficult

questions, a need to understand complex adult issues and a stigmatising awareness of difference.

Despite these common and sometimes profound and enduring additional needs, many did not receive the support required. This could be due to a resistance to receiving help (partly linked to a strong desire to be *'normal'*), because help was simply not available or offered, or because it was inadequately attuned to their needs.

This chapter also identified qualities of valued support. The young people appreciated holistic, trauma-sensitive educational support, natural opportunities to connect with like-minded peers, positive role models and access to consistent, non-intrusive professional supporters independent from their family network. They emphasised the importance of adults who offered space to talk, respected their agency and maturity, believed in them as worthy and valuable individuals and normalised their experiences.

The findings highlight the need for professionals to tailor interventions to individual circumstances rather than applying standardised approaches. Key periods of vulnerability, particularly around loss, transitions and changes in adolescence, require particular attention, while the resilience and unique perspectives of these young people should be acknowledged and respected in support provision.

The next and final chapter discusses the findings presented over the last few chapters in relation to the literature. It also considers the strengths and limitations of the research, policy implications and recommendations for future research.

# 10 Discussion of the findings and implications for policy and practice

## 10.1 Introduction

This study explored 22 young people's experiences of family life under SGOs, examining their sense of family, understanding of their life history, navigation of family relationships and experiences of support. The findings confirm the value of a permanent SG family care option and provide deeper insight into the strengths and complexities of SG family life. In this chapter, the strengths and limitations of the research are identified, the themes and insights presented in the findings section are reviewed in relation to the original research questions with their theoretical meanings for the research field considered, policy and practice implications are discussed and recommendations for future research are outlined.

To recap, an open, overarching research question was the basis for the study: *How do young people who were raised in a SG family feel about and make sense of this experience?* This was broken down into four sub-questions concerning experiences of SG family life, relationships with parents and other important people, sense-making around life history, and support needs.

This chapter is organised in five parts. Section 10.2 sets out the strengths and limitations of the study. Section 10.3 discusses the findings in relation to existing literature, organised around four conceptual claims that the data are positioned to make rather than around the original sub-questions. Section 10.4 sets out implications for policy and practice, organised by target audience and topic rather than by finding. Section 10.5 identifies directions for future research, and Section 10.6 concludes. The conceptual claims developed in 10.3 - psychological permanence, an interdisciplinary reading of family, life story work as ongoing narrative identity work, and developmentally responsive support - are the integrating ideas that the policy and practice implications then operationalise.

## 10.2 Strengths and limitations of study

This study provides the first in-depth account of the lived experience of older adolescents and young adults raised in SG families. By enabling these young people to talk at length about their lives, it provides valuable insights not just into their experiences at a particular point in time, but also, as they reflected over their childhoods, their retrospective views on their childhood experiences and early adolescence. They spoke of changes in their experiences of family relationships and the life journey they had travelled, throughout early

childhood experiences transitions, into adolescence and beyond. The sample size balanced the need to identify common themes across the young people's experiences with the desire for deep, individual analysis.

The use of IPA enabled the 'double hermeneutic', whereby my interpretation of each participant's own sense-making was developed under rigorous supervision to challenge my assumptions. This generated a deeper, more psychological analysis of young people's narratives than thematic description alone would allow. The exclusive focus on young people's own voices represents both a strength and a principled methodological choice: it fills a gap in a literature previously dominated by adult and professional perspectives, it minimises the influence of adult gatekeepers on their narratives and treats young people as active agents and interpreters of their own experience.

Three limitations bear on the interpretation of findings. First, the sample is self-selected. It is recognised that young people who choose to participate in research are likely to differ in some ways to those who do not. For example, those who volunteer may feel a greater sense of agency that things can be changed about their own or other people's situations, feel they have specific messages to pass on or are generally more knowledgeable about and engaged in kinship related issues than non-participants (Cairns & Brannen, 2005). It is also inherently biased toward families with at least minimal connection to support services; those where SGs were protective of their young person's privacy or concerned about emotional disturbance are likely to be underrepresented. Research with adoptive families of young people of a similar age to those in this study noted that most young people who did not take part were not given the information by their adoptive parents either because they had significant learning disabilities, or parents had concerns that the interview would trigger difficult emotions (Neil et al., 2013).

Second, the retrospective nature of the accounts means that memories are filtered through present circumstances and the developing maturity of adolescence and young adulthood. Their narratives reflect what these young people remembered and chose to share in the interview, at one time point, and must be understood as influenced by interview dynamics and perceptions of 'appropriate' responses, as noted in the methodology (McLeod, 2007; Rich, 1968). They offer an important but inevitably partial window onto earlier childhood experience. In addition, my specific background and knowledge inevitably filtered the data (explored further in chapter 5 of this thesis). As noted by Smith et al. (2022), another researcher analysing the same interview narratives would likely generate different insights.

Third, the absence of SG perspectives and case file information limits triangulation. Some research has highlighted a mismatch between young people's reports of their own wellbeing and standardised assessment tools to evaluate emotional and behavioural problems (Neil et al., 2013) indicating that young people may view their own progress and wellbeing differently to others. Finally, it must be acknowledged that the young people in this current sample moved to their families early in the chronology of a developing SGO legal and political context, and the professional and organisational support environments are likely to be very different for children for whom a SGO is made today.

These limitations are counterbalanced by the sample's diversity of backgrounds, contexts, and experiences shared in the interviews. By presenting an open, casual, exploratory attitude in then interviews and offering reassurance that all they had to say was welcome, the young people hopefully felt enabled to share what they felt to be important in their lives and what they wanted others to know and learn from. Some reflected at the end of the interview that they were surprised how easy they had found it to talk and surprised they talked for as long as they did.

Crucially, young people's own unique personal insights provide a vital contribution to our understanding of the strengths and challenges of SG family care, prioritising what is understood by and matters to the young people themselves. Their common themes and contrasting pathways offer an insight into what positive kinship care looks like from their perspective, contributing valuable data for necessary policy reform, and the refinement of 'local offers' of support and resources (see chapter 2). Given increasing focus on kinship care policy and the growth of SGOs, these young people's perspectives are particularly timely and valuable.

### 10.3 Discussion of the findings in relation to the existing literature

In this section the findings are considered in relation to research and theory within the wider literature base, and it is demonstrated how the study makes a distinctive contribution to existing thinking. It is shown how the findings develop the sociology of 'family practices' (Morgan, 2020) illuminating the multi-layered factors utilised by young people to co-create SGO family life, with biology, legal structures, narratives, relationships and practice interacting in nuanced and previously under-theorised ways. It is shown how the study invites a reconceptualisation of attachment security in kinship settings, specifically challenging residual assumptions about the incompatibility of multiple attachment relationships. Also demonstrated is how the study calls for a reconceptualisation of life story

work, moving away from prioritising time-limited professional interventions to viewing it as a wide range of ongoing activities and attitudes provided in the child's social environment that can support a continuous, relational, and developmentally staged process. Finally, the findings expose a structural misalignment between the support systems that currently exist and the developmentally patterned nature of vulnerability in SG families, pointing to the need for more adaptive and responsive provision, especially during adolescence.

### 10.3.1 How do young people experience family life with a relative SG?

*Family as bricolage: creating family belonging within diverse settings through an interplay of features*

The detailed, experiential accounts offered by these young people provide an important contribution to a sociological understanding of family and challenges historic concepts and professional language around 'family' within social care. In England and Wales, child welfare law remains embedded in a traditional paradigm that defines family as a biological and legal unit centred on *parental responsibility* (PR) (see chapter 2). However, over the past three decades, the sociology of the family has shifted away from structural accounts based on biology, residence, or legal ties, moving instead towards relational and practice-based understandings of how family is created and sustained through everyday activity, ritual, and shared meaning (Dermott & Fowler, 2020; Morgan, 2020).

Morgan's concept of 'family practices' (see chapter 3) presents family not as something one *is* or *has* but as something one *does*: a set of activities and interactions through which people enact and experience belonging. While this framework has been productively applied to stepfamilies, same-sex parent families, and long-term foster care (e.g. Biehal, 2014b; Boddy, 2023; Rigg & Pryor, 2007; Schofield et al., 2012,) the present study provides a rich template for extending it into SGO kinship care settings and in doing so both confirms and complicates it.

All the young people described their SGO families as primarily positive, 'ordinary' settings. For these young people, family was neither a fixed structure nor a legal category but something continuously made and remade through everyday life. Boundaries were defined by the quality of relationships rather than biology or household membership and legal ties rarely mentioned. Family belonging was created and sustained primarily through ordinary, everyday family activities, rituals and memories; family was *done* rather than simply *had* or *given*, findings that align with Morgan's (2020) family practices theory. The findings are also consistent with a substantial body of research on diverse family forms affirming that non-

nuclear family forms are fully capable of generating the belonging and security that children need. They confirm that it is what people *do together* that matters, more than what they are to each other in law or biology (Golombok, 2000, 2015, 2020). The young people's repeated framing of their families as '*normal*' confirms that they did not perceive their non-nuclear family as '*second best*'. Research demonstrating the importance of family belonging for wellbeing (Schofield & Beek, 2009; Wulleman et al., 2023) highlights the value of these findings.

Yet family practices theory offers only a partial account of what these young people described. Connected person SG families have a distinctive structure: they are simultaneously biological (the SG is typically a blood relative), non-nuclear (birth parents are absent from the household but often significantly present in the wider network), legally constituted as permanent yet experientially continuous with pre-existing parent relationships; they are structured around a household with a primary carer, yet include extended kin on both sides of the family as meaningful, sometimes highly supportive, members of the young person's relational world – even functioning as additional parental figures parents. Within this complexity, the family practices enacted were not simple reproductions of traditional or 'alternative' family norms but something more creative.

Crucially, the young people in this study were not *passive* recipients of the family structures and practices that surrounded them. They were *active* co-creators of their own sense of family, making deliberate choices about which relationships to maintain and prioritise, which terms ('*mum*', '*nan*', '*dad*') to use for which people, and which '*family*' narratives to use in different social contexts. Family was not simply *accepted* but *interpreted*, *negotiated* and *claimed*. This is demonstrated in the way everyday family practices were seen to not only hold functional roles but were *valued* and *wanted* for offering a sense of 'normality' and desired belonging, consistent with another study's findings that children's most positive memories of their time in foster care often consisted of shared meals and stories (Steenbakkens et al., 2021).

This active, agentic quality is not well captured by formulations of family practices that focus primarily on what adults do *for* and *around* children. This study illuminates the young person's own role as a co-participant in the ongoing work of family-making, assembling an experience and understanding of family from the available relational, biological, and narrative materials at hand. The concept of '*bricolage*' (Carter & Duncan, 2018) - the creative construction of meaning from available materials - may best describe this process. These

young people were not building family according to a pre-existing blueprint but fashioning it, adaptively and sometimes ingeniously, from the specific configuration of relationships, histories, and contexts they had inherited. The finding also challenges the language of '*placements*' and '*substitute family*' embedded in social work practice and the assumption that children in care are objects of family-making rather than participants in it.

*The place of biology in family belonging: neither privileged nor dismissed*

A significant complication of a straightforward 'practices' account of family is the nuanced role that biological connection played in these young people's creative sense of family. Biology was not a sufficient condition for family belonging, in that blood did not automatically create family, but neither was it dismissed as irrelevant. Perceived genetic resemblances in looks, temperament, and interests provided a source of identity and a heightened sense of appreciated sameness and belonging; family stories retained within the kin network linked the young person to a broader genealogical narrative. At the same time, young people downplayed blood links when loved family members had looser associations or when biological relatives failed to demonstrate expected care. Where care was demonstrated, biology was experienced as enriching an already valued relationship rather than constituting it.

The relevance of biology has been previously identified in adoption and foster care research (Fargas-Malet & McSherry, 2021; Wrobel & Dillon, 2009). Other research has noted the '*fundamental connectedness*' that stems from biological links (Wulleman et al., 2023, p. 6) and use of the term '*real*' by some children to distinguish between biological and non-biological family members (Biehal, 2014b; Ie & Ellingsen, 2024). When experiencing reunions with lost/unknown birth relatives, adopted people have emphasised the joy of finding genetic similarities in their birth family network, and the positive impact of this on their understanding of themselves, (Howe & Feast, 2001). Nordqvist (2017) has argued that biological relatedness continues to operate as a powerful cultural organising principle, providing socially recognisable group identity. In this current study the young people's biological family setting did appear to add to their sense of cultural 'normality' and (sometimes) helped them apply normative terms for family members. However, beyond enabling a partial adherence to societal family norms, findings in this study also indicated that biological ties often added specific types of value to connections.

The present study therefore substantiates both the legitimacy of diverse self-created family structures and the persistent, albeit conditional, significance of genetic links. The findings

indicate a dialectical interplay between the elements of biology and practice; rather than being oppositional, they appeared to interact dynamically and complementarily to construct a sense of familial belonging. Where kinship practice is consistent and nurturing, biological ties are experienced as valued rather than essential; where practice is absent or harmful, biological connection alone cannot sustain a sense of family. This dynamic was made particularly visible in kinship settings and offers a contribution to the sociology of family that extends beyond the care literature. Applied to diverse modern family configurations formed through social changes, artificial technology and child protection intervention, the findings emphasise the importance of children at least knowing about, and where possible connecting to, those to whom one is related on *both* sides of the family.

#### *Relational permanence as the primary mechanism of psychological security*

A related finding is that the legal structure which played a critical role in the court's creation of these families held little direct significance for these young people featuring infrequently in their narratives. Where it appeared, it functioned as a background structure or an extra thread of family assurance that resolved ambiguity or settled conflict rather than as a felt experience of belonging. It was relational and psychological factors - their SGs' words, actions, and ongoing demonstrations that the young person was wanted and loved - that sustained their felt security. This lies in contrast to some earlier adoption research that underscored the symbolic importance of an adoption order for adopted young people's sense of permanence (Sinclair et al., 2005). This may partly be because achieving legal permanence is less significant for those within existing biological and emotional relationships and that SGO families do not typically mark the event in the way adoption is celebrated.

Confirming the reduced significance of the SGO for these young people, findings showed that the SGO's ending at age 18 had little effect on most young people's sense of family permanence. Anticipated support into adulthood rested not on legal entitlement but on explicit and implicit assurances of continued belonging. This finding confirms the importance of centring permanence frameworks around '*relational permanence*' - a sustained experience of being unconditionally claimed by a carer, communicated through ongoing acts and assurances rather than through a legal document. This is a core element of Schofield and Beek's (2009) concept of a '*sense*' of permanence' (see chapter 3). The findings provide qualitative evidence for the mechanisms through which this sense of belonging is communicated and maintained and highlight that the primary risk at the SGO's legal boundary is not structural but relational.

### *The 'fought for' narrative as a protective relational resource*

A further conceptual contribution of this study related to relational permanence lies in the prominence and psychological function of what might be called the '*fought for*' narrative in family belonging: the recurring theme, in young people's accounts, of their SGs having actively sought to continue or secure their care despite difficulty, opposition, or personal sacrifice. These often overshadowed - or at least sat alongside - any more negative themes of rejection by, or inadequacy of, past carers in their life stories. Narrative identity theorists have established the importance of life narrative themes for self-concept and self-esteem (McAdams & Janis, 2004; McAdams & Jones, 2017). This study extends that understanding by identifying a specific relational narrative ('*I was wanted and someone fought for me*') as a potent protective resource in the context of kinship care, operating not only at the level of identity but at the level of felt attachment security and family belonging. It appeared to function as an enduring positive internal working model (Schofield & Beek, 2006) of the self as lovable and the carer as reliable, in ways that abstract or legal assurances of permanence cannot replicate. Adoption may offer partially similar stories of being 'chosen', but in kinship settings the narrative is embedded in the concrete experience of continuous family connections and repeatedly corroborated through these ongoing relationships.

### *Stigma management as family display: the active performance of normality*

Despite the overwhelming sense of 'normality' described, as with children living in other functionally positive but non-traditional family households such as adoption from foster care (Mannay et al., 2019; Neil, 2012; Thomas et al., 1999; Vojak, 2009), these young people sometimes perceived being viewed as socially unworthy or inferior. Remaining cared for within their family network did not in itself prevent feeling stigmatised, perhaps a consequence of living in a culture where (birth) parental love and day to day care is honoured, expected and a critical part of family discourse (Purewal & van Den Akker, 2007; Slauson-Blevins & Park, 2016).

These young people described developing sophisticated practices for managing their non-normative family status in social contexts structured around nuclear family assumptions, traditions and language. This included selecting and editing narratives for different audiences, stressing their own agency in their living arrangements (such as suggesting that they lived with a grandparent because they *chose* to), and developing stock responses to intrusive questions. These strategies can be understood through the lens of Finch's (2007) concept of 'family display' alongside Goffman's (1963) framework of stigma management.

These young people did not remain passively stigmatised but engaged in ongoing normalisation work to establish their family as legitimate and respectable. This analysis has a practical implication goes beyond acknowledging stigma as a psychological challenge. Stigma is a structural feature of a cultural context that privileges biological, nuclear family forms, and support for SG families must attend to the social environments in which families are embedded, including assumptions made in school communications and public discourse, rather than focusing on the family unit in isolation.

### *The complex interplay of agency and powerlessness, dependency and reciprocity in family belonging*

In line with the more agentic understanding of children's role in family-making advocated above, parental roles were not *just* passively accepted. As emerging adults, the young participants appreciated, and expressed a closeness to, SGs who demonstrated dependability, communicated openly and honestly, were prepared to engage with their world, learn about and compromise over generational differences, and support a growing autonomy. Parenting research noted in chapter 3 identified a continuity of support alongside a willingness to listen as a crucial parenting quality in adolescence (Coleman & Coleman, 1984). This research not only confirms the importance of this quality in kinship family homes but also demonstrates a key influence on young people's active acceptance of a parent figure which can co-exist alongside a growing development need for independence.

Continued SG care and family security into late adolescence and beyond was actively *valued* and *claimed* during challenging transitions to adulthood. While this expected continued support was positive from the young people's perspective, the study's rich insight into the need for, and experience of extended care post SGO highlights the *long-term* every-day impact of caring on SG families, extending the growing body of literature on the needs of SG carers (e.g. Harwin, Simmonds, et al., 2019). SG families may sustain young people through many years of young adulthood without the financial assistance of leaving care allowances. Young people are only eligible for Leaving Care Services as a '*qualifying person*' if they were looked after by the LA immediately before the SGO was granted (see chapter 2).

Some young people with older SGs burdened with age-related health issues and extensive medical intervention were left with less supportive family interaction in adolescence and young adulthood. Some became carers themselves to their SGs and younger siblings, interfering with an 'ordinary' adolescence and introducing complex dynamics of guilt and obligation. While some degree of interdependency and family obligation may contribute to

resilience and felt usefulness (Fuligni et al., 2025; Yang et al., 2025), this study demonstrates how, when SG health is significantly compromised, the balance can tip towards emotional suppression and prevent help-seeking, with long-term consequences for the young person's wellbeing. This finding argues for a family systems perspective on support (discussed further below) in which SG wellbeing is understood as a determinant of the young person's developmental environment, not merely a parallel need to be addressed separately. The interdependency between carer and young person's functioning is an underappreciated dimension of kinship care that current support frameworks have not sufficiently theorised.

### 10.3.2 How do the young people experience relationships with parents?

#### *Beyond the binary: secure attachment and birth parent relationships as compatible*

Contemporary attachment theory, as applied to children in permanent care, has increasingly moved away from earlier models that treated primary carer attachment as requiring the exclusion or marginalisation of prior or competing relationships (Forsslund et al., 2022; Schofield & Beek, 2005). Nevertheless, risk-averse practice, particularly in adoption but also in SGO contexts, continues to frame birth parent contact as a potential threat to placement stability and attachment security (Neil, 2024; Public Law Working Group, 2024). The findings of this study challenge that framing.

Aligning with other research on birth parent contact post removal noted in chapter 3 (e.g. Iyer et al., 2020; Kiraly & Humphreys, 2013), the young people's reflections on parent relationships and encounters varied widely. However, a consistent finding, was that where relationships were wanted and continued, far from experiencing them as destabilising the young people demonstrated that birth parents could be a distinct additional member of their family network without confusion about roles or threat to their primary sense of belonging. Most interviewees described themselves as comfortably attached to their SGs as primary psychological parents, valuing their settled life with SGs while simultaneously maintaining sometimes frequent contact and emotionally meaningful or significant relationships with birth parents. They appreciated SGs facilitating meet ups with parents - when wanted - and honouring the birth parents' role as life-givers and holders of memories, acknowledging this privileged position in kinship care settings.

This '*best of both worlds*' reality, while acknowledged in the literature as a theoretical possibility of SGO care (Wade et al., 2014), has rarely been documented in the depth or from the specific relational perspective that this study offers. What was articulated by the young people was not merely the absence of harm from dual relationships but their active

enrichment: a richer sense of identity, a broader network of people who care, and a more complete understanding of their own history. This finding directly extends the secure base model (Schofield & Beek, 2005) by demonstrating that, in kinship settings, the base can be strengthened through relationship continuity and can accommodate multiple secure (and less secure) relationships without structural compromise.

This has significant implications for how permanence is conceptualised in practice. The prevailing model - legal allocation of parental responsibility to a restricted set of individuals within one household, with limited support for sustaining other relationships - carries the implicit assumption that security requires relational exclusivity. These findings suggest that assumption requires scrutiny, at least in kinship contexts but also potentially adoption, where relationships pre-exist the legal order and biological ties carry meaning that cannot simply be legally reassigned. Allomothering (or alloparenting) models of family which incorporate wider network care already the norm in certain cultures need to be kept in mind in welfare decision making (Bakermans-Kranenburg, 2021).

#### *Unpicking the characteristics of 'quality' contact- the promotion of wellbeing, agency and normality in birth parent connections*

Building on research demonstrating that 'quality' contact with birth parents can be beneficial for children after permanent removal (Iyer et al., 2020, p. 37), a key contribution of this study is its provision of detailed qualitative insight into what that quality actually means from the perspective of young people. Four features emerged as central: felt care, empathic framing, normality, and agency.

##### *i. Felt care: the perception of being loved amidst imperfect contact*

The most consistent ingredient of 'quality' contact was not its frequency or format but whether the young person experienced it as evidence that their birth parent cared about them. This perception was constructed from varied and sometimes indirect signals. Crucially, this sense of being cared about could be sustained even through limited, awkward, or emotionally difficult contact, provided the signals were present. Conversely, apparent indifference or critical and abusive behaviour, when unaccompanied by contextual explanation, was typically experienced as rejection and caused distress.

This finding connects to a well-established pattern in post-removal contact research (see chapter 3): the felt experience of parental rejection when parents disengage is a recurring and damaging theme (Hunt et al., 2010; Kiraly & Humphreys, 2013; Neil et al., 2013; Neil et al., 2011). Understanding why disengagement is so common is therefore essential context.

Research consistently demonstrates that the adversarial process of court-ordered removal is profoundly traumatic for birth parents, generating loss, guilt, powerlessness, anger, and disenfranchised grief that can make sustained engagement extremely difficult, despite an underlying desire to care (Broadhurst & Mason, 2017; Clapton et al., 2022; Gibson, 2020; Neil et al., 2010; Philip et al., 2024). What looks like indifference to a young person is often, in this light, the behavioural expression of parental distress or inability to respond rather than parental disregard.

#### ii. Empathic framing: the SG's role in mediating the meaning of parental behaviour

One of the most theoretically significant findings of this section is the pivotal role of contextual framing in shaping how young people interpreted parental behaviour and absence. Young people who had been helped to understand a parent's own history, difficulties, or circumstances were substantially less likely to experience that parent's behaviour or absence as personal rejection. This extends Brodzinsky's (2011) argument, developed in the context of adoption, that carers play a critical role in helping children '*recognise that despite the birthparents' desire to be nurturing and effective caregivers, they could not do so*' (p. 206). The present study demonstrates that this distinction between *wanting* to care and being *able* to care is equally important in SG settings, and that SGs who were able to articulate it sensitively, and help young people hold this distinction, protected their young person's self-worth in ways that formal contact arrangements alone could not. Empathic framing, in this sense, is not a supplement to contact support but a precondition for its psychological benefit.

The presence of empathic framing was, however, unevenly distributed. It was notably less present in relation to birth parents who were unrelated to the SG - most commonly fathers in cases where the SGO had been granted to maternal relatives. Limited personal knowledge of the parent, combined with a possible attribution of greater blame, made contextualised explanation harder to provide, and the resulting narrative gap left some young people with an unresolved and negatively coloured account of one parent's absence. This adds a qualitative context to the existing finding that children under SGO are more likely to maintain contact with mothers than fathers (Wade et al., 2014). It underscores need for professionals to actively attend to these structural gaps in the framing available to young people, and to recognise the value of empathic understanding of both sides of the child's family, critically considering how fathers in particular are framed, considered and supported in social work practice (Philip, Clifton & Brandon, 2019).

However, the study also brings a note of caution around empathic framing. Prior research has highlighted risks when SG empathy for the birth parent inadvertently supports behaviour harmful to the young person (e.g. Garstang et al., 2025). For a minority of young people in this study, an excessive degree of sympathy for their birth parents was detrimental to their own well-being. Other young people received critical support in recognising harmful parental behaviours and developing self-efficacy to alter or cease contact - crucial life skills transferable to future relationships. This underscores the critical importance of adults (SGs and wider birth family) appreciating the fine balance between providing empathic framing of parental behaviours and prioritising the young person's welfare.

### iii. Contact as family life rather than formal arrangement

A third dimension of contact quality was its texture: whether it felt natural and family-like rather than formal or supervised, consistent with broader findings that young people are more satisfied when visits feel 'family-like' (Iyer et al., 2020, p. 39). Most meetings with birth parents occurred through family gatherings or informal visits, a naturalness that was experienced as both intrinsically valuable and as a specific structural strength of kinship care. The relational quality of the adults' relationship mattered here too. Where SGs and birth parents were on reasonably good terms and accepted each other as family, young people found it easier to navigate both relationships without experiencing competing loyalties. This study suggests that SG–birth parent conflict, while documented in kinship foster care (Chateaufneuf et al., 2018), is not inevitable, or if it existed in earlier years, relationships may settle into a more collaborative pattern over time.

### iv. Agency: the right to shape one's own connections

Young people in this study advocated strongly for their right to determine the nature and extent of their own birth parent connections. This finding aligns with research on young people in adoptive and foster families (Iyer et al., 2020; Neil et al., 2013), and is given particular force here by the young people's own comparisons: many described their relative freedom to know and choose their relationship with their birth parent as one of the most important advantages of SGO care over stranger-based alternatives, where they believed visits would have been more controlled and their agency reduced.

Exercising this agency was rarely simple: many described navigating layered and competing emotions around contact - guilt, loyalty, hope, and disappointment - at the same time as expressing strong resentment of any sense that adults were attempting to direct their feelings or impose a view of their parent. This presents a delicate challenge for SGs, who

may hold strong views about a birth parent they are often closely related to or have deep long-term insight into damaging parental behaviours. Earlier research suggests younger children can find it harder to claim agency around birth parent relationships and may idealise parents in ways that complicate protective intervention (Ie & Ellingsen, 2024; Neil et al., 2013); The older adolescents and emerging adults in this study were more capable of critical reflection but correspondingly more resistant to perceived manipulation, making the balance no less difficult to strike.

At the same time as wanting agency around parent relationships, there was general appreciation of SGs maintaining appropriate boundaries and structure around visits particularly in participants' younger days - ensuring safety, comfort, and quality interaction. Having carers present as a secure base has been identified as important for beneficial parent contact in other studies in adoption and foster care (Iyer et al., 2020; Neil et al., 2003). This was also noted as important for many young people in this current study and remained so even for some emerging adults when visits were unpredictable and challenging.

A theoretically important observation related to agency is that birth parent relationships in SGO settings carry a distinctive potential that is less available in stranger-based permanent care: the capacity to evolve and accommodate changing qualities, needs and wishes over time. Unlike adoption and long-term foster care, where contact terms tend to be established at the point of order with limited scope for revision, the continuity of kinship relationships means that connections can develop as both the young person and their birth parent change over time. Several participants described relationships that had changed as they matured and as their parents' circumstances shifted. This capacity for contact arrangements to respond to changing circumstances rather than remaining fixed at a point of early crisis demonstrates a perhaps underappreciated structural strength of SGO care. The 'best of both worlds' of family connections is not a static achievement secured at the point of the order but an ongoing relational possibility.

### 10.3.3 How do the young people experience relationships with other important people, including siblings?

#### *The strengths and fragilities of kinship networks of support*

Theories of social capital emphasise the value of social networks and the resources (emotional and practical) they provide (e.g. Ziersch, Walsh & Due, 2023). Findings in this study highlight how SGOs can both enhance and inadvertently limit a young person's social capital.

Previous studies have found that children in kinship care generally experience increased and mostly positive experiences of contact with other family members, including different grandparents, aunts, uncles, cousins, and siblings residing elsewhere (Aldgate & McIntosh, 2006; Farmer & Moyers, 2008). Likewise, many young people in this study appreciated wide networks of supportive adults appearing to gain vital additional sources of information, support and enrichment through these connections. Important '*family*' members extended beyond biology to include step-relatives, former partners, family friends, neighbours, childminders, and parents of friends. Some young people experienced meaningful belonging and stability across two or more kinship households similar to post-divorce shared care (Coleman, 2024). Sometimes network members provided crucial support and continuity during difficulty and change such as SG death or separation, illuminating and confirming social capital theories and research reported in chapter 3 which noted how support from a wide network of individuals can increase the likelihood of safe havens being available for a child (Foster et al., 2025; Liang et al., 2021). For many of the young people remaining within their family networks created opportunities for a broad network of ongoing support into young adulthood and beyond.

However, SGOs can also inadvertently fracture the networks they seek to preserve (Hamilton & Blades, 2025; McGrath, 2021; Wade et al., 2010; Wade et al., 2014). The study provides further detailed insight into experiences and consequences of family network fragmentation. Family disputes, relationship breakdown, or the non-involvement of one side of a young person's family sometimes led to severed relationships that young people experienced as significant, unacknowledged losses. Some young people, even in biologically large families, lacked kin network oversight and could experience isolation and caregiving burdens. Demonstrating agency, a strong theme underlying the '*bricolage*' of family-making (see above), some older young people took the initiative to maintain these relationships when adult conflicts threatened them.

Conflict was not the only reason for minimal community network continuity and support. There is recognition of, and campaigns to reduce, the impact of social, geographical and cultural changes for children in (non-relative) foster and residential care (Become, 2024); this study demonstrates that such challenges are not always avoided in kinship care. Although most young people transitioned smoothly to known kinship homes in their community, others experienced loss of school and peer networks, cultural dislocation, and the imposition of new religious practices. The loss of school and peer relationships from middle childhood was particularly significant yet sometimes overlooked.

These patterns could be described as structural ‘holes’ in the child’s kinship and community networks - places where network continuity is disrupted by a lack of biological ties, family conflict, fragile links, different adult priorities or geographical separation. These gaps not only reduce social capital but as will be seen below, also reduce the informational and narrative resources available to the young person in constructing their life story.

*The unique importance and fragility of sibling bonds in kinship care*

One of the most distinctive features of SGO care is its natural capacity to maintain valued sibling connections through shared family events, activities, holidays, sleepovers and digital communication in ways that mirror ordinary family life. However, this study confirms Monk and Macvarish’s (2018) finding of the fragility of sibling relationships for children in care and adoptive families. Several interviewees described significant losses and barriers to sibling relationships when siblings were in care or adopted, and adult gatekeepers restricted or failed to prioritise connections. Half-siblings living with parents unconnected to the SG family were additional relationships highlighted as fragile in this current study, mirroring findings in research on blended families (Coleman, 2024). The consequences of sibling separation could be severe: grief, confusion, feelings of being judged ‘unsafe’, and, in some cases, the irretrievable loss of a natural sibling relationship. The sense of ‘weirdness’ generated by enforced separation, experienced as a form of professional judgment about the safety of the young person’s own family, was a particular source of confusion, stigma and distress.

These accounts demonstrate that decisions about sibling separation are often based on placement type rather than child need (Cossar & Neil, 2013) and that the long-term emotional toll is borne by young people in ways that professionals do not always anticipate or adequately weigh. Sibling separation can have wide ranging negative impacts with links to greater risk of disruption and a poor sense of belonging in the foster family (Sebba, 2017). The siblings in this study provide further insight into why and how such negative outcomes may result from enforced - and hard to make sense of - separation from siblings by professionals. A failure to support connections can mean potentially unsupported or untimely meet ups in the adolescent and adult years and leave individuals deprived of natural sibling relationship development and a life of childhood memories and potential support.

### 10.3.4 How do the young people make sense of and experience communication around their life history?

#### *Reconceptualising life story work as a continuous, relational, and self-directed journey of understanding*

Life story work (LSW) occupies an important place in the professional toolkit for supporting children with care experience, and a substantial literature has examined its design, delivery, and outcomes (Hammond et al., 2020; Ryan & Walker, 2016). Yet research showing what works for children within the unique environment of kinship care is lacking (Hammond et al., 2020). The dominant conception of LSW in both research and practice remains broadly a delivery model of a professionally facilitated, time-limited intervention that produces an artefact (typically a life story book) giving the child an organised account of their history (Baynes, 2008). The young people in this study reveal the limitations of this model and, in doing so, point towards a reconceptualisation of what LSW is and needs to be.

This study provides detailed insight into how young people undertake a lifelong, complex, self-directed process of narrative construction: gathering, evaluating, cross-referencing, and interpreting all available information about their early life, their parents, and the circumstances of their removal. They demonstrated sophisticated critical thinking as they utilised and pieced together every available source - direct observation of parents, family stories shared across the network, fragments of early memory, and, where nothing else was available, the internet - to create a coherent account. They were alert to inconsistency, sensitive to ulterior motives, and motivated to seek understanding and fill gaps even when information was withheld. Life story 'work', for these young people, was not something done *to them* by a professional; it was something *they did*, constantly, as an integral part of making sense of themselves. Few reported receiving professionally facilitated life story work, although those who did found it helpful. The existing life-story-work literature has under-theorised this evaluative capacity. These were not children passively receiving a story; they were investigators triangulating sources.

McAdams's narrative identity framework, with its redemption and contamination sequences (McAdams & Janis, 2004; McAdams & Jones, 2017), fits these accounts well, but the SG context introduces a feature less prominent in the wider narrative identity literature: the narrative material is partly held by different living family members with their own stakes in the story. Narrative identity in SG arrangements is therefore co-constructed and contested in ways that single-narrator models do not fully capture.

The implication is that LSW is better theorised as ongoing, developmentally inevitable, self-directed narrative identity work with the young person as author and the adults around them as sources and scaffolders. In this conceptualisation, the role of the child's whole social world is important – not just professionals, but also carers, parents and wider family members. Their role is not to produce or deliver a narrative but to cultivate an environment in which the young person's own ongoing narrative work is gently and safely facilitated, supported, revisited and enriched. This shifts the focus of intervention from an event and the provision of information or creation of a document to the quality of the relational and informational environment surrounding the child with interactions between all members of the professional and family network playing a role. It has direct implications for the training, resourcing and evaluation of 'LSW'.

#### *Evidence and empathic framing to support narrative identity*

In this model of LSW, evidence must be recognised as an important resource for narrative understanding. The young people did not only want 'stories' and explanations; they wanted details and artefacts – observations, photographs, details of court hearings, letters etc - that allowed them to evaluate competing accounts. Direct observation of birth parents, when possible, helped with this process, providing concrete information about parental capabilities and limitations that allowed nuanced, balanced understanding without excessive demonisation or idealisation.

Yet even with regular visits with parents, many young people experienced significant challenges to understanding why they had not remained in their parents' care, a finding also highlighted in Staines and Selwyn's (2020) research with children in care. The contextual framing that adults provided around parental behaviour and limitations (as discussed above in relation to birth parent contact), was central to young people's life story understanding and young people's attempt to understand causes or influences which led to their parents' inability to care. SGs who were able to help their young person understand contributing factors - parental histories, vulnerabilities, and circumstances - in ways that differentiated between parents *caring* but being unable to *demonstrate care*, enabled young people to construct narratives of their early life that avoided themes of personal rejection or self-blame. Crucially, this framing operated through the quality of daily communication - through conversations, momentary explanations, and contextual observations shared in ordinary life - rather than through any single disclosure or formal LSW session. This confirms the relevance of Brodzinsky's (2011) adoption communicative openness model in SGO settings.

SGs who shared a biological connection with the birth parent were more likely to provide nuanced, contextualised accounts. Where SGs had no connection to the other parent - most commonly the father in cases where the SGO was granted to maternal relatives - these narrative resources were sometimes entirely absent, and the resulting gaps were experienced by young people as unresolved and painful absences in their understanding of themselves. This identifies an underappreciated structural challenge in kinship LSW: the narrative resources available to a young person are partly determined by the SG's position within the family network, and professional support for narrative construction needs actively to attend to, and where necessary supplement, these structurally shaped gaps.

### *The need for developmentally staged support*

Recognition of developmental trajectories is also vital. Emerging cognitive abilities and social comprehension appeared to lead young people to reprocess information and consider new questions around their family story. Information given in middle childhood had been forgotten, misunderstood, or outgrown, as the cognitive and emotional tools needed to process it were not yet available at initial telling. Young people often returned to unresolved questions without the support structures to address them, and their families and schools were caught off guard by the behavioural manifestations. This activity has already been identified in adopted young people (Brodzinsky, 2011; Neil et al., 2018), and supports a strong case for a developmentally staged model of LSW and narrative support; one that anticipates, rather than reacts to, the predictable moments at which a young person's growing cognitive capacity and identity concerns will drive them to reprocess their life story. It shows precisely why LSW must be an iterative, developmentally responsive practice, structured around the child's developmental timeline rather than a professional's service allocation. The adolescent transition, and specifically the move to secondary school, emerges from this study as a critical and currently under-supported moment for narrative intervention, one where proactive, anticipatory engagement could prevent the more damaging reactive responses that currently follow behavioural escalation.

### *Empowerment through understanding*

Research (discussed in chapter 3) demonstrates the crucial importance of care-experienced and adopted young people understanding why they were removed from their parents' care, and having coherence around their life story, highlighting links to a range of positive outcomes (Brodzinsky, 2006; Hammond et al., 2020; Neil et al., 2013; Staines & Selwyn, 2020). More generally beyond the care population, having information about parents'

difficulties, such as mental illness, is wanted by children and young people and viewed as psychologically beneficial (Cudjoe & Chiu, 2020). This study confirms the equal importance of an open communication climate in the SG home and demonstrates a range of further positive outcomes that extend existing evidence on communicative openness.

Young people strongly and unanimously advocated that carers initiate conversations, welcome questions without shock or offense and speak with truthfulness and honesty. Gradually receiving trusted information about, and developing insight into, parents' struggles and trajectories appeared to support identity development, a sense of control, and self-efficacy. Young people gained reassurance that their home with SGs was a positive, transformative decision and were motivated to aspire to different lives. Many found in their parents' difficulties both a context for taking pride in their own resilience and growth, or where parents had overcome adversity, an inspiring demonstration of resilience. Observing more positive trajectories among genetically related family provided a sense of possibilities. Even painful understanding was usually ultimately empowering and self-affirming, helping them to develop agency around managing relationships and making informed life choices.

Adult silence, typically framed as 'protective' was, according to these participants' retrospective evaluations, the more common error than premature disclosure. The findings indicate that adult assessments of what is age-appropriate can systematically underestimate young people's capacity to integrate difficult material. This challenges both overly protective models of child development and portrayals of children as passive recipients of adult narrative management. Secrecy and withheld information, often well-intentioned, appeared consistently more damaging than truth: ambiguity and knowledge gaps led to psychological burdens, distrust, and the filling of informational vacuums with frightening self-generated assumptions. Age-appropriate facts, delivered with contextual support, enabled coherent narrative construction in ways that appeared to promote resilience and wellbeing. Overall, the young people in this study demonstrate that children's capacity to handle complexity, and to grow through it, is routinely underestimated.

### 10.3.5 How could the young people have been better supported during their upbringing?

#### *The misalignment of support and its consequences*

A further significant systemic finding of this study is the persistent misalignment between the support landscape that currently exists for SG families and the nature of the vulnerability these young people actually experience. As discussed in chapter 4, support is structured

primarily around the legal event of the SGO, with intensive assessment and intervention at the point of the order followed by a withdrawal that families frequently experience as abandonment once the immediate crisis has passed (e.g. McGrath, 2021). This provision reflects an assumption that the SGO marks the resolution of the child's instability, after which the family can be expected to function with minimal professional involvement.

This study demonstrates that assumption to be unfounded. Most young people reflected on periods of heightened vulnerability clustered around predictable developmental and relational events: the initial move to the SG home; the transition to secondary school; significant changes in the SG household (illness, death, relationship breakdown); and the approach of emerging adulthood at the SGO's legal boundary. These were not random crises but expected needs that a responsive support system should anticipate. The developmental challenges of growing up after removal in a kinship family - the ongoing navigation of dual family membership, the reprocessing of life history at each developmental stage, the management of adolescence with older or health-compromised carers - unfold in ways that are broadly predictable and could be proactively addressed. Unfortunately, many withheld their trauma and suffered without support as shame, stigma and guilt made it difficult to share their worries with family and peers.

The costs of misalignment are compounded by what happens when professional involvement does occur. Several young people described interventions that actively damaged their trust: pathologising framings of what they understood as their ordinary family life, frequent worker changes that prevented trust-building or caused further loss through abrupt disappearance, interventions that failed to acknowledge their strengths or featured insensitive professionals forcing uncomfortable discussions, and approaches that focused on the SG's needs at the expense of the young person's perspective. Such experiences reinforced the sense that professional involvement signalled crisis or inadequacy, creating barriers to future help-seeking.

#### *SG wellbeing as a direct determinant of young people's outcomes*

This study also reveals something that has not been sufficiently theorised in the kinship care literature: the strong interdependency between SG wellbeing and young people's emotional functioning. Awareness of the sacrifices their SGs had made to take on their care - financial, physical, and emotional - shaped young people's own behaviour in powerful ways, producing tendencies to minimise needs, withhold worries, and develop premature orientations towards reciprocity and care obligation. This pattern is not well captured by existing

frameworks that treat young people's support needs and carer support needs as parallel but separate domains. The findings suggest that a family systems perspective is required, which considers the family as an interconnected emotional unit, with support designed accordingly.

#### *The challenge of adolescence: a case for preventive, proactive support*

Adolescence, and the secondary school transition in particular, emerges from this study as the period of greatest and most consistently unmet need. This is not unsurprising; it reflects the convergence, at this developmental stage, of multiple sources of vulnerability: identity development and the questioning of origins; the growing capacity to understand, and therefore to be troubled by, the complexity of family relationships; peer comparison and the heightened salience of difference; and, in many cases, the increasing age and declining health of SG carers, precisely when the young person's needs for active parenting are most demanding. Research in adoption has established that adolescence is a period of elevated risk for placement disruption, school exclusion and emotional difficulties (Best et al., 2021; Brodzinsky, 2011; Neil et al., 2018; Selwyn et al., 2014). This study confirms that the same developmental dynamics operate in SGO settings, and that the kinship context adds specific complexities around life story reprocessing and the negotiation of ongoing birth parent relationships that adoption research does not fully address.

The failure of both families and schools to anticipate this convergence, demonstrated within multiple narratives in this study, represents a preventable service gap. Schools emerged in this study as a critically important but largely underperforming system of support: they were rarely aware of the specific vulnerabilities of young people in SG families, and their responses to behavioural manifestations of underlying emotional distress were typically reactive and sometimes punitive. Developing schools' capacity to recognise and respond proactively to the needs of young people with care experience, including those in kinship arrangements who may not be formally identified as care-experienced, is an urgent and currently undervalued priority.

#### *Effective support focussed on building resilience rather than deficit and crisis driven*

Young people's accounts of helpful support converge on a set of underlying principles rather than specific service types. Effective support was proactive and relational rather than reactive and crisis-driven: it anticipated developmental vulnerability rather than waiting for escalation, and was delivered through consistent relationships rather than transient professional involvement. It was developmentally staged rather than event-triggered:

structured around the child's developmental trajectory, including planned re-engagement at the secondary school transition, rather than the service allocation systems. It was family-systemic rather than individually targeted: attentive to the interdependencies between carer and young person and designed to support the whole family environment rather than presenting the young person as the site of the problem.

Within these principles, young people specifically valued: consistent, accessible workers who maintained non-intrusive contact focused on them rather than their SG, and who acknowledged their agency and maturity; holistic and individually tailored therapeutic support that allowed young people control over content and timing; trauma-informed educational settings that recognised emotional needs underlying behaviour; peer networks that validated and normalised their experiences; older mentors who shared similar lived experience and could offer hope and self-efficacy; internet and social media sources of information and likeminded communities and involvement in sports, music, and creative activity as positive resilience-building environments. These are not necessarily unusual or expensive requirements, but they are currently not reliably provided.

### 10.3.6 Conclusion to the theoretical discussion of findings

This study's four theoretical contributions, concerning family practices, attachment security, life story work, and support alignment, are not independent findings but expressions of a shared underlying insight: that the developmental resources critical to positive development for young people in SGO care are fundamentally relational and continuous, and that both professional and legal frameworks have systematically underestimated this.

Family belonging in kinship care is not established by legal order and maintained automatically thereafter; it is co-created through ongoing practices, narratives, and relationships in which the young person is an active and agentic participant. Attachment security is not incompatible with maintaining meaningful birth parent relationships; in kinship settings, it may be positively enriched by them. Life story understanding is not delivered in a professional intervention; it is constructed, iteratively and throughout childhood, from the relational and informational environment the young person inhabits. Vulnerability in SG families is not concentrated at the legal event of the order; it is patterned across development in ways that are largely predictable and currently unaddressed.

Taken together, the findings confirm that SG families can provide young people with loving, stable, and genuinely enriching family care. The young people in this study showed considerable resilience: they had navigated complex relational landscapes, developed

sophisticated strategies for understanding and managing their circumstances, and many were approaching adulthood with a grounded sense of who they were and where they had come from. Their capacity to construct meaning from difficult circumstances, and to draw strength from understanding rather than being protected from it, was one of the most consistent and striking findings of the study.

At the same time, the study provides unambiguous evidence that the support systems currently surrounding these young people and their families are insufficient and, at times, actively harmful. A more adaptive, responsive, and relationally grounded system of support is required; one that anticipates rather than reacts, that treats the family as an interconnected system, and that takes the young person's own understanding and agency as its starting point rather than its afterthought. The implications extend beyond SGO and kinship care to broader questions about how family diversity is understood and supported: about the role of birth parents after necessary separation, about the capacity of professional systems to work with rather than against the relational resources that already exist within family networks, and about what it means to support children's development in conditions of complexity rather than seeking to resolve that complexity away. This chapter now moves on to develop the policy and practice implications specifically in relation to SGO.

## 10.4 Policy and practice implications

The 2023 National Kinship Care Strategy commits to children in kinship care being '*supported to thrive*' through '*actively offered support that is tailored to their needs*' (Department for Education, 2023a, p. 16). LAs are required to set out a 'Local Offer' of support that is offered to kinship carers including SG families (see chapter 2). Charities such as Kinship and CoramBAAF are also rapidly developing online and in-person support provision for kinship carers and the professionals who work with them. Yet the limited research centring young people's own perspectives has left significant gaps in the knowledge base needed to design support that is genuinely tailored. This study addresses those gaps directly, and the recommendations below are grounded in what young people themselves identified as helpful, harmful, and missing.

What tailored support actually requires in SGO settings is considerably more demanding than existing service structures have assumed. This chapter has established four theoretical principles that must underpin any adequate response: that attachment security in kinship families is relational and plural rather than simply a function of legal permanence; that family belonging is actively practised and co-created; that life story work is a lifelong,

developmentally staged relational process rather than a time-limited professional intervention; and that vulnerability in SG families is structured by development and transition in ways that require proactive, adaptable systems rather than crisis-triggered responses. The recommendations that follow are based on these four principles and addressed to LAs, schools, and the voluntary organisations that constitute the ecosystem of SG family support.

Many recommendations involve changes to approach, training, and professional culture rather than large new resource commitments: online guidance, peer support networks, and low-intensity check-in models can reach significant numbers of families at modest cost.

However, this study also provides evidence that more intensive provision, including professionally facilitated life story work, communicative openness training, family mediation, and independent therapeutic support, can be crucial at key developmental transitions, and that its absence generates significantly greater long-term costs for individuals and systems. The recent reduction of the fair access limit for therapy under the Adoption and Special Guardianship Support Fund (ASGSF) from £5,000 to £3,000 per child per year in April 2025 runs directly contrary to this evidence and risks undermining the preventive investment that this study demonstrates to be essential.

#### 10.4.1 Supporting relational permanence and family belonging

##### *Communicating and sustaining the narrative of relational permanence*

Training should support SGs to:

- Understand that family belonging is created through the practices of everyday life - shared meals, routines, rituals, family stories - rather than through formal status. Simply making an SGO is insufficient; what must be actively sustained is the relational environment within which the young person experiences themselves as claimed, belonging, and safe. The language of permanence - explicit assurances that the young person belongs, is loved, and is fully part of the family home must be communicated actively and repeatedly, not assumed to be self-evident.
- Recognise the continuing psychological significance of the '*fought for*' narrative as the young person grows and be supported to share and reinforce it in developmentally appropriate ways across childhood and adolescence.
- Understand that the legal ending of the SGO at age 18 may create a period of heightened relational vulnerability and proactively provide explicit assurance of continued support and belonging as this point approaches. Statutory services should provide welfare

arrangements, including housing support (with or close to the SG home) and extended financial provision, that make it practically possible for SGs to honour these assurances.

- Plan for continuity of care in cases where SG illness, ageing, or death is a possibility. LAs should implement structured approaches, such as periodic family network meetings, to map supportive network members and develop relationships with potential alternative carers before crisis, rather than after.

### *Supporting family practices: helping SG families 'be family'*

Training and guidance for SGs should:

- Explicitly affirm the importance of everyday family rituals and activities in building a young person's sense of belonging, and support SGs to prioritise and sustain these. Universal extension of the £40m Kinship Allowance Pilot (launched November 2025) is required to ensure that the material conditions for family practice are equitably available.
- Help SGs understand and proactively address the stigma that young people in non-nuclear families frequently encounter in social contexts structured around nuclear family norms. This should include practical preparation: helping young people develop their own external narrative, building confidence in responding to intrusive questions, and fostering a positive, self-authored family identity.
- Attend to generational differences with the same seriousness as cultural difference. Older SGs should receive guidance on understanding and engaging with contemporary adolescent culture, technology, and peer relationships. Where possible, SGs should be connected with younger mentors who can bridge this generational gap.
- Help SGs recognise the emotional complexity that can arise from young people's awareness of their carers' sacrifices. Guilt and obligation were found in this study to lead some young people to suppress their own needs and delay help-seeking. SGs need to understand this dynamic, explicitly give young people permission to have and voice needs, and recognise when caring responsibilities placed on a young person have exceeded what is developmentally appropriate.

### *Attending to professional language, institutional culture, and stigma*

- Schools should regularly audit their communications, events, and curricula for assumptions of nuclear family normativity and take active steps to validate diverse family forms, including SGO families, through inclusive language and representations.
- Professional services should examine and minimise the extent to which their own involvement signals abnormality or crisis. Support offered in naturalistic, mainstream,

non-stigmatising settings (schools, community organisations, or peer networks) is more likely to be accessed and sustained than provision that marks families out as different.

- LA support plans should adopt inclusive definitions of family that recognise the actual network of relationships that matter to the young person, rather than focusing narrowly on the SG household. Shared care arrangements across two or more kinship households should be recognised as a potentially positive feature of some family structures, not a problem to be resolved.

#### 10.4.2 Supporting ‘dual parent’ relationships and family network connections

##### *Flexible, evolving, and professionally supported contact arrangements*

- Ensure that frameworks for managing birth parent contact after permanent placement orders are not disproportionately shaped by risk-averse thinking (Neil, 2024; Public Law Working Group, 2024) but focussed primarily on relational support. The National Kinship Care Strategy’s commitment to training and mediation to support family connections (Department for Education, 2023a, p. 16) should be underpinned by this relational rather than risk-management orientation.
- Support SGs and parents from the start to understand the potential benefits of continuing family network connections, and the consequences of lost connections, with the voices and messages of young people around birth family relationships (such as those in this study) incorporated in training resources and media.
- Plan flexible ‘keeping in touch’ arrangements that are explicitly designed to evolve as the young person matures, rather than being fixed at the point of the SGO. Planning documents should include a stated commitment to reviewing and adapting contact arrangements in response to the young person’s changing needs, expressed wishes, and developing capacity for agency.
- Support professionally facilitated adult-only meetings between SGs, birth parents, and other key family members around or soon after the making of the SGO, and periodically as circumstances change. Include mediation in LAs’ local offers for all SGO families where conflictual or estranged relationships are evident. The Kinship Care Mediation Project feasibility study found promising improvements in communication and reduced conflict across the 17 families who participated (Lawrence et al., 2025), and this approach warrants systematic development and evaluation.
- Independent support to birth parents, recognising the severe, often lifelong psychological harm generated by involuntary, court-mandated loss of a child (Broadhurst & Mason, 2017;

- Neil, 2013). Support should help birth parents understand their continued importance in their child's life and, crucially, find ways to demonstrate care without generating guilt or anxiety in the young person. Services such as those provided by the charity Pause offer a model for this kind of independent birth parent support (Neil, 2004; Neil et al., 2010). Give specific attention to paternal relationships. Guidance and training for practitioners working with fathers across children's services should address the persistent tendency to under-engage with paternal family networks (Kiraly & Humphreys, 2013; Philip et al., 2019; 2024).
- Digital and creative options for maintaining connection when face-to-face contact is difficult or unsafe. Platforms being trialled in adoption contexts have shown promise (Neil & Manning, 2020; Neil et al., 2024). Flexible, low-pressure modes of communication may enable some birth parents to express care in ways they cannot sustain in person.

#### *Building SGs' capacity for empathic framing*

Training and ongoing support for SGs should:

- Help SGs articulate the difference between a parent who was '*unwilling*'/'*bad*' and one who was '*unable*' to provide care, and to communicate this in specific, contextualised terms rather than vague references to '*problems*'.
- Address the challenge of providing empathic framing for a birth parent who is unrelated to the SG. Professionals should actively work to fill these gaps through case file information, facilitated meetings, and support for young people's own efforts to understand and connect with both sides of their family.
- Help SGs manage their own feelings about birth parents as a precondition for providing balanced narratives. Ideally, SGs and birth parents should be supported to develop agreed, factual narratives, with differences of perspective acknowledged openly rather than suppressed.
- Support SGs to balance empathy for a birth parent with the young person's welfare as the primary responsibility, recognising when empathy for the parent has begun to compromise this, and supporting young people in setting appropriate boundaries around harmful contact.
- Provide independent check-ins directly to young people who may need support outside the family to navigate the complexity of dual family loyalties, including disentangling guilt, obligation, and loyalty from their own genuine wishes around contact. This can be provided through SG support teams, or other designated professionals.

### *Supporting family network and sibling connections*

- LA support plans should map the full network of meaningful relationships in a young person's life, across both sides of their family and community networks, and treat the maintenance of these connections as a professional and whole family responsibility. Family group conferences at the time of the SGO, and at key points of transition or change, provide a structure for this network prioritisation. Where a birth parent is unable to engage safely, maintaining even occasional connections with others from that parent's family network is particularly important to preserve genetic history and family stories.
- Shared care arrangements across kinship households should be recognised as a potentially valuable feature of some family structures where they can be safely managed.
- Sibling relationships must be treated as central to young people's life-long wellbeing and identity, not optional extras. Plans should provide for active relationship facilitation when siblings live in different households (including half-siblings and stepsiblings), with a presumption in favour of contact unless genuine risk evidence justifies otherwise. Where siblings are adopted, decision makers need to move away from thinking of adoption as a new, exclusive family unit. One sibling's contact arrangements with a birth parent are not by themselves grounds for preventing contact with another sibling. Where face-to-face contact is temporarily unsafe, digital and creative alternatives should be actively resourced, with dates set for review. Sibling 'charters', guides and online tools are available to support planning (e.g. Beckett, 2018; Research in Practice, 2024).
- Maintaining sibling bonds across different legal statuses requires proactive planning between carers, with adult meetings including family group conferences facilitating shared approaches to sustaining natural connections through natural, regular and enjoyable meet ups, where they can be safely managed. Consider professionally-facilitated sibling activity days for children in care which have demonstrate how support services and charities can provide natural, enjoyable opportunities for connection where SG/kinship families do not have the resources or time (e.g. Sebba, 2017). Charities providing support include 'Siblings Reunited' in Scotland and 'Siblings Together' working across the UK.
- Young people's own, often digital, efforts to maintain or re-establish connections with siblings and other family members should be supported rather than viewed primarily as a risk. Guidance on safe reconnection, and access to mediation where needed, can validate their need for information and/or connection, and help searching activity to be conducted safely and constructively.

- Consideration of *who* is best placed to care must also not narrowly focus only on related kin. The Lifelong links project developed by Family Rights Group should ideally be extended and made available to children under SGO so facilitate and support desires to reconnect with significant people in their network (Holmes et al., 2022).

### 10.4.3 Supporting narrative identity and life story work in SGO families

#### *Cultivating cultures of openness: the SG as narrative environment*

Guidance, training, and ongoing support for SGs should:

- Help SGs recognise that developing a coherent life story is a fundamental necessity for children to enable a sense of stability, well-being, resilience, and identity formation. The crucial role of open communication, transparency and honesty for young people in this process should be acknowledged.
- Counter the pervasive instinct towards protective silence by establishing clearly that withholding or offering superficial information about a young person's family history is more harmful than disclosure. Age-appropriate information, delivered with contextual support and evident care, is a foundation for resilience. Support SGs to acknowledge the capacity of young people to handle complex information when provided with appropriate support and context, and the importance of helping children to avoid unnecessary fears and feeling reassured that they are loved and have done nothing wrong.
- Prepare SGs to understand that information-sharing is an iterative process, not a single conversation, and be alert to changes in children's questions and needs for information as they mature (Brodzinsky, 2011). In particular, as they enter adolescence and encounter new identity questions and peer comparisons, they will need to revisit, re-process, and extend their understanding of their life story. LA guidance could be provided at key developmental stages, or through regular training, drop in or online support sessions.
- Recognise young people's right to form their own opinions. Help SGs present information that is specific, factual, and balanced with concrete details about why parents could not care for the child rather than vague references to 'problems' or 'difficulties'. Help them to acknowledge their own perspective as one account among several. Where possible, SGs and birth parents should be supported to develop agreed narratives, with differences of perspective acknowledged openly to increase trust. This could be done through family meetings focused on storytelling and narratives, or downloadable resources for creative approaches that enable young people to actively participate in constructing their narratives rather than passively receiving information.

- Specialised training spaces and ongoing support for SGs should allow SGs to process their own feelings about birth family members, so that these do not distort the narratives they offer their young person. Peer support groups, training sessions, or therapeutic provision can all serve this function.
- Incorporate the voices of young people from this and other research, including direct quotations and, where possible, filmed messages, into training materials.

#### *Providing independent support for narrative understanding for narrative construction*

- Access to independent life story workers, psychologists, or narrative therapists should be included as a standard component of SGO local offers, not reserved for cases that have reached crisis. The ASGSF provides a partial funding mechanism for this, but its recent reduction is counterproductive given the evidence presented here.
- Young people should be supported to access ‘evidence’ where they require it, to understand and have trust in the complex decisions made about their care. LAs must establish information management systems that preserve specific, detailed and balanced case file information and make it accessible to young people at developmentally appropriate moments. Practitioners should be trained to present family history not as a single authoritative truth but as a set of perspectives shaped by different experiences and relationships. Child-centred summaries of judicial reasoning should be added to LA case files.
- Life story books should be introduced as standard for all children under SGO. These should not be static documents produced at a single point but living records designed to be added to as the young person matures, explicitly addressing conflicting perspectives, acknowledging the limits of available information, and including evidence of birth parents’ care and interest wherever this exists.
- Emerging adults under SGO should be proactively informed of their rights to access official records before, not after, they reach 18, with clear, accessible guidance and practical and emotional support for doing so. Many young people in this study were unaware that professional files existed.

#### *Recognising the importance of continued connections for narrative understanding*

- Training for SGs and professionals around LSW should explicitly recognise the narrative value of ongoing family connections, and incorporate support for birth family contact into LSW planning rather than treating these as separate domains.

- Both sides of the family network should be supported and encouraged to collaborate in preserving memories, sharing stories, and helping the young person process their family history. Professionals should actively map the narrative resources available within the full network, reaching out to include members on both sides who might otherwise be excluded. Infrequent or re-established connections, when appropriately managed, can offer valuable resources for identity development and highlight achievable life options.

#### 10.4.4 From crisis response to developmental anticipation: restructuring support around predictable need

##### *System-level changes: proactive, relational, and developmental*

- SGO support plans should anticipate predictable hurdles and include explicit provisions for re-engagement at key developmental junctures (including the move to secondary school / early adolescence, and the approach of age 18) or when significant changes in the SG household occur (ill-health, bereavement, relationship breakdown). These provisions should be built into the plan at the point of the SGO, not added reactively when difficulties emerge.
- LAs should establish a non-intrusive but consistent point of contact for SG families throughout childhood and into early adulthood. This could be a named worker or team whose role is to maintain a light-touch relationship with the family, to be available when needs arise.
- The finding that young people's wellbeing was intrinsically linked to their SGs' wellbeing, must be explicitly recognised in service design. Supporting the SG is a direct intervention in the young person's developmental environment. Systems must hold both simultaneously rather than addressing SG and young people's needs in separate service streams.
- Contingency planning for SG health decline or death must be treated as a standard professional responsibility, not an exceptional measure. Structured approaches, such as periodic family network meetings that map supportive connections and actively develop relationships with potential alternative carers, should be routine for all families, particularly those with older SGs.

##### *The critical period of adolescence: a case for preventive investment*

- LAs and virtual schools should implement routine, preventative check-ins at the transition to secondary school for all young people in SGO families, not only those with a history of significant or obvious difficulties.

- SGs should receive specific preparation for the adolescent transition, including: the likelihood of identity-related questioning and emotional dysregulation; the possibility that information previously accepted will be revisited and questioned; the importance of generational responsiveness and willingness to engage with the young person's world; and the particular challenges faced by older SGs in providing the active, flexible parenting that adolescence requires.

#### *The crucial role of schools and colleges*

- Dedicated educational support resources, equivalent to Pupil Premium Plus, should be made available to all children in SGO families, with SGs discreetly supported to declare their family's status.
- Continuing professional development for teaching and support staff should address the specific needs and experiences of young people raised outside birth parent care: the dynamics of dual family loyalty, life story processing, and the way attachment histories shape behaviour, with recognition that academic achievement can mask support needs.
- Trauma-informed behavioural approaches are critical. Punitive responses, such as exclusions, are counterproductive for children navigating loss and family stress and compound existing harm by depriving them of the educational and social continuity that school provides. Training should prepare staff to explore the underlying emotional needs that manifest as behaviour. Schools should provide safe spaces for de-escalation and designate consistent key adults who can build relationships with young people in SGO families over time and listen without judgment.
- Schools should actively monitor for the caring responsibilities that some young people in SGO families carry, particularly those with older or health-compromised SGs, which can generate isolation, fatigue, and emotional burden that are easily overlooked in academic settings. Young carer assessments and support need to be available where appropriate.

#### *Leveraging and supporting digital, peer and community support*

- Resources should be allocated to facilitate peer connections through kinship carer peer networks (such as those developed by the Kinship charity), professionally facilitated peer groups for young people, and mentoring relationships with older young people who have navigated similar experiences.
- Professional training should take young people's digital lives seriously in terms of both support and vulnerability. Rather than viewing digital engagement primarily as a risk, professionals and SGs should be supported to engage constructively with its potential,

providing guidance on reliable sources, safe community engagement, and using digital communication to sustain family connections.

- SGs, support workers, and schools should actively encourage and facilitate sports, music and other hobbies, recognising their function as a developmental and psychological resource, and recognising that SGs who are elderly or experiencing health difficulties may need practical support to enable it.

#### 10.4.5 Concluding comments on policy and practice

The recommendations in this section are extensive, but they are drawn from a foundational principle: that SGO families are not post-crisis units needing minimal support. They are relational systems navigating complex challenges that change over time, and the support they receive needs to be just as relational, developmental, and sustained.

The young people in this study made a clear case for a more honest, responsive, and relationally intelligent support system. They wanted professionals who would work with them as partners, respect their insights, and let them help shape the support they received. What they showed, above all, is that a child's most important resources are not services but relationships: the committed permanence of a special guardian, the ongoing (if complicated) ties to birth family, the wider kin network that holds their history, and the peers and mentors who understand their experience. A system built to sustain, strengthen, and where needed repair these relationships would look very different from the one we have now. This study offers the evidence for building it.

Most importantly, these young people's desire for agency over their own support should be taken seriously. Their capacity to handle complexity, navigate difficult relationships, and build meaningful futures from hard pasts is consistently underestimated. The most damaging features of the current system - its protective silences, its crisis-driven responses, and its narrow assumptions about what a normal family looks like - underestimate both what these young people can do and what they are owed. Centring their voices and their agency should be a policy requirement.

### 10.5 Implications for future research

#### 10.5.1 The need for repeated research in a changing context

This research will need follow up to keep up with a changing practice context. There is a growing recognition of SG families' needs and the growing number of children in SG care. It may be that with change in policy emphasis (described in chapter 2), SGOs become more

frequently utilised. This increase may change the profile of children in SG placements, and/or increase pressure on services. To avoid inappropriate policy and resource allocation it is crucial that research in this area, with the prioritisation of children's and young people's voices, continues.

### 10.5.2 The need to include a diversity of experiences and different perspectives

While this study included a diverse group of 22 young participants, there is need for research that can focus on specific populations or compare specific experiences within SG families. This might include focussed exploration of how different factors like age at the time of family transition, specific birth parent difficulties, family cultural and ethnic background, SG characteristics or SG relative type (including sibling carers which were absent from this study but represent an important SGO subset), can influence experiences of SG family life, meet-ups with parents and narrative construction.

This study found generally manageable, low conflict birth parent relationships, at least from these young people's perspective. Research specifically recruiting families with high-conflict relationships, terminated contact, or supervised contact arrangements would provide insight into supporting more challenging situations. Further studies examining what enables some families to move from high conflict to collaborative relationships could identify effective mediation and support strategies.

Additionally, this research focused solely on the perspectives of the young people themselves. The strength of this approach is the additional reassurance this can provide young people that their perspectives have complete priority in the research and that no inadvertent disclosure of their interview content to their SGs or professionals would occur. However, multi-perspective studies would offer richer understanding. Family system research involving young people, SGs, birth relatives and siblings, could compare different perspectives of the same family events and experiences and show how different perspectives may interact and influence each other, as well as providing insight into events and influences that are unknown to the young people themselves. Confidentiality will need to be assured.

For example, this research shows important links between a birth parent's apparent disinterest and young people's feelings of rejection. An exploration of how both young people and their parents both experience keeping in touch arrangements, the barriers to maintaining connection, and how parent behaviour or disengagement is interpreted by SGs and young

people, could help to unravel ways that a sense of rejection can be reduced and identify training and support needs of those in the family network.

This research also highlights the importance of future research exploring the experiences of SGs supporting children's understanding of their histories and birth parents, with the aim of identifying the challenges they face and resources that are or could be helpful. This should explore how SGs' own relationships with birth parents and other family members (particularly those from the other side of the family) influence their capacity to provide balanced narratives.

### 10.5.3 Interventions and evaluation

This study highlights the critical need to develop, implement, and rigorously evaluate interventions that can support young people's wellbeing and narrative construction in SG families. These might include tools and resources to support open communication in families, mediation to support family connections, narrative therapy approaches and group work (including facilitated peer groups) with young people. As resources are being allocated and local authorities and virtual schools are developing their support and practice, effectiveness needs to be established. Research should examine not only immediate or adult focussed outcomes. They need to include, for example young people's own views on their needs and wellbeing, comfort with asking questions and sharing concerns, trust in and satisfaction with the information they have and positivity and coherence around their life story as well as longer-term impacts on their self-understanding, family relationship quality, sense of self-efficacy and life choices.

Additionally, the research suggests the value of new studies examining the broader systems and institutions that SG families need to navigate, in particular educational settings that were often noted to be detrimental in this study. Understanding how schools can better support family diversity and young people raised away from birth parents could reduce barriers and improve outcomes for children in SG arrangements. Studies could look at the impact of trauma-informed practice training for teachers, compare different trauma-informed approaches to behavioural management, and consider different models for identifying and supporting students in kinship care, including Virtual School support and school-based therapeutic services (such as counsellors, art therapy) for kinship care pupils.

Beyond individual or family interventions, research should evaluate system-level changes, such as comparing outcomes between authorities with specialist kinship care teams versus

generic services and evaluating the impact of policy changes (such as extending support beyond age 18 and named social worker allocation).

#### 10.5.4 The need for longitudinal insight

Longitudinal studies following young people over time could provide more reliable insights into how the experiences and family relationships of young people in SG families evolve over time. This would provide insight into the processes and stages of adaptation to changed family settings, relationships and roles from the point of transition. Longitudinal studies could explore how understanding and perspectives change over time, as young people transition to adolescence and adulthood and form new relationships or become parents themselves. Research into adult adoptees has shown lifelong process of narrative identity re-evaluation (Neil et al., 2023) and many changes may lie ahead for young people who were raised with a SG as they start their independent adult lives.

Longitudinal research could also examine the long-term impacts of different care-giving and professional interventions to supporting family adaptation and narrative construction, such as exploring whether young people who receive more open communication about their histories or professionally-supported life story work fare better in terms of mental health, relationships, and life outcomes.

### 10.6 Conclusion

This study's findings reveal resilience among this group of young people who, despite navigating family transitions and ongoing challenges, appeared to have adapted well to their SG families. This resilience appeared to stem from several factors including: secure, loving bonds with SGs, communicatively open environments, involvement in sports and other activities, connections with a wide birth family network of support, and a direct understanding of different birth family member trajectories. The study confirms that SG families can provide a loving, supportive family and positive stability for young people alongside maintaining a network of important family connections.

Indeed, the findings indicate that kinship care within SGOs can sometimes offer many advantages that set up young people for adult life on a more secure footing than might otherwise have been the case. These insights additionally offer pathways to improve the effectiveness of care interventions not just in kinship/SGO settings, but across the care spectrum. The research importantly highlights the active, sophisticated ways young people in SG families construct understanding of their complex life stories, challenging assumptions

about children's capacity to handle difficult information and demonstrating the empowering potential of detail, accuracy, honesty, and supported reflection in narrative construction. With support, many participants developed positive narratives about their situations, with themes of self-worth, family belonging and learning from their parents' life trajectories.

Understanding their past appeared to empower young people to become active agents in their own lives. They took pride in their ability to break intergenerational patterns and to create a different future for themselves. This implies that interventions and support should not only focus on helping young people understand their past but also on helping them use that knowledge to move away from a narrative of victimhood and build a positive, self-determined future. This includes helping them set appropriate boundaries around their family relationships. The ability to contrast their life with their SGs to the one they avoided with their birth parents was a powerful motivator and often a source of pride.

However, there are also warning signals that policy makers and professionals can learn from. The young people spoke of emotional struggles and ongoing challenges. They described developing strategies to protect themselves from stigma, sometimes minimising their own needs or desire for understanding to avoid burdening SGs or managing emotions around dual loyalties and feelings of obligation towards birth parents. This suggests that while these young people may demonstrate strength, they also need recognition and support for the additional challenges they navigate. However, these challenges should not negate the positive aspects of SG care or the genuine family belonging that young people can experience within these arrangements.

Despite the positive learning points described in this report, the findings from this study show that the current system of support for young people in SG families is often insufficient and, at times, harmful. A more compassionate, respectful, and effective system that serves the unique needs of this population is required. This means building on the natural support networks that often exist within both sides of the extended families, including from parents who were unable to provide *permanent* care but are still able to care, and maintaining sibling connections. It highlights the need for more proactive, nuanced, individualised, collaborative approaches to support, including collaboration with the young people themselves. It also highlights the importance of preventing isolation and burdens of caring duties and obligations (for SGs and parents). It shows a need for developmentally-informed approaches to supporting young people's understanding of their family histories recognising their agency, respect for their capacity to handle complexity, and commitment to truth-telling as a

foundation for resilience and wellbeing. It recognises the need to support SGs around communication of family histories, offer mediation to repair relationships and support boundary setting around unsafe relationships.

The implications extend beyond SG and kinship care to broader questions about family diversity, and societal support for non-traditional family forms and the role of parents after necessary separation, challenging us to expand our definitions of successful family functioning and to create systems that support rather than constrain family diversity. It offers valuable lessons for all those involved in supporting children and young people navigating complex family circumstances, emphasising that understanding - even painful understanding - can ultimately be profoundly empowering.



# Appendices

Appendix A – UEA/SWK ethical approval

Appendix B – ADCS approval

Appendix C – Recruitment letter for young consultants

Appendix D – Consent form for young consultants

Appendix E - Consent form for SGs of young consultants

Appendix F – Information sheet about the study for professionals/SGs

Appendix G – Recruitment postcard for young people

Appendix H - Information sheet about the study for young people

Appendix I - Consent form for interviewees

Appendix J - Consent form for SGs of young consultants

Appendix K – Debrief Sheet for interviewees

Appendix L – Topic cards used in the interviews

Appendix M – Interview question prompt sheet (for the interviewer)

Appendix N – Sample transcript showing early stages of the analysis

Appendix O – Sample Interview case theme summary table

Appendix P – sample thematic map

Appendix Q – Feedback sent to interviewees who requested this

## Appendix A – UEA SWK ethics committee approval

### **Julie Young (SWK - Postgraduate Researcher)**

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**From:** Ethics Monitor <no-reply@ethicsreview.uea.ac.uk>  
**Sent:** 17 January 2022 11:49  
**To:** Julie Young (SWK - Postgraduate Researcher)  
**Subject:** Decision - Ethics ETH2122-0615: Ms Julie Young

### University of East Anglia

**Study title:** Family relationships, communication and life story work: the perceptions and experiences of young people who are (or were) raised in special guardianship settings

**Application ID:** ETH2122-0615

Dear Julie,

Your application was considered on 17th January 2022 by the SWK S-REC (School of Social Work Research Ethics Subcommittee).

The decision is: **approved**.

You are therefore able to start your project subject to any other necessary approvals being given.

This approval will expire on **31st January 2024**.

Please note that your project is granted ethics approval only for the length of time identified above. Any extension to a project must obtain ethics approval by the SWK S-REC (School of Social Work Research Ethics Subcommittee) before continuing.

It is a requirement of this ethics approval that you should report any adverse events which occur during your project to the SWK S-REC (School of Social Work Research Ethics Subcommittee) as soon as possible. An adverse event is one which was not anticipated in the research design, and which could potentially cause risk or harm to the participants or the researcher, or which reveals potential risks in the treatment under evaluation. For research involving animals, it may be the unintended death of an animal after trapping or carrying out a procedure.

Any amendments to your submitted project in terms of design, sample, data collection, focus etc. should be notified to the SWK S-REC (School of Social Work Research Ethics

Subcommittee) in advance to ensure ethical compliance. If the amendments are substantial a new application may be required.

Approval by the SWK S-REC (School of Social Work Research Ethics Subcommittee) should not be taken as evidence that your study is compliant with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. If you need guidance on how to make your study UK GDPR compliant, please contact the UEA Data Protection Officer ([dataprotection@uea.ac.uk](mailto:dataprotection@uea.ac.uk)).

I would like to wish you every success with your project.

On behalf of the SWK S-REC (School of Social Work Research Ethics Subcommittee)

Yours sincerely,

Georgia Philip

**Ethics ETH2122-0615: Ms Julie Young**

## Appendix B – ADCS approval letter



Julie Young  
Centre for Research on Children and Families,  
School of Social Work, Elizabeth Fry Building,  
University of East Anglia, Norwich Research Park,  
Norfolk NR4

### **By email**

25 January 2023

Dear Julie,

**Request for ADCS research approval – Centre for Research on Children and Families,  
University of East Anglia - Making sense of life and family with a special guardianship order  
- the perceptions and experiences of young people.**

ADCS ref: RGE230111

I write on behalf of the ADCS Research Group regarding your request for research approval for the above named project.

The Research Group has considered your request and given its approval believing that the results of the project will be useful to local authorities. We would be grateful if when contacting local authorities you would quote the reference above.

The Group's encouragement to respond to the research will be communicated to ADCS members in local authorities in England in the ADCS weekly e-bulletin. The Research Group wishes you well with the project.

As mentioned in the ADCS Guidelines for Research Approvals, please send the Research Group a copy of the full report and the summary of your main findings when the research is complete.

If you have any queries about this feedback, please contact me in the first instance.

Yours sincerely

Gary Dumbarton, **on behalf of the ADCS Research Group**

## Appendix C – Recruitment letter for the young consultant group

# Hello!



I am **Julie Young**, a researcher at a university in Norwich. I work on different research projects. Lots of my work has involved talking to children and young people living in different types of families – such as adoptive families, foster families - asking them what it is has been like to live in different types of family.

I am starting a **new research project** to find out what it is like to grow up in and be part of a special guardian family.

Around **4000** children become part of a special guardian family every year. But **hardly any researchers have talked to children and young people from special guardian families**. We don't know much about what it is like to be part of this type of family, and what help and support may have been wanted.

This research will be finding out ... What things are important to know? What help or support would be good to have? What could adults do to help children?

I will be interviewing young people aged 16 +, so they can think back over their childhood, and how it has been for them.

**I would love your help before I start the research! I want help to....**

- To design or choose a logo for my research
- Design leaflets to advertise my research
- Plan interview questions
- Test out the interview
- Help me interpret interviews and think about what they are telling us
- Think about changes that need to happen
- Think about the messages of the research

First meeting: **xxxxxxxxxxxxxxxxxxxxxxxxxxxx** (There is plenty of free parking in the car park). ***I can pay your travel costs, give you a £25 voucher as a thank you, and pay for food from the café to keep us going!***

*Julie* (Phone xxxxxxxxxxxx)

Appendix D – Consent form for young consultants



*A new study:  
The perceptions and experiences of young people  
raised in families with a special guardian  
Julie Young, University of East Anglia*

**Research consultant consent form**

- I have heard or read information about the study and have had the chance to ask questions
  
- I would like to participate as a research consultant in the study – by attending meetings from time to time and/or talking to Julie about the study
  
- I understand that I do not have to talk about anything that I don't want to, and I can withdraw (temporarily or permanently) from sessions at any time
  
- I agree that notes will be made in the sessions, and they may be audio recorded, so ideas from the session can help with planning the study

Signed.....

My printed name.....

Date.....

My contact details (email and mobile number, if possible):

.....

Appendix E – Consent form for special guardians of young consultants under 18 years



*A new study:  
The perceptions and experiences of young people)  
raised in families with a special guardian  
Julie Young, University of East Anglia*

**Special Guardian consent form for research consultants**

- I have heard or read information about this study and have had the chance to ask questions
  
- I am happy for my son/daughter/young person in my care to participate as a research consultant in this study – by attending meetings from time to time and/or talking to Julie about the study
  
- I understand that they do not have to talk about anything that they don't want to, and they can withdraw (temporarily or permanently) from sessions at any time
  
- I agree that notes will be made in the sessions, and they may be audio recorded, so ideas from the session can help with planning the study

Signed.....

My printed name.....

Date.....

## Appendix F – Information sheet about the study for professionals /SGs

### NEW RESEARCH:

## Making Sense of Family and Relationships: The Experiences of Young People who were Raised in Families with a Special Guardian

JULIE YOUNG | UNIVERSITY OF EAST ANGLIA | PROJECT TIMEFRAME: 2021-2024



### Research summary

#### ABOUT JULIE YOUNG, THE RESEARCHER

Julie has been a researcher at UEA for over 20 years and involved in many projects relating to foster care, adoption, and child protection. Much of her research has explored how children and young people with care experience and living in different families manage the understanding of their past and relationships, and how the adults around them communicate with them about this.

#### THE NEED FOR THE RESEARCH

**Hardly any research has involved talking to children and young people who have been raised in families under an SGO.** This was recognised by recent reviews conducted by the Nuffield Family Justice Observatory (e.g. Iyer et al, 2020).

Research is particularly limited on how young people who were raised under SGO:

- Experienced their relationships with parents whilst living in their new families
- Talked about, understand, and feel about their life story and their parents' situation
- Were, or would have liked to have been, supported around relationships and their life story

#### METHODOLOGY

- Julie is seeking to interview **young people aged around 15 years old and above**, who were placed with a relative under SGO after statutory child protection intervention.
- Young people can **choose** how to do the interview - **face to face, online** or over the **phone**. The interview uses a set of topic cards; interviewees decide what to say and how much to share.
- Everything that people say in the interviews is fully anonymised so that no-one (or where they live) can be recognised by anyone hearing or reading about the study.
- A **£20 gift voucher** is offered to everyone who takes part
- A research **consultant group of young people with lived experience** have helped design the research and the interviews. **Approval for the research has been granted by the ADCS Research Group and the UEA School of Social Work Ethics Committee**

FOR MORE INFORMATION PLEASE CONTACT JULIE:

[J.YOUNG@UEA.AC.UK](mailto:J.YOUNG@UEA.AC.UK) 07809614496

## Appendix G – Recruitment postcard for young people

# CAN YOU HELP?

NEW RESEARCH

GET £20  
FOR YOUR  
TIME

**Julie Young**, a researcher at the University of East Anglia, is finding out what it is like to grow up in a family with a Special Guardian.

Around 4000 children become part of a Special Guardian family every year. But hardly any researchers have talked to people who have been raised in these families. We don't know much about what it is like to be in this type of family, or what support may have helped.

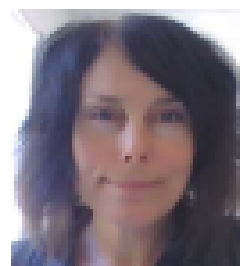
If you are aged over 15, lived with a relative Special Guardian, and may be able to share your views and experiences in a one-to-one meeting or call – text or email to find out more.

[j.young@uea.ac.uk](mailto:j.young@uea.ac.uk)  
07785 651709

**UEA**  
University of East Anglia



## Appendix H – Information sheet about the study for young people



### Experiencing life and family with a special guardianship order: the views of young people who are (or were) raised in special guardianship settings

**Are you thinking about taking part? Hopefully this will answer your questions...**

#### **WHAT IS THIS ALL ABOUT?**

I am Julie Young, a researcher at the University of East Anglia. I am doing an important research project to find out about the experiences of young people who live (or did live) in families with a Special Guardian.

**I am talking to young people to find out what it has been like to be part of a family with a Special Guardian.**

#### **HOW CAN I BE INVOLVED?**

I want to talk to you to hear your views and what it's been like to have been part of a family with a Special Guardian. I want to hear about anything you feel you want to share – whether it is positive and negative.

If you are happy to share - I will ask: What has been good? What is/was it like keeping in touch with other family members? What issues or challenges have you had? Was there anything you wish you had known? What help or support would be good to have? What could adults have done to make things better for you?

**You don't have to share anything you don't want to.**

We will talk for **as long as you like** – it may be for an hour but it could be much shorter or even longer if you have lots to say. **You are in charge of what you**

**say** - I would like you to talk about things that are important to you. You don't have to answer every question and you can stop or take a break at any time.

### **WILL YOU TELL OTHER PEOPLE WHAT I SAY?**

When I have finished the project, I will write up a report and share it with professionals to help them develop their support for special guardianship families. I will also write a summary report for special guardians and young people so they can hear about the findings too.

**I will make sure it is not possible to identify individuals. You will not be recognisable in anything I write.**

I will only share information if you say something that makes me concerned about your safety or that of another young person. If I am going to share information, I will try to discuss it with you first assuming it is safe to do so.

I would like to record what you say so that I can concentrate on what you are saying rather than having to take lots of notes. This recording will be confidential and will be deleted after the research is finished.

### **WHAT'S IN IT FOR ME?**

I hope that this research will help make things better for children and young people in the future.

**You will also receive a £20 voucher as a thank you for your time.**

### **IF YOU HAVE ANY QUESTIONS ABOUT THE RESEARCH PLEASE ASK!**

You can contact me at [j.young@uea.ac.uk](mailto:j.young@uea.ac.uk) or by telephone on **07785 651709**.

If you want to discuss the way the research is being carried out with someone else other than me, you can contact my supervisor Christine Cocker, School of Social Work, University of East Anglia, Norwich, NR4 7TJ by letter or email [christine.cocker@uea.ac.uk](mailto:christine.cocker@uea.ac.uk).



Appendix I – Consent form for interviewees



## Making Sense of Family and Relationships: The Experiences Of Young People Raised In Families With A Special Guardian

### Interview consent form

<p><b>I have read or heard information about the study.</b> I have been able to ask questions and feel I have all the information I need.</p>	<input type="checkbox"/>
<p><b>I would like to take part</b> in the interview for this study</p>	<input type="checkbox"/>
<p><b>I do not have to talk about anything that I don't want to.</b> I can pause or stop the interview at any time.</p>	<input type="checkbox"/>
<p>I am ok with the interview being <b>audio recorded</b></p>	<input type="checkbox"/>
<p><b>Things I say may be used in the report of the study</b> (I won't be recognisable)</p> <p><b>I can change my mind up to one week</b> after the interview by contacting <a href="mailto:j.young@uea.ac.uk">j.young@uea.ac.uk</a> or 07809614496</p>	<input type="checkbox"/>

Signed.....

My printed name.....

Date.....

Appendix J – Consent form for SGs (of young people under 18 years old)



**Making Sense of Family and Relationships: The Experiences of Young People Raised in Families With a Special Guardian**

*Julie Young, University of East Anglia*

**Special Guardian consent form**

I have heard or read information about this study and have had the chance to ask questions.

I am happy for my young person in my care to participate in a one-to-one interview for this study with Julie Young.

I understand that my young person does not have to talk about anything that they do not want to; they will be in charge of what they say and can stop the interview at any time.

I agree that the interview may be audio recorded (if my young person agrees). My young person can decide to withdraw from the study (resulting in all interview data being deleted) up to one week after the interview.

I agree that some of the interview data may be included in reports on the study and shared with others to help improve the support for young people under SGO and their families. However, it will not be possible to identify individuals. No individual will be recognisable in anything produced from the study.

Signed.....

My printed name.....

Date.....

## Appendix K – Debrief sheet for interviewees



**Thank you very much for helping with important research!**

**This is just to remind you...**

- The research study is being carried out **by Julie Young**, a researcher from the University of East Anglia. It aims to find out about the experiences of young people who are (or were) living in Special Guardian families.
- If you change your mind about taking part you can contact me to let me know up to a week following the day of the interview. Contact Julie Young on 07785 651709. [j.young@uea.ac.uk](mailto:j.young@uea.ac.uk).
- If you want to discuss the way the research is being carried out with someone else other than me, you can contact my supervisor Christine Cocker, School of Social Work, University of East Anglia, Norwich, NR4 7TJ by letter or email [christine.cocker@uea.ac.uk](mailto:christine.cocker@uea.ac.uk).
- If you are upset, worried or struggling generally with life, please remember that there are organisations who can help (or they can let you know who can). **These national anonymous listening services are available to all at any time:**

- **Samaritans:** Call: free phone 116123 (24-hour service) or email [jo@samaritans.org](mailto:jo@samaritans.org)
- **HOPELINEUK:** Call: 0800 068 4141, Text: 07786209697 or Email: [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)
- **Young Minds:** Text: YM to 85258 - <https://youngminds.org.uk/find-help/get-urgent-help/youngminds-crisis-messenger/>
- **SANeline:** Call: 300 304 7000 between 4.30pm and 10.30pm each evening
- **CALM:** Call: 0800 58 58 58 or use their webchat service <https://www.thecalmzone.net/help/webchat/>
- **ChildLine:** Website <https://www.childline.org.uk/get-support/> or Call free on 0800 1111
- **Mind:** Website <https://www.mind.org.uk/>
- **NHS** <https://www.nhs.uk/mental-health/>

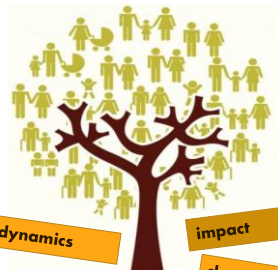
- If you would like to learn about the findings from this research, just let me know ([j.young@uea.ca.uk](mailto:j.young@uea.ca.uk)). I will email you when these are published.

**Thank you!**

# Appendix L – Topic cards used in the interviews



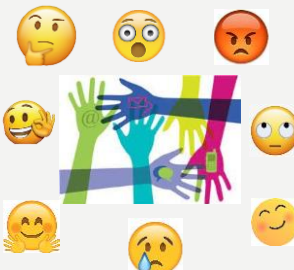
Key things about **YOU**  Your story



**What is family life like?**  
 ...Moving families?  
**SGO...**  
 Good things?  
 Challenges?

dynamics    impact  
 relationships    changes

**Keeping in touch with people important to you**



Who?  
 How ?  
 Good things?  
 Bad things?

**What helped you to understand your past & family?**


How much do you **know** about **why** you don't live with your parents?

0 1 2 3 4 5

Hardly anything    A lot



Special guardian    Filling in gaps  
 Working it out for myself    Listening in  
 nothing  
 Other family    Counsellor/ social worker




What is it like talking to **Family...**  
 ...and **Friends...**  
 about your family stuff and the past?




**What was (or is) helpful for your wellbeing?**

**What could have made life with your special guardian better ?**

I wish I'd known....  
 I wish I'd had....  
 I wish my parents had...  
 I wish my guardians had...



What messages would you pass on to...



Professionals?  
 Children moving to live with a Special Guardian?  
 People becoming a Special Guardian?



Imagine a ladder as a way of picturing your possible lives.

The **top** of the ladder represents the **best possible life** for you  
The **bottom** of the ladder represents the **worst possible life** for you.

On which step of the ladder do you feel you stand **right now**?

Best possible life

Worst possible life

## Appendix M - Interview schedule

### You and your life now

- Can you tell me a bit about you, and where you live, who you live with?
- Can you tell me anything else that might help me get to know you e.g. school/work/hobbies?
- Can you tell me anything that might be important for me to know about your past, or key things that have influenced who you are today. Only tell me what you want to.
- (If useful to encourage talking use Cattel's ladder - has it always been the same – any lower? Higher?)

### Family life with SG carers

- Who do you see as in your 'family' (who is important to you)? (*if you like - draw/ "represent your family in whatever way you like" on paper*) *Prompt: Who are you close to? Anyone else important to you?*
- Can you describe in 3-4 words what it is like for you to live in this family? Can you explain them?
- *Prompts: Best things about being in this family? Can you describe any particular moments that stand out as particularly positive or happy, Worst things/challenges due to being part of an SG family? How has family life changed over the years? Better/worse? How does it impact /affect you?*

### The move

- What other homes / families have you lived in? (*again draw if helpful*)
- (if relevant) tell me about the move into this (the SG) family home? What was it like for you? What changed? How did you feel about it? Any worries? Did it feel like your family straight away/later?
- What do you think other family members felt about this change? - your parents, SGs? Siblings?

### Knowledge of the past (why you don't/didn't live with you parents, why you live with XXX?)

- How much do you know? Where did you get this knowledge from? How has your understanding changed? What helped you to know/understand? (*Separate knowing and understanding*)
- Is that ok? Is there anything you want to know but don't know or understand? What questions/gaps do you have? Anything you are curious about? Where could you (or would you like to) find out more if you wanted to know more? What support would you have liked around understanding?
- How do you feel about this? E.g. was it the right decision? Have you always felt that?

### Keeping in touch with parents and other family members

- What 3-4 words would you use to describe your relationship with your mum & dad? What are they like?
- What has connecting with them been like? *Prompts: How did/does seeing them make you feel? How do you feel about them? Do you see them as much as you want to? Or too much? Key positive experiences? Key negative experiences/challenges? Do they feel like a mum/dad?*
- How have you found keeping in touch with others who are also important to you in your family (siblings, grandparents etc). *Prompt: Any challenge(s), around keeping in touch? Positives?*
- Is there anything you'd like to have been different in how you connected/kept in touch with everyone?

### Conversations about the past and parents

- How has it been to talk about your life story/ the past? With your SGs? With your mum/dad?  
*Prompt: Who do you talk to? Who initiates? Any differences in stories? How does it feel for you/them?*
- Your peers? What do you say? Have you ever felt any kind of negative stigma around family?

#### **Support you have had around understanding? Wellbeing?**

- What helped you most with your wellbeing? What did not work?
- Anything you wish had been done differently? By parents? SG? Professionals? Do you think they understood your issues/state of mind etc? How did they help/could have helped you/your family?

#### **Your future**

- How do you think your relationship with your family /parents will change over the next few years?
- How will (or *how did* if over 18yrs) the ending of the SGO affect you?

#### **Messages for others**

- What messages/advice would you pass onto: your younger self, SGs, parents, a child who the court has decided can't live with their parents? Professionals planning for/supporting children who can't live with their parents?

#### **Ending**

- What are your feelings about the interview we have just had. You've told me a lot about your life - how are you feeling about it? What were your thoughts and feelings during the process? Was there anything that surprised you?
- Was there anything you expected me to ask that I didn't? Or anything you've not had a chance to tell me that you really wanted to tell me before I finish? Are you happy with everything you've said?

#### **Offer drawing options if needed?**

- It may be helpful if I could better 'see' your 'family.' Would you like to use this piece of paper and represent family in whatever way you would like?"

#### **Suggested Prompts**

- Can you tell me more about that? Earlier you said... can you explain a bit more about that?
- What is that like for you? How do you feel / does it make you feel?
- Can you explain how that's been helpful/good/bad?
- What was it about the [meetings/information] that kind of made you do/feel that?
- Have you always felt that way? How do you think you might feel in the future?
- And as you grew older, did you understand the reasons why you couldn't live with your parents differently?
- How did that help? Can you pinpoint anything that made a difference?
- What would you want to be different? What would need to happen to change/resolve this?
- If you could plan your contact with mum/dad/move to the SG family all over again would you have wanted anything different?
- How did they react/ what do you think they felt ?
- When you feel like this - what do you do? What do you think can get you out of that?
- Was there any point looking back during your childhood/teens where it became emotionally harder for you?
- If you could hypnotise X and ask them something without them remembering, what would you ask?

- When you have this issue/this happens, how do other family members react?/help?/support?
- What would it be like if you could....? How would you feel if you could...?
- Just imagining if you had... any thoughts on how that might have been for you?
- Any issues with Social media?
- Do you see anything changing in the future?

## Appendix N - Sample transcript showing early stages of the analysis

Sample of interview transcript	Exploratory notes	Experiential statements
<p>[First part of interview redacted to preserve anonymity]</p>		
<p><b>So can you tell me about this family, what being in this family like? [Pause]. Sometimes I ask people to think of like 3 words which sum up family life?</b></p>	<p>She has a clear sense that her life is better with grandma. She has someone who cares physically but also does all she can for her, is vouching for her, behind her. Family life is noted as positive. No negative words</p>	<p><b>SG is a good family</b> care. Certainty - <b>better</b> than with parents</p> <p>Good family life / good parenting = nurturing, meeting needs, putting child <i>first</i>, doing <i>all you can</i>.</p>
<p>Umm. Family life. I think it's <b>better</b> than what it would be if I lived with my parents. It just like, umm, It just makes you feel, living with someone, that <b>takes good care</b> of you. She makes us food. Umm. She <b>does everything she can for us</b>. [Pause]. And that's all I can think of.</p>	<p>It is a 'typical' family life in that they do simple, everyday things together, they enjoy each other's company. Shared leisure time. Go on holiday. Like any other family.</p>	<p><b>Doing family is doing things together</b>, everyday life together, having holidays</p>
<p><b>And... What kind of things do you do together as a family?</b></p>		
<p>Umm. Like going shopping or something or watching movies.</p>		
<p><b>What's been a particular good family day out or happy time as a family over the last year?</b></p>		
<p>When we went on holiday.</p>		
<p><b>Where did you go?</b></p>		
<p>XX</p>		
<p><b>Great, what kind of things did you do there?</b></p>		
<p>And went in the swimming pool. To the beach, you know, round shops.</p>		
<p><b>And is that the kind of holiday you might do regularly, or is it was that a one off?</b></p>		
<p>I think it is like every two years or something, that we go abroad.</p>		
<p><b>What's been the best place you've been to?</b></p>		
<p>Probably XX, cause I can't remember the rest!</p>		
<p><b>It sounds like a good holiday. And what about any challenges about being in this family? Do you think there's anything you find extra difficult because you live with your grandma?</b></p>	<p>Self-consciousness around being different. Not being the same as her peers / being in a typical family.</p>	<p>A crucial <b>need to be the same</b> as everyone else. <b>Defending / explaining</b> your family status,</p>
<p>Umm. Its just like when...Parents evening. And when people see that your grandma looks old? And they say stuff to you about not living with your parents. And then you've got to kind of explain why you don't live with them.</p>	<p>She has concerns (embarrassment?) around having to defend / explain her family status.</p>	<p>answering questions from peers is one of the difficult things about an SGO family</p>
<p><b>Mmm. When you say people, do you mean other students, not the teachers.</b></p>		
<p>Yeah students, no the teachers don't do that.</p>		
<p><b>And what kind of things do you say, to deal with that?</b></p>	<p>Answering questions or challenges from peers is felt to be one of the most difficult things about an SGO family . Worries about rumours/gossip.</p>	<p>Fear – peers 'telling the whole school'. How will her situation be viewed/talked about?</p>
<p>It depends what mood I'm in. Sometimes like <b>if I know they won't go and tell the whole school</b> then I'll tell them a bit about why I don't live with my parents.</p>		

**So it depends who they are, yeah. So that's one of the challenges. Mmm. Is there anything else that's hard?**

Not that I can think of.

**What about the, sort of way she parents you. Does that feel different to like a mum or dad might parent?**

Umm. I don't know really. Cause it's never been any different so I won't be able to say if it is any different or not.

**Yes. You haven't got anything to compare it to really. I guess, maybe, unless you sort of look at how your friends, how their parents are, whether there's any sort of differences maybe? Does it feel very different to the way your friends like [friend 1] or [friend 2], how their family life is?**

Umm. A bit.

**Can you say more? Like in a bad way or..?**

No, no.

**[Pause]. Ok. Can you tell me about your gran?**

**What sort of person is she? What she like?**

She's alright. She's nice and funny. And caring. She helps us.

**Helps you do what kind of things?**

Like well, things that I want to do in my life.

**Right. [Pause]. Do you mean like, taking you to things like rugby?**

Yeah and like, helping me with college, and work and stuff.

**Yeah. She helped you, like helped you make your choices?**

She helped me like, well, I knew. I knew what I wanted to do, but she helped me do that. Yeah.

**Helped you get there. And you said she is older than your friends' parents, so coming from quite a different time of life, maybe, a time when they didn't have mobile phones when they were young and things like that it can be. Do you ever have that sense with your grandma that she's like in a different time.**

No. Don't think so. Well, I still have to help her with her phone!

**You haven't talked about a granddad, or a partner of your grandma. Did she have any partner that you knew?**

He weren't in my uncle or my mum's life. Since they was 4 years old, I think. I think I've seen him once.

**OK, Is he someone you'd like to get to know?**

No

**So your grandma's being on her own since, she hasn't had any partners?**

No.

**Ok. You said I think that you can't really remember life before moving to your grandma, do you want to tell me a bit about that, about how old you were?**

She feels a need to play it safe – can she trust what will be done with this very personal information?

A constant concern - how much can she disclose?

'Normal' family life? It is normal to her, she doesn't know any different? Doesn't feel very different.

She doesn't say anything negative about her SG, or her family life – just positive. She feel genuine care.

She has a positive relationship with Gran. Feels support from gran, enjoys her company.

The age difference doesn't matter to her. Reciprocal elements to the relationship – she helps gran with technology. They are supportive of each other?

Grandma = maternal. Single mother for almost all of first family and all of second family life.

Disinterest in biological MGF. (Men don't appear very involved/caring in this family – see dad below. Perhaps she doesn't have good father role models, leading to a sense of 'they are not worth knowing'?)

Details of her past not fully clear? She does not who she lived with for 2 weeks, but is clear about timescales 2

Not being with parents = stigmatising. A negative thing in society. Needs to be hidden.

SG family is 'normal' to her – its her family, what she has always been used to.

She values being cared for – and being supported to do what she wants in life. Someone who is behind her, helping and supporting her. This matters more than age differences, generation gaps.

Lack of interest in certain family members – not all are relevant /wanted?

Gaps in past story/unknowns

I think I was 10 months maybe. 10 or so months. I don't know.

**Right. So ten months, really young, you wouldn't have any memories of that. Who did you live with up until 10 months?**

Well I lived with my parents for 8 or 9 months. And then spent two weeks with someone else I don't know who it was, and then I came to live with my grandma.

**Right. Shall we put your mum and Dad on here [the paper diagram of family]?**

Yeah.

**Are they still alive?**

Yeah.

**So it was with both mum and Dad, so they lived together, at that time anyway. OK. Do you know why you moved to live with Grandma?**

Umm well, I got told that....my parents were... Well, my mum was too young. But then my grandma told me another reason, but, umm I kinda forgot what it was [pause]. But I think that was just because they was young and like it were too hard for them to look after 2. I don't think that they had a job either.

**Yeah. So too young? And hard to look after two little ones.**

Yeah. [pause].

*[Info about younger sister redacted]*

Umm, I see my mum a few times. I think I saw her last Thursday. I don't really message her or anything. But if she messages me, I message her back. And then I haven't seen my dad for nearly 4 years. And I don't talk to him or anything.

**Ok. Do you want to tell me more about that?**

**Like, why, why you don't see him?**

I think it's just cause... Umm well he was an alcoholic, so I think he chose that over us. And then got a girlfriend so he didn't really bother. [Pause].

*[Interview continues]*

week carers (FC's?)

names unknown

Struggling with words

Presents a fairly simple

story of why she was

not cared for by her

parents. They were too

young, had no job. Is

she telling me

everything? Perhaps

wanting to keep it

simple? It is

complicated to talk

about? She may know

more but finds it tricky

to put into words? Or

she is happy with this

fairly simple story?

She is mostly passive,

not proactive in her

relationship with mum

– waits for her to

message. Ambivalent?

Dad's issues explained

further (she does know

more than told earlier)

– an alcoholic, she sees

he chose that blaming?

Why a child can't live with parents is hard to explain, hard to remember/ hard put into

words to a stranger? Easier to stick to simple explanations like they were 'young'?

Passive in parent relationships. They contact her first

Complicated,

multi-faceted

stories of why

parents couldn't

care, hard to

understand.

Dad being an

alcoholic – seen as

lack of care – free

active choice to

reject, chose not to

prioritise

## Appendix O - Sample interview case theme summary table

### **SG family is a family that is 'no different' and 'better' (than life would have been with parent). They DO family things. It is a good, typical, stable family life to her**

- When asked to state 'who is in your family?' she describes her SG and her siblings who live with her as key figures'. When promoted to name other people she sees as 'family' she moves to discuss friends rather than her mum, dad, adopted brother. Perhaps these are more peripheral figures to her everyday family life. Or too complicated to go there at the start of the interview? Wanting to keep things simple and safe? She puts boundaries around the small safe family with SG? Family IS her SG and sisters.
- SG is called '*nan*' but very much a 'mum' figure.
- Shows a clear sense that moving to SG was a key positive event in her life (*'I think it's better than what it would be if I lived with my parents'*). She has a good family life. She is in a good place, she is cared for.
- Her family is '*no different*' to her – it is her family, what she has always been used to (*it's never been any different so I won't be able to say if it is any different or not.*)
- She describes family holidays and activities she does with her family - shared experiences seem to play a crucial role in maintaining and strengthening family relationships – includes holidays, shopping, TV. Best memory – holiday abroad.
- She states that her parents just couldn't look after kids. All children – not just her. Still struggles with words, a bit confusing to explain, but it seems an obvious, trustworthy story to her.
- Looking to the future, she sees her place as firmly within her SGs home and envisions a future that includes both independence and continued family connections.

### **SG relationship –positive, mutually supportive, companionship, genuine care, about her needs**

- Good parenting is nurturing, meeting her needs, putting her first, doing all they can for her. Doing things together her. Listening to what they want and supporting them. She feels she has all this with SG, along with companionship. (*'She's nice and funny. And caring...Takes good care of you. She makes us food. Umm. She does everything she can for us... she gets me things when I, even if I don't ask for them'.)*
- Shows trust that SG wants her to be happy – she seems to have a secure positive attachment - describes her in a positive way, shows she is able to turn to adults for help. Trusts they will support her. It is a type of care that gives space to and supports her autonomy.
- She values being cared for and being supported to do what she wants in life. Having someone who is behind her, enabling her. This matters more than age differences, generation gap not referred to.
- She also knows she helps her SG – there are mutual benefits to this relationship.

### **The stigma of being different (in an atypical family) to others. Embarrassing and hard to explain.**

- She is consciousness of how her family situation is perceived by others and shows a need to navigate these perceptions with care. External social situations, like parents' evenings, can highlight her different family structure.
- She feels a need to be 'normal' – look the same as everyone else. She is challenged at school about her family set up. She feels a need to defend / explain her family status. Answering questions from peers is one of the difficult things about an SGO family

- Anxiety around peers/ school – will they ‘tell the whole school’. How will her situation be viewed/talked about? A constant concern - how much can she disclose?
- She has developed strategies to manage others' perceptions and questions, controlling the narrative about her family situation, deciding when and how much to share based on her comfort level and trust in others.
- The ‘weirdness’ of letterbox contact with brother may not have helped (see below)

**Difficult life stories. A story that is hard to understand and explain, and with gaps. But overall just about makes sense and feels ok?**

- She has a complicated, multi-faceted story of why her parents couldn’t care, hard to understand. It is hard to explain, or hard to put into words to others?
- She seems to prefer to use the simple story in relation to her mum (‘*too young*’) although shows she knows that it is more complex than this, referring to multiple factors that contributed to their family situation, including their parents' age, they don’t have jobs financial situation, dad used alcohol and the challenges of caring for multiple children.
- She often qualifies their statements with phrases like ‘*I don't know*’ or ‘*I think*’ indicating a gaps in knowledge. Unknowns. She shows she is struggling to fully understand – or remember - the reasons for her mum’s inability to care for children: ‘*My grandma told me another reason, but, umm I kinda forgot what it was [pause]*’. ‘*I think I knew a bit because I'd asked my grandma before, but I think I forgot most of it. So I had to ask her again. [Pause]*’ Complicated elements that are hard to remember/explain? She may need it explained again? Simple explanations not enough now – new questions (see below)
- Also shows some uncertainty about key facts in her early life – such as the 2 weeks she spent with foster carers.

**Developmental changes – growing curiosity, new needs for understanding, new hypothetical thinking - may not be explicitly voiced to the adults around them.**

- Developmental changes – she is becoming more proactive, starting to want agency, do things differently, know more, initiate a meeting with her brother.
- Adolescence - hypothetical thinking develops - what if? New questions around ‘*why*’ is she different to her peers. She was told before but needs to know more. The unknown / gaps starting to cause worry, which led to behaviour issues at school: ‘*When I got when I got into trouble at school, it were like, because things had been going on, in my head. ..Why I didn't live with my parents and why [sister] didn't. And what it was like when I lived there...?*’
- (SG took in the girls but not the baby brother – twist of fate, could it have been the other way round? Is this something she might think about?)
- YP recognises she is changing – wanting to know more now, to get to know her brother: ‘*I guess when I was a bit younger I weren't really bothered. But now I would have been*’.
- Yet adults may not recognise this stage if it is not voiced, if they keep their curiosity and questions to themselves?

**Parents as complex, nuanced, with variabilities and difficulties – but as long as they care about her, that’s all that matters?**

- She describes a relationship with her mum that is characterised by both care and limitations. She describes her mum as *loud* and *annoying*, a complex character, not easy to be with? Hard to explain, difficult characteristics but positive too.
- She shows acceptance of mum’s capabilities and limitations. It seems positive for her that she feels mum means well, she is, behind all mum’s oddities, loved by mum, not rejected: ‘*she cares about us a lot, just has a funny way of showing it*’.

mum expresses her love in her own way. Perhaps SG has helped her see that, or is this is her own conclusion? But it seems positive for her that she feels mum means well, she is, behind all mum's oddities, loved by mum, not rejected. It is just the way mum is. Mum is not bad, just an odd 'funny' character who struggles to express her love and care.

- Generally, she doesn't express overt resentment or anger towards her mum. Instead, her story shows a level of acceptance about their past. The dominant theme is one of acceptance and there is a level of and empathy for her mum's current situation.
- Contact provides an observation of parents' issues – which can bring about sadness (dad's rejection, not prioritising her) but also the feeling of being loved and a knowledge that the separation from parent is not a rejection or the YPs fault (mum's funny way of showing she cares). Adults are complex, they are not infallible, they have issues/challenges. She sees different sides of human nature – how people can be a mix of good qualities and not so good.
- She seems to have developed at least some understanding that her parents just *couldn't* look after children. No particular blame for her mum for what happened in the past, but an element of anger towards her dad although this appears to appear to be largely due to his (apparent) rejection of her in later life and 'choosing' alcohol – *'he was an alcoholic, so I think he chose that over us. And then got a girlfriend so he didn't really bother'*.
- her words reveal a hint of understanding that the situation may be more complex than a deliberate, outright rejection of her. She can, to some extent, contextualise her dad's behaviour within a broader family history, referring to how her dad's upbringing might have influenced his behaviour and parenting choices. It shows a level of empathy and insight into the cycle of absent fathers: *I think because of how he was brought up. He might have thought that that was the right way. Because he grew up without a dad as well.*

#### **Boundaries / strategies around contact**

- She has adapted to a relationship with her mum that is fair for all but also on her own terms. It seems that over the years, and with support from SG and her mum she has learnt to manage these complex family dynamics. She shows acknowledgment of and adaptation to her mother's limited parenting abilities and has developed a strategy for managing visits to ensure a positive experience. For example by choosing to go to see her mum without her sisters, the presence of whom can affect family interactions – she has adapted to her mother's issues, rather than feels resentful.
- She seems to have been supported by her SG in this contact – SG must drive her a fair distance, and has allowed her time with mum to take place in locations SG sees as undesirable (see above). There appears to be compromise/give and take in the relationship. And now SG has allowed more autonomy in the contact.
- Mum is part of birthdays – but not necessarily on the day – all make efforts to maintain traditions and create shared experiences despite the complexities of their situation.
- She uses technology to maintain connections with mum, albeit on her own terms.

#### **Dad as a distant figure / Assumption of not being in touch mean they don't care /**

#### **Complex and multilayered relationships**

- Her relationship with dad is more distant and complex, she expresses sadness and hurt around this relationship.

- Her reflection on the reasons for the estrangement is that she was not prioritised, neither in the past, nor the present. Her assumption is that he does not ‘*bother*’ about keeping up the relationship.
- Her feelings towards her father - are complicated, contradictory. She shows a mix of caring and *not* caring (or not *wanting* to care because she is angry at him and scared of being hurt). She seems to be interested in and have a need to see him, be happy to see them yet also be angry/dismissive of him. Is she afraid of rejection if she cares or reaches out? Does she feel they don’t deserve her care because she is hurt? It has drifted to a stop, dad not initiating any more: ‘*[in the future] I'd probably like message him back and talk to him a bit. But I don't think I'd be able to see him again. Because of him leaving and then coming back and then leaving again. I think it's just how it makes me feel. It hurt. And I was sad about it. I won't want to put myself through that again.*’
- She has taken action to protect herself emotionally from further hurt. She will not seek future interactions unless he makes the first move –
- Maintaining relationships with paternal family is harder when in the maternal family? This interviewee is aware of her SGs negative feelings towards dad, and the effort SG needs to put in to help her see him. Does this make this YP feel guilty about seeing dad? More likely to view him negatively? Has SG not prioritised seeing dad and dad feels let down/not wanted?
- She shows the danger of making simple assumptions from a child’s voice, a comment they might make about ‘not caring’ whether they see their parent may be on the surface of a complex and contradictory web of feelings about them

**The challenges of staying in touch with a complex family and those who matter. Gaps in connections/stories from the other side of her family**

- Lack of interest in certain family members (e.g. grandfather). Has she heard negative things about them?)
- The importance/value of stepparents (*‘my stepfather, that’s [youngest sister]’s dad. He’s really nice and funny as well, so he makes it more funnier, when we go.’*)
- The transitory nature of family. Positive relationships gained then lost. People can disappear when partners break up.
- Maintaining relationships with paternal family harder? No other paternal relationships.

**Crucial importance/benefits of communication/knowing. Struggle to share her feelings and questions – adults need to be proactive**

- She frequently mentions the difficulty of voicing her thoughts / feelings, even to sister/SG.
- She sees an important link between ‘*wanting to know things*’ and her wellbeing / behaviour (which led to her school exclusion). Difficult behaviour was a sign of emotional trouble for this YP.
- Difficult information can be better than no information. Gaps in knowledge / life story caused ‘*worry*’/wondering: *I think [SG] told me everything [ and] Umm I feel a bit better, because now I know. So, umm, I don't have to worry about it as much...* The risks of not being given information, must be balanced with the risks of having information (or knowing/ seeing people) such as it being upsetting or difficult
- The importance of keeping the story alive, repeating the story to YP – as they develop cognitively, their understanding changes, they need to revisit explanations/facts (Brodzinsky, 2011). Adults need to be proactive, raise topics, be open in communication.
- The importance of listening to children and young people – finding what do they need to know which is not necessarily what adults think they need. And they may

have already been told it but need to hear it again. The importance of open communication, opportunities to discuss and reflect on family stories over and over again.

- For this YP it was hugely important to have other independent/neutral adults outside of family. Neutral / independent people who can help her with her story (*the teachers were the ones that errr, helped me find out because I told them what was wrong and then they rang my grandma told her.*)
- The positive impact of open communication - being able to discuss the past with her SG, and her SG talked to her – told her things about the past - helped her feel better, process her experiences and feel more positive about her family situation.
- Her key advice to other SGs is to *talk* to them, have one-to-one time – *keep asking* if they are ok and talk about their life, even if they appear not to have any issues. The importance of proactive information sharing: *‘Maybe if they ask them if they’re OK and just check up on them. Even if they’re like, happy and stuff. And have days when you go out. Just you and them ...And then just keep checking upon... The guardians should ask more if the child is ok, to see if there is anything they can do to make it better... Tell them things about their life because they might want to know. Like take your time saying it but definitely tell them because they want to know, but they might not want to ask.’*
- Parents too should help child to understand, and tell them the truth: *Just try and help your child understand, even if it’s their fault. Just tell them the truth.*
- And school: *...I wish I’d had more support at school and more confidence to talk to people about how I felt. I think that’s why I didn’t talk to my nan and stuff...*

#### **Sibling Relationships and Protective Role**

- The importance of her sibling relationships and her protective role as one of the elder siblings. She values these connections. She shows appreciation for the silent support and companionship provided by her older sister. She shows care and concern for her younger sister wanting to protect and support her. She does not see it as her role to talk about the past or her mum/stepfather’s difficulties with her deferring sensitive conversations to SG.
- She is keen to develop a strong relationship with a newly reunited brother despite having been raised apart. He felt like a *‘normal’* brother from the first meeting, she felt able to talk about *‘anything’*, wants to maintain this connection/make up for lost time.
- She valued having some contact with him when younger although letterbox only was *‘weird’* – she wishes there had been some in-person contact.
- Again, shows protectiveness and keeping to rules/adult authority – she does not raise the topic of her parents with him, leaves it to him to ask questions. She accepts that he can’t see his parents until he is 18 (even though she herself has seen them all her life!)

#### **A general acceptance of how things have been and how decisions have been made, even if they are *‘weird’* (e.g. around sibling contact)**

- Passive in adult relationships? Seems to have accepted adult decision making. Trust in system. As a child there was no questioning of decisions, of whether things could have been done in another way (or at least this is not voiced here).
- She refers to the *‘weirdness’* of letter contact with brother, not being able to see him. Abnormal/strange but accepted as adults decided it would be this way? (How does it affect YP when they are asked to do birth family relationships in a *‘weird’* way? Does this make her and her family feel weird, not normal? She believes this was done because it was/her family were *‘unsafe’* - there must be a reason for separation even if she doesn’t know it.

- But meeting him – like ‘normal’, feels like a brother. Is this going to lead her to question SW decision making?
- YP wanted to see her brother but accepted decision of SWs at that time. (Perhaps she felt they knew something she didn’t – did this cause her to worry?)
- Desire to have a relationship with brother now, feeling there is a lot of catching up.

#### **Valuing having agency, choices and independence**

- The interviewee shows a growing sense of autonomy, particularly in managing relationships with her parents – she is taking control of the frequency and nature of contact with her mum. SG seems to show trust in interviewee, respects her independence and need to have her birth family relationships. This is valued despite the previously passive acceptance of adult’s decision making and actions...now she is valuing of being listened to, having her own views respected, being trusted, given greater independence along with full support – adults stating it’s YOUR choice.
- She appreciates adults respecting her wishes, trusting her to arrange contact with mum herself, and supporting the need to know her brother, giving them all space to talk with adults at a distance. Adults treating them as responsible at 15 & 16 years old.

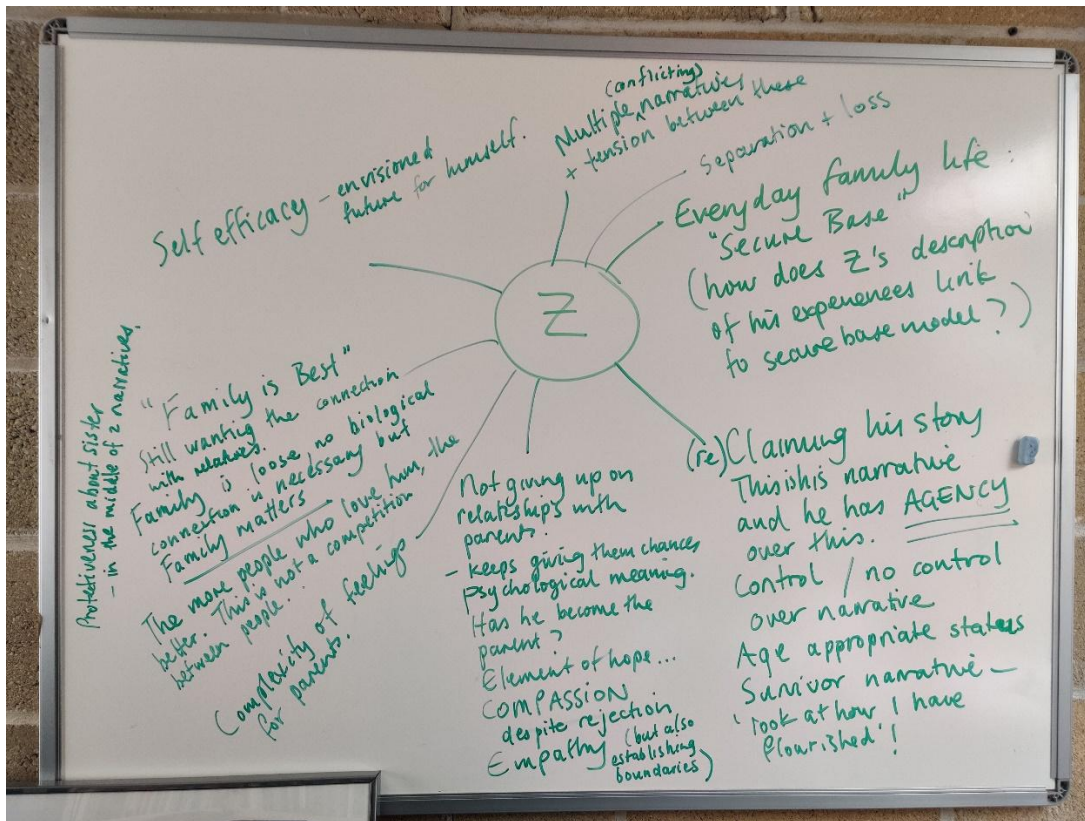
#### **Positive sense of self and future aspirations / optimism**

- She has learnt that adults are complex, they are not infallible, they have issues/challenges, shows a mature understanding of the different sides of human nature.
- She is able to reflect on past behaviour and recognise her own personal growth.
- She is gaining an understanding of what she likes/doesn’t like in relationships /parenting/ lifestyles/family life/ as she is exposed to differences. She is judging for herself the lifestyle she wants. Unlike her mum, she is going to college and has a sense of direction for a career. She knows her SG is giving her the best family life she can have. She is choosing to see her mum less, learning how to handle her ways (going on her own rather than with sister so she gets attention etc)
- She has a positive outlook and an ambitious focus on education and future opportunities.
- She can see how she has developed and changed as she has grown.

#### **Support needs/wishes/likes. Would like connections with others who share similar backgrounds**

- She feels it would be helpful to meet up with people who shared a similar background to herself, so they could help each other: *‘Just like sharing my story could help someone or they could tell me about what it’s been like for them? And you could like not compare but share things in our life’.*
- Poor initial support from school. Then support that targeted appropriately actively helping her manage her emotions – she describes how she is now coping with difficult feelings about her family situation: *I got a counselor for my anger issues and that helped me.*

Appendix P - an example of a thematic map based around one interview



## Appendix Q - Feedback sent to participants who requested this

### **Making sense of family and relationships: The experiences of young people who were raised in families with a special guardian**

**JULIE YOUNG | UNIVERSITY OF EAST ANGLIA | PROJECT TIMEFRAME: 2021-2025**

You may remember being involved in this research - thank you! Over the last 18 months or so I have been interviewing young people and hearing about their lives and any messages they have for families and professionals.

#### **Who have I interviewed?**

22 young people - aged from 14 years to 19 years  
10 female participants (9 cisgender, 1 transgender) and 12 male participants (11 cisgender, 1 transgender)  
5 interviewees were of Black/mixed Black African or Caribbean heritage, 2 white European, 15 were White British  
Interviews ranged from just over 30 minutes to just over 2 hours

All interviewees were very generous with their time, sharing their unique stories and experiences, all which will be very helpful to make things better for special guardian families in the future. Here is a quick snapshot of a few things they shared with me...

#### **What is family life like?**

Most people said living with their special guardian is just like being in any normal family – although a few people living with grandparents shared niggles around the generation gap. It was important that older guardians understand different how the world has changed for teenagers.

Many referred to having big family networks. Sometimes this included lots of brothers and sisters (living with them or with other people).

Many discussed the benefits of knowing and keeping in touch with lots of different people in their family, having more than one 'mum' and 'dad', gaining from the characteristics of different people who care about them.

#### **What is valued in family life?**

Nearly everyone said that open communication was hugely important. Such as being about to talk, ask questions and express their views and being listened to, hearing trustworthy stories of the past, and adults/carers being open and honest.

Knowing their parents and having insight into their lives and difficulties was valuable. Nearly everyone wanted to be able to see parents when they wanted to, and have parents keep in touch with them.

Biological links were usually seen as important, but non biological family/connections (such as childminders, stepparents or grandparents) can be very important too, and people wanted to be supported to keep in touch with them too.

**If you would like me to get in touch with you again to tell you more about my findings, please just let me know. Julie Young - [j.young@uea.ac.uk](mailto:j.young@uea.ac.uk) / XXXXXX**

## References

- Adler, J. M., Dunlop, W. L., Fivush, R., Lilgendahl, J. P., Lodi-Smith, J., McAdams, D. P., McLean, K. C., Pasupathi, M., & Syed, M. (2017). Research Methods for Studying Narrative Identity. *Social Psychological and Personality Science*, 8(5), 519-527. <https://doi.org/10.1177/1948550617698202>
- Adoption England. (2025a). *Maintaining Direct Relationships – Film Series*. Adoption England. <https://www.adoptionengland.co.uk/maintaining-relationship-films>
- Adoption England. (2025b). National Practice Standards for Staying in Touch/Contact. In: Adoption England.
- Adoption: a new approach*. (2000). London: The Stationery Office
- Ainsworth, M. D. S., Bell, S., & Stayton, D. (1971). Individual Differences in Strange-Situational Behaviour of One-Year-Olds. In S. H. (Ed.), *The Origins of Human Social Relations* (pp. 17–52). Academic Press.
- Alderson, P., & Morrow, V. (2011). The ethics of research with children and young people: a practical handbook In (2nd ed.): SAGE.
- Aldgate, J., & McIntosh, M. (2006). *Looking after the family: A study of children looked after in kinship care in Scotland*. Social Work Inspection Agency Edinburgh.
- Aldgate, J., & Simmonds, J. (1988). *Direct work with children: A guide for social work practitioners*. BT Batsford.
- Alrouh, B., & Harwin, J. (2023). Keeping children within the family: Changing patterns in the use of special guardianship orders. *International Journal of Population Data Science*, 8(2).
- Andersson, G. (2005). Family relations, adjustment and well-being in a longitudinal study of children in care. *Child & Family Social Work*, 10(1), 43-56. <https://doi.org/10.1111/j.1365-2206.2005.00337.x>
- Anyan, S. E., & Pryor, J. (2002). What is in a family? Adolescent perceptions. *Children and Society*, 16(5), 306-317. <https://doi.org/10.1002/chi.716>
- Askelund, A. D., Schweizer, S., Goodyer, I. M., & van Harmelen, A.-L. (2019). Positive memory specificity is associated with reduced vulnerability to depression. *Nature human behaviour*, 3(3), 265-273.
- Ayoub, M., Lövgren, M., Kreicbergs, U., & Udo, C. (2025). Voices of Children with Cancer and Their Siblings in the Family Talk Intervention. *Children (Basel)*, 12(3). <https://doi.org/10.3390/children12030266>
- Bączek, J., Karkosz, S., Pietruch, M., Szymański, R., & Michałowski, J. M. (2025). Imagine yourself as a little girl...—efficacy and psychophysiology of imagery techniques targeting adverse autobiographical childhood experiences-multi-arm randomised controlled trial. *Frontiers in Psychology*, 16, 1710963. doi: 10.3389/fpsyg.2025.1710963
- Baden, A. L. (2016). “Do you know your real parents?” and other adoption microaggressions. *Adoption Quarterly*, 19(1), 1-25.
- Bagnoli, A. (2009). Beyond the standard interview: The use of graphic elicitation and arts-based methods [Article]. *Qualitative Research*, 9(5), 547-570-570. <https://doi.org/10.1177/1468794109343625>
- Baker, A. J. L., Creegan, A., Quinones, A., & Rozelle, L. (2016). Foster children's views of their birth parents: A review of the literature. *Children and Youth Services Review*, 67, 177-183. <https://doi.org/10.1016/j.childyouth.2016.06.004>
- Bakermans-Kranenburg, M. J. (2021). The limits of the attachment network. *New Directions for Child and Adolescent Development*, 2021, 117–124. <https://doi.org/10.1002/cad.20432>
- Baynes, P. (2008). Untold stories: A discussion of life story work. *Adoption & Fostering*, 32(2), 43–49.

- Baynes, P., Neil, E., & Young, J. (2024). Contact: making good decisions for children in public law. Frontline Briefing. In: London: Research in Practice.
- Beck, C. T. (2021). *Introduction to Phenomenology: Focus on Methodology*. SAGE Publications, Inc. <https://doi.org/10.4135/9781071909669>
- Beckett, C., Castle, J., Groothues, C., Hawkins, A., Sonuga-Barke, E., Colvert, E., Kreppner, J., Stevens, S., & Rutter, M. (2008). The experience of adoption (2): the association between communicative openness and self esteem in adoption. *Adoption & Fostering*, 32(1), 29-39. <https://doi.org/10.1177/030857590803200105>
- Beckett, S. (2018). *Beyond together or apart: Planning for, assessing and placing sibling groups*. CoramBAAF Adoption and Fostering Academy.
- Become. (2024). *Still Too Far*. <https://becomecharity.org.uk/content/uploads/2024/08/Still-Too-Far-report-FINAL-v1.pdf>
- Beek, M., & Schofield, G. (2004). Promoting security and managing risk: Contact in long-term foster care. In N. E. & D. Howe (Eds.), *Contact in adoption and permanent foster care: research, theory and practice* BAAF.
- Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation [Article]. *Children and Youth Services Review*, 16(1-2), 33-63. [https://doi.org/10.1016/0190-7409\(94\)90015-9](https://doi.org/10.1016/0190-7409(94)90015-9)
- Best, R., Cameron, C., & Hill, V. (2021). Exploring the educational experiences of children and young people adopted from care: Using the voices of children and parents to inform practice. *Adoption & Fostering*, 45(4), 359-381. <https://doi.org/10.1177/03085759211043255>
- Biehal, N. (2010). *Belonging and permanence. Outcomes in long-term foster care and adoption*. BAAF.
- Biehal, N. (2014a). Maltreatment in Foster Care: A review of the evidence. *Child Abuse Review*, 23(1), 48-60. <https://doi.org/10.1002/car.2249>
- Biehal, N. (2014b). A sense of belonging: Meanings of family and home in long-term foster care. *British Journal of Social Work*, 44(4), 955-971.
- Biehle, K., & Goodman, D. (2012). Icebreaker meetings: A tool for building relationships between birth and foster parents. *Baltimore, MD: Annie E. Casey Foundation*.
- Blake-Holmes, K., & McGowan, A. (2022). 'It's making his bad days into my bad days': The impact of coronavirus social distancing measures on young carers and young adult carers in the United Kingdom. In *Child & Family Social Work*.
- Blom-Cooper, L. (1985). *A Child in trust: report of the Panel of Inquiry into the circumstances surrounding the death of Jasmine Beckford*. London Borough of Brent
- Blom-Cooper, L., Harding, J., & Milton, E. M. (1987). *A Child in mind: the report of the Commission of Inquiry into the circumstances surrounding the death of Kimberley Carlile*. London Borough of Greenwich
- Bluebond-Langner, M. (1978). *The private worlds of dying children*. Princeton University Press.
- Boddy, J. (2013). Understanding permanence for looked after children: A review of research for the care inquiry.
- Boddy, J. (2023). *Thinking through family: Narratives of care experienced lives*. Policy Press.
- Boswell, S., & Cudmore, L. (2014). 'The children were fine': acknowledging complex feelings in the move from foster care into adoption. *Adoption & Fostering*, 38(1), 5-21. <https://doi.org/10.1177/0308575914522558>
- Bowlby, J. (1953). Attachment and Loss,(vol. 1) Hogarth Press. In: London.
- Bowlby, J. (1969). *Attachment and loss: volume I: attachment*. The Hogarth Press and the Institute of Psycho-Analysis.
- Bowlby, J. (1973). *Attachment and loss: Volume II: Separation, anxiety and anger*. The Hogarth press and the institute of psycho-analysis.

- Bowlby, J. (1988). *A Secure Base: Clinical applications of attachment theory*. Routledge Classics.
- Bowyer, S., Wilkinson, J., Tapsfield, R., Gadsby Waters, J., & Corrick Ranger, H. (2015). *Special guardianship – qualitative case file analysis*.
- Brannen, J., Heptinstall, E., & Bhopal, K. (2000). *Connecting Children: Care and Family Life in Later Childhood*. Routledge Falmer.
- Brannen, J., & O'Brien, M. (1996). *Children in Families: Research and Policy*. Falmer Press.
- Braun, V., & Clarke, V. (2022). *Thematic analysis: a practical guide*. SAGE.
- Brinkmann, S., & Kvale, S. (2018). *Doing interviews*. SAGE.
- Broad, B. (2001). Kinship Care: Supporting Children in Placements with Extended Family and Friends [Article]. *Adoption and Fostering*, 25(2), 33-41.  
<https://doi.org/10.1177/030857590102500206>
- Broad, B. (2004). Kinship care for children in the UK: messages from research, lessons for policy and practice. *European Journal of Social Work*, 7(2), 211-227.
- Broad, B. (2007). Kinship care: What works? Who cares? [Conference Paper]. *Social Work and Social Sciences Review*, 13(1), 59-74. <https://doi.org/10.1921/19629>
- Broadhurst, K., & Mason, C. (2017). Birth parents and the collateral consequences of court-ordered child removal: Towards a comprehensive framework. *International Journal of Law, Policy and the Family*, 31(1), 41-59.
- Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology & Health*, 21, 87-108.  
doi: <https://doi.org/10.1080/14768320500230185>
- Brodzinsky, D. (2006). Family structural openness and communication openness as predictors in the adjustment of adopted children. *Adoption Quarterly*, 9(4), 1-18.
- Brodzinsky, D. (2011). Children's understanding of adoption: developmental and clinical implications. *Professional Psychology: Research & Practice*, 42(2), 200-207.  
<https://doi.org/10.1037/a0022415>
- Brodzinsky, D., & Palacios, J. (2023). *The adopted child*. Cambridge University Press.
- Brown, R., Ward, H., Blackmore, J., Thomas, C., & Hyde-Dryden, G. (2016). *Eight-year-olds identified in infancy as at risk of harm: Report of a prospective longitudinal study*. Department for Education.
- Bruner, J. S. (2008). Self-making and world-making. In *Narrative and identity* (pp. 25-37). John Benjamins Publishing Company.
- Bullard, E. (1991). Custodianship and its implications for the Children Act. *Children & society*, 5(2), 136-145.
- Burch, K., Backinsell, A., & Coombes, L. (2022). *Evaluation of the Adoption Support Fund: second follow up survey of parents and carers*.
- Burch, K., Dodwell, C., Green, C., Riley, P., & Taylor, V. (2022). *Evaluation of the ASF: local authority, RAA and provider experiences*. D. f. Education.
- Burgess, C., Rossvoll, F., Wallace, B., & Daniel, B. (2010). 'It's just like another home, just another family, so it's nae different' Children's voices in kinship care: A research study about the experience of children in kinship care in Scotland [Article]. *Child and Family Social Work*, 15(3), 297-306. <https://doi.org/10.1111/j.1365-2206.2009.00671.x>
- Butler-Sloss, E. (1988). *Report of the inquiry into child abuse in Cleveland*. H.M.S.O.
- Butler, P. (2017). 'Kinship carers' denied thousands of pounds over two-child cap. Guardian News & Media Limited. <https://www.theguardian.com/society/2017/oct/01/kinship-carers-denied-thousands-of-pounds-over-two-child-cap>
- Butler, P. (2018). High court rules in favour of carers over two-child benefits cap. Guardian News & Media Limited. <https://www.theguardian.com/society/2018/apr/20/high-court-rules-in-favour-of-kinship-carers-over-two-child-benefits-cap>

- Bywaters, P., Bunting, L., Davidson, G., Hanratty, J., Mason, W., McCartan, C., & Steils, N. (2016). *The relationship between poverty, child abuse and neglect: An evidence review*. J. R. Foundation.
- Cane, T. P. C., Puhan, S., Ruch, G., & Wilson, M. (2024). *AFDiT: Anti-racist framework for decision-making and transitioning children from minoritised racial and ethnic groups into transracial adoptive families*.
- Carr, H., & Goosey, D. (2017). *Law for social workers* (14th edition. ed.). Oxford University Press.
- Carsten, J. (2000). 'Knowing Where You've Come from': Ruptures and Continuities of Time and Kinship in Narratives of Adoption Reunions. *The Journal of the Royal Anthropological Institute*, 6(4), 687-703.
- Carsten, J. (2004). *After kinship*. Cambridge University Press.
- Carter, J., & Duncan, S. (2018). *Reinventing couples: tradition, agency and bricolage*. Palgrave Macmillan. <https://doi.org/10.1057/978-1-137-58961-3>
- Cashmore, J., & Paxman, M. (2006). Predicting after-care outcomes: The importance of 'felt' security. *Child and Family Social Work*, 11(3), 232-241. <https://doi.org/10.1111/j.1365-2206.2006.00430.x>
- Cassidy, J., & Shaver, P. R. (1999). *Handbook of attachment: Theory, research, and clinical applications* (Vol. 236). Rough Guides.
- Chateauneuf, D., Turcotte, D., & Drapeau, S. (2018). The relationship between foster care families and birth families in a child welfare context: The determining factors. *Child & Family Social Work*, 23(1), 71-79.
- Cheal, D. (2008). *Families in today's world: a comparative approach*. Routledge.
- Children's Commissioner for England. (2020). *Stability index 2020: Technical report*. <https://www.childrenscommissioner.gov.uk/resource/stability-index-2020/>
- Chipman, R., Wells, S. J., & Johnson, M. A. (2002). The meaning of quality in kinship foster care: Caregiver, child, and worker perspectives [Article]. *Families in Society*, 83(5-6), 508-520. <https://doi.org/10.1606/1044-3894.51>
- Clapton, G. (2018). Close Relations? The Long-Term Outcomes of Adoption Reunions [article]. *Genealogy*, 2(4), 41-41. <https://doi.org/10.3390/genealogy2040041>
- Clapton, G., Simpson, J., & Grant, C. (2022). Contact between children absent in state care and their families: The parents' perspective. *Adoption & Fostering*, 46(4), 365-382.
- Cleaver, H., Unell, I., & Aldgate, J. (2011). *Children's needs—parenting capacity*. Her Majesty's Stationary Office for Department for Education.
- Coleman, J. (2024). *Two homes, one life: young people's experience of home and family when living in shared residence* University of East Anglia]. Norwich.
- Coleman, J., & Coleman, E. Z. (1984). Adolescent attitudes to authority. *Journal of Adolescence*, 7(2), 131-141. [https://doi.org/10.1016/0140-1971\(84\)90004-6](https://doi.org/10.1016/0140-1971(84)90004-6)
- Collins, K., & Nicolson, P. (2002). The meaning of 'satisfaction' for people with dermatological problems: Reassessing approaches to qualitative health psychology research. *Journal of Health Psychology*, 7, 615-629.
- Coman, W., Dickson, S., McGill, L., & Rainey, M. (2016). Why am I in care? A model for communicating with children about entry to care that promotes psychological safety and adjustment. *Adoption & Fostering*, 40(1), 49-59. <https://doi.org/10.1177/0308575915626379>
- Conger, R. D., Ge, X., Elder, G. H., Jr., Lorenz, F. O., & Simons, R. L. (1994). Economic stress, coercive family process, and developmental problems of adolescents. *Child Development*, 65(2 Spec No), 541-561. <https://research.ebsco.com/linkprocessor/plink?id=1e3224a8-967d-31f7-8bb4-aa339eb26311>
- Conlan, S. (2022). *Exploring the Identities and Educational Experiences of Children Under Special Guardianship Orders (SGOs)* UCL (University College London)].

- Conroy-Harris, A. (2020). Adoption by family members Re T (A Child: Refusal of adoption order). *Adoption and Fostering*, 44(3), 301-315.
- Cook-Cottone, C., & Beck, M. (2007). A model for life-story work: Facilitating the construction of personal narrative for foster children. *Child and Adolescent Mental Health*, 12(4), 193-195.
- Copson, R., Murphy, A., Cook, L., Neil, E., & Sorensen, P. (2022). Relationship-based practice and digital technology in child and family social work: Learning from practice during the COVID-19 pandemic. In *Developmental Child Welfare*.
- Cossar, J. (2004). *Kinship care: retracing the relationship between family and state*. University of East Anglia: School of Social Work and Psychosocial Studies.
- Cossar, J., & Neil, E. (2013). Making sense of siblings: connections and severances in post-adoption contact. *Child & Family Social Work*, 18(1), 67-76.  
<https://doi.org/10.1111/cfs.12039>
- Cossar, J., & Neil, E. (2015). Service user involvement in social work research: learning from an adoption research project. *British Journal of Social Work*, 45(1), 225-240.
- Creswell, J. W. (2013). Steps in conducting a scholarly mixed methods study. DBER Speaker Series. 48. <https://digitalcommons.unl.edu/dberspeakers/48>
- Cuddeback, G. S. (2004). Kinship family foster care: A methodological and substantive synthesis of research. *Children and Youth Services Review*, 26(7), 623-639.
- Cudjoe, E., & Chiu, M. Y. (2020). What do children know about their parent's mental illness? A systematic review of international literature on children in families with mental illness. *Children and Youth Services Review*, 119, 105638.
- Cyr, C., Euser, E. M., Bakermans-Kranenburg, M. J., & Van Ijzendoorn, M. H. (2010). Attachment security and disorganization in maltreating and high-risk families: A series of meta-analyses. *Development and Psychopathology*, 22(1), 87-108.  
<https://doi.org/10.1017/S0954579409990289>
- Davies, P. T., Parry, L. Q., Bascoe, S. M., Martin, M. J., & Cummings, E. M. (2019). Children's vulnerability to interparental conflict: The protective role of sibling relationship quality. *Child Development*, 90(6), 2118-2134.
- De Wilde, L., & Vanobbergen, B. (2020). "Several times I have asked the judge to get my children back": 10 years of foster care complaints at the Flemish Office of the Children's Rights Commissioner. *Child & Family Social Work*, 25(4), 725-732.
- Denby, R. W. (2016). Kinship care : increasing child well-being through practice, policy, and research / Ramona W. Denby. In: Springer Publishing Company.
- Department for Education. (2018). Working together to safeguard children. In. London: Department for Education,.
- Department for Education. (2023a). *Championing kinship care: national kinship care strategy*. His Majesty's Stationery Office Retrieved from <https://www.gov.uk/government/publications/championing-kinship-care-national-kinship-care-strategy>
- Department for Education. (2023b). *Children's Social Care: Stable Homes, Built on Love* His Majesty's Stationery Office
- Department for Education. (2024a). *Children looked after in England including adoptions*. Retrieved 30th May 2025 from <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2024>
- Department for Education. (2024b). Kinship Care: Statutory guidance for local authorities. In. London: Department for Education,.
- Department of Health. (1991). *The Children Act: guidance and regulations*. London: HMSO
- Dermott, E., & Fowler, T. (2020). What is a family and why does it matter? *Social Sciences*, 9(5), 83.

- Dixon, J., Lee, J., Stein, M., Guhirwa, H., Bowley, S., & Researchers, P. (2015). *Corporate Parenting for young people in care—Making the difference?*
- Dixon, J., Ward, J., & Blower, S. (2019). "They sat and actually listened to what we think about the care system": the use of participation, consultation, peer research and co-production to raise the voices of young people in and leaving care in England [Article]. *Child Care in Practice, 25*(1), 6-21. <https://doi.org/10.1080/13575279.2018.1521380>
- Dominguez, D., Pérez-Testor, C., Benedico-Peydró, P., Casarramona, A., & Aznar-Martínez, B. (2025). Assessing Child Maltreatment and Its Relationships With Personality, Resilience and Attachment in Adulthood. *Children & Society, 39*(4), 845-853. <https://doi.org/10.1111/chso.12954>
- Dunkerley, S. (2017). Mothers matter: A feminist perspective on child welfare-involved women. *Journal of Family Social Work, 20*(3), 251-265. <https://doi.org/10.1080/10522158.2017.1322163>
- Edemariam, A. (2010). 'People should sort this mess'. *The Guardian*. <https://www.theguardian.com/theguardian/2010/feb/20/margaret-humphreys-child-migrants-trust>
- Edwards, R., Hadfield, L., Lucey, H., & Mauthner, M. (2006). *Sibling Identity and Relationships : Sisters and Brothers*. Taylor & Francis Group. <http://ebookcentral.proquest.com/lib/uea/detail.action?docID=268701>
- Erikson, E. H. (1959). Identity and the life cycle. In: International Universities Press.
- Euler, H. A. (2011). Grandparents and extended kin. In C. Salmon & T. Shackelford (Eds.), *The Oxford handbook of evolutionary family psychology* (pp. 181-207). Oxford University Press.
- Family Rights Group. (2018). *Family Rights group Care crisis review: options for change*. F. R. Group.
- Fargas-Malet, M., & McSherry, D. (2021). The emotional nature of birth family relationships for care-experienced and adopted young people: A longitudinal perspective. *Journal of Family Issues, 42*(10), 2263-2288.
- Farmer, E. (2010). What factors relate to good placement outcomes in kinship care? [Article]. *British Journal of Social Work, 40*(2), 426-444. <https://doi.org/10.1093/bjsw/bcp007>
- Farmer, E., & Moyers, S. (2008). *Kinship care: fostering effective family and friends placements*. Jessica Kingsley Publishers.
- Farmer, E., Selwyn, J., & Meakings, S. (2013). 'Other children say you're not normal because you don't live with your parents'. Children's views of living with informal kinship carers: social networks, stigma and attachment to carers [Article]. *Child & Family Social Work, 18*(1), 25-34. <https://doi.org/10.1111/cfs.12030>
- Farooq, B., Russell, A. E., Howe, L. D., Herbert, A., Smith, A. D. A. C., Fisher, H. L., Baldwin, J. R., Arseneault, L., Danese, A., & Mars, B. (2024). The relationship between type, timing and duration of exposure to adverse childhood experiences and adolescent self-harm and depression: Findings from three UK prospective population-based cohorts. *Journal of Child Psychology and Psychiatry, 65*(10), 1369-1387. <https://doi.org/10.1111/jcpp.13986>
- Featherstone, B., Gupta, A., & Mills, S. (2018). The role of the social worker in adoption—ethics and human rights: An Enquiry. *Birmingham: British Association of Social Workers*.
- Featherstone, B., White, S., & Morris, K. (2014). *Re-imagining child protection: Towards humane social work with families*. Policy Press.
- Fiese, B. H., & Winter, M. A. (2009). Family stories and rituals. In H. Bray & M. Stanton (Eds.), *The Wiley-Blackwell handbook of family psychology* (pp. 625–636). Wiley Blackwell.
- Fivush, R., & Koenig Kellas, J. (2025). Parental and Family Storytelling Across the Generations: An Interdisciplinary Review. *Parenting, 25*(2), 103-126. <https://doi.org/10.1080/15295192.2025.2450497>

- Flowerdew, J., & Neale, B. (2003). Trying to stay apace: Children with multiple challenges in their post-divorce family lives [Article]. *Childhood, 10*(2), 147-161.  
<https://doi.org/10.1177/0907568203010002003>
- Forslund, T., Granqvist, P., van Ijzendoorn, M. H., Sagi-Schwartz, A., Glaser, D., Steele, M., Hammarlund, M., Schuengel, C., Bakermans-Kranenburg, M. J., Steele, H., Shaver, P. R., Lux, U., Simmonds, J., Jacobvitz, D., Groh, A. M., Bernard, K., Cyr, C., Hazen, N. L., Foster, S., & Psouni, E. (2022). Attachment goes to court: child protection and custody issues. *Attachment & human development, 24*(1), 1-52.  
<https://doi.org/10.1080/14616734.2020.1840762>
- Foster, D., & Mackley, A. (2025). *Kinship carers in England* London: House of Commons Library Retrieved from  
<https://researchbriefings.files.parliament.uk/documents/SN02967/SN02967.pdf>
- Foster, S. L., Stanton, C., Schofield, G., Geoghegan, L., Hood, R., Sagi-Schwartz, A., Bakkum, L., Sterkenburg, P. S., Hutchinson, D., Devine, R., Mannes, J., Opie, J. E., Duschinsky, R., Balk, W., Steele, M., Steele, H., Duncan, R., Guthrie, J., Talia, A., . . . Fonagy, P. (2025). Attachment theory and research: what should be on the core curriculum for child and family social workers? *Social Work Education*.  
<https://doi.org/10.1080/02615479.2025.2531859>
- Foundations. (2024). Kinship care practice guide. In F. W. W. C. f. C. Families (Ed.). London: Foundations: What Works Centre for Children & Families.
- Fuligni, A. J., Trimble, A., & Smola, X. A. (2025). The significance of feeling needed and useful to family and friends for psychological well-being during adolescence. *Journal of Adolescence, 97*(1), 292-300. <https://doi.org/10.1002/jad.12403>
- Furstenberg, F. F. (2019). Family Change in Global Perspective: How and Why Family Systems Change. *Family Relations, 68*(3), 326-341.  
<https://doi.org/https://doi.org/10.1111/fare.12361>
- Garstang, J., Christie, C., Burch, K., Moultrie, K., Hallett, N., & Taylor, J. (2025). *Practice and outcomes for special guardianship and adoptive families with safeguarding issues: A mixed methods study*. U. o. Birmingham.
- Gibson, M. (2020). The shame and shaming of parents in the child protection process: Findings from a case study of an English child protection service. *Families, Relationships and Societies, 9*(2), 217-233.
- Gilby, R. L., & Pederson, D. R. (1982). The development of the child's concept of the family. *Canadian Journal of Behavioural Science 14*(2), 110-121.  
<https://doi.org/10.1037/h0081245>
- Gilligan, R. (2004). Promoting resilience in child and family social work: Issues for social work practice, education and policy. *Social Work Education, 23*(1), 93-104.
- Gilligan, R. (2006). Promoting resilience and permanence in child welfare. *Promoting resilience in child welfare, 18-33*.
- Gilligan, R. (2008). *Promoting Resilience*. CoramBAAF.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Routledge.
- Goldberg, D., & Williams, P. (1988). A User's Guide to the General Health Questionnaire. In Windsor: NFER-Nelson.
- Golombok, S. (2000). *Parenting: what really counts?* Routledge.
- Golombok, S. (2015). *Modern families: parents and children in new family forms*. Cambridge University Press.
- Golombok, S. (2020). We Are Family: What Really Matters for Parents and Children. Golombok, Susan. In: Scribe Publications.

- Golombok, S., Readings, J., Blake, L., Casey, P., Mellish, L., Marks, A., & Jadvá, V. (2011). Children conceived by gamete donation: Psychological adjustment and mother-child relationships at age 7. *Journal of Family Psychology, 25*(2), 230-239. <https://doi.org/10.1037/a0022769>
- Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry, 38*(5), 581-586. <https://doi.org/https://doi.org/10.1111/j.1469-7610.1997.tb01545.x>
- Granic, I., Dishion, T. J., Hollenstein, T., & Patterson, G. (2006). The family ecology of adolescence: A dynamic systems perspective on normative development. In *Blackwell handbook of adolescence* (pp. 60-91).
- Grigoropoulos, I. (2022). Adoption openness and adoption stigma: a retrospective study of adult adoptees. *SN Soc Sci, 2*(4), 34. <https://doi.org/10.1007/s43545-022-00339-2>
- Groh, A. M., Fearon, R. M. P., van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., & Roisman, G. I. (2017). Attachment in the Early Life Course: Meta-Analytic Evidence for Its Role in Socioemotional Development. *Child Development Perspectives, 11*(1), 70-76. <https://doi.org/https://doi.org/10.1111/cdep.12213>
- Grotevant, H. D., Rueter, M., & Von Korff, L. (2011). Post-Adoption Contact, Adoption Communicative Openness, and Satisfaction with Contact as Predictors of Externalizing Behavior in Adolescence and Emerging Adulthood. *Journal of Child Psychology and Psychiatry, 52*(5), 529-536. <https://doi.org/10.1111/j.1469-7610.2010.02330.x>
- Grotevant, H. D., Wrobel, G. M., Von Korff, L., Skinner, B., Newell, J., Friese, S., & McRoy, R. G. (2008). Many Faces of Openness in Adoption: Perspectives of Adopted Adolescents and Their Parents. *Adopt Q, 10*(3 & 4), 79-101. <https://doi.org/10.1080/10926750802163204>
- Groundwater-Smith, S., Dockett, S., & Bottrell, D. (2014). *Participatory research with children and young people*. Sage.
- Group, F. R. (2017). Initial Family and Friends Care Assessment good practice guide. In: Family Rights Group.
- Grové, C., Reupert, A., & Maybery, D. (2016). The Perspectives of Young People of Parents with a Mental Illness Regarding Preferred Interventions and Supports. *Journal of Child and Family Studies, 25*(10), 3056-3065. <https://doi.org/10.1007/s10826-016-0468-8>
- Guishard-Pine, J., McCall, S., & Hamilton, L. (2007). *Understanding looked after children : an introduction to psychology for foster care*. Jessica Kingsley.
- Hall, A. (2008). Special guardianship and permanency planning: unforeseen consequences and missed opportunities. *Child & Family Law Quarterly, 20*(3), 359-377.
- Hamilton, S., & Blades, R. (2025). *Family Routes study: making decisions about their children's care*. [https://assets.publishing.service.gov.uk/media/684c4e00bd35d2f88bcba31c/Family\\_routes\\_study\\_making\\_decisions\\_about\\_their\\_children\\_s\\_care.pdf](https://assets.publishing.service.gov.uk/media/684c4e00bd35d2f88bcba31c/Family_routes_study_making_decisions_about_their_children_s_care.pdf)
- Hammad, M., Miller, L., & Garstang, J. (2025). Thematic analysis of serious safeguarding practice reviews of children subjected to Special Guardianship Order (SGO): Qualitative document analysis. *Student Voices in Health and Medicine, 1*(1), 9-23.
- Hammond, S. P., Young, J., & Duddy, C. (2020). Life story work for children and young people with care experience: A scoping review. *Developmental Child Welfare, 2*(4), 293-315. <https://doi.org/10.1177/2516103220985872>
- Hansen, P., & Ainsworth, F. (2009). The 'best interests of the child' thesis: some thoughts from Australia [Article]. *International Journal of Social Welfare, 18*(4), 431-439. <https://doi.org/10.1111/j.1468-2397.2009.00673.x>
- Hargreaves, E. (2021). Life-history research with children: Extending and enriching the approach. *Children & society. https://doi.org/10.1111/chso.12528*
- Harlow, E. (2009). Eliciting narratives of teenage pregnancy in the UK: reflexively exploring some of the methodological challenges. *Qualitative Social Work, 8*(2), 211-228.

- Harris, P. G. (2006). The making of the Children Act: a private history. *Family law*, 36, 1054-1059.
- Harwin, J., Alrouh, B., Golding, L., McQuarrie, T., Broadhurst, K., & Cusworth, L. (2019). *The contribution of supervision orders and special guardianship to children's lives and family justice*. <https://www.nuffieldfjo.org.uk/resource/the-contribution-of-supervision-orders-and-specialguardianship-to-children-s-lives-and-family-justice>
- Harwin, J., Alrouh, B., Palmer, M., Broadhurst, K., & Swift, S. (2016). Considering the case for parity in policy and practice between adoption and special guardianship: findings from a population wide study. *Family law*, 46, 204-207.
- Harwin, J., Alrouh, B., Palmer, M., Broadhurst, K., & Swift, S. (2017). *A national study of the usage of supervision orders and special guardianship over time (2007-2016)* (Briefing paper no 1: Special guardianship orders, Issue.
- Harwin, J., & Simmonds, J. (2019). *Special guardianship: practitioner perspectives* (London: Nuffield Foundation, Issue.
- Harwin, J., Simmonds, J., Broadhurst, K., & Brown, R. A. (2019). *Special guardianship: A review of the English research studies* (Nuffield Family Justice Observatory, Issue.
- Hays, D. G., & Singh, A. A. (2011). *Qualitative inquiry in clinical and educational settings*. Guilford Press.
- Health, D. o. (1995). *The Challenge of Partnership in Child Protection: Practice Guide*. In: HMSO London.
- Health, D. o. (1999). *Framework for the Assessment of Children in Need and their Families*. London: The Stationery Office
- Hearn, H., & Thomson, P. (2014). Working with texts, images and artefacts. In A. Clark, A. Flewitt, M. Hammersley, & M. Robb (Eds.), *Understanding research with children and young people* (pp. 154-168). SAGE.
- Heath, J., Williamson, H., Williams, L., & Harcourt, D. (2018). "It's just more personal": Using multiple methods of qualitative data collection to facilitate participation in research focusing on sensitive subjects. *Applied Nursing Research*, 43, 30-35.
- Hegar, R. L. (2005). Sibling placement in foster care and adoption: An overview of international research. *Children and Youth Services Review*, 27(7 SPEC. ISS.), 717-739. <https://doi.org/10.1016/j.childyouth.2004.12.018>
- Henderson, K., & Mathew-Byrne, J. (2016). Developing communication and interviewing skills. In K. Davies & R. Jones (Eds.), *Skills for social work practice* (pp. 1-22). Palgrave Macmillan.
- Hill, M. J. (1980). *Understanding social policy*. Blackwell.
- Hingley-Jones, H., Allain, L., Gleeson, H., & Twumasi, B. (2020). "Roll back the years": A study of grandparent special guardians' experiences and implications for social work policy and practice in England [Article]. *Child and Family Social Work*, 25(3), 526-535. <https://doi.org/10.1111/cfs.12718>
- Hollway, W., & Jefferson, T. (2000). *Doing qualitative research differently: free association, narrative and the interview method*. SAGE.
- Holmes, L., Lewis, S., Wrigley, M., Sanders-Ellis, D., & Harrison, N. (2022). Lifelong links: embedding practice.
- Howard, S., & Miriam, S. (2018). *Handbook of Attachment-Based Interventions*. The Guilford Press. <https://research.ebsco.com/linkprocessor/plink?id=f5332eb2-2ad2-3896-ba96-c7d69707a4c7>
- Howe, D., & Feast, J. (2001). The Long-term Outcome of Reunions Between Adult Adopted People and their Birth Mothers [research-article]. *The British Journal of Social Work*, 31(3), 351-368.
- Howe, D., & Steele, H. (2004). Contact in cases in which children have been traumatically abused or neglected by their birth parents. In E. Neil & D. Howe (Eds.), *Contact in adoption and permanent foster care: research, theory and practice* (pp. 203-223). BAAF.

- Howes, C., & Spieker, S. (2016). Attachment relationships in the context of multiple caregivers. In Cassidy, J., & Shaver, P. R. (Eds.), *Handbook of attachment: Theory, Research, and Clinical Applications* (pp.314–329). Guilford.
- Hoyle, V., Shepherd, E., Lomas, E., & Flinn, A. (2020). Recordkeeping and the life-long memory and identity needs of care-experienced children and young people. *Child & Family Social Work, 25*(4), 935-945. <https://doi.org/10.1111/cfs.12778>
- Hughes, R. (1985). *Review of child care law : report to ministers of an interdepartmental working party*. London: HMSO
- Hunt, J. (2003). *Family and Friends Carers: Scoping Paper Prepared For, and Submitted To, the Department of Health-November 2001*. Department of Health.
- Hunt, J. (2020). Two decades of UK research on kinship care: an overview. *London: Family Rights Group*.
- Hunt, J., & Coldrick, S. (2022). *Special Guardianship Disruption in Wales In 2020: An Exploratory Study*. A. Cymru.
- Hunt, J., Waterhouse, S., & Lutman, E. (2008). *Keeping them in the family: Outcomes for abused and neglected children placed with family or friends carers through care proceedings*. BAAF.
- Hunt, J., Waterhouse, S., & Lutman, E. (2010). Parental contact for children placed in kinship care through care proceedings. *Child and family law quarterly, 22*(1), 71-92.
- Huseby-Lie, I. (2024). Children’s perspectives on contact with birth parents: A mixed-methods systematic review. *European Journal of Social Work, 27*(3), 519-533.
- Ie, J., & Ellingsen, I. T. (2024). 'You've got to love her'—Perceptions of birth mothers among children in long-term foster care. *Child & Family Social Work, 29*(1), 239-247. <https://doi.org/10.1111/cfs.13071>
- Ie, J., Ursin, M., & Vicente-Mariño, M. (2022a). Foster children’s views of family: A systematic review and qualitative synthesis. *Children and Youth Services Review, 132*. <https://doi.org/10.1016/j.childyouth.2021.106337>
- Ie, J., Ursin, M., & Vicente-Mariño, M. (2022b). Foster children’s views of family: A systematic review and qualitative synthesis. *Children and Youth Services Review, 132*, 106337. <https://doi.org/https://doi.org/10.1016/j.childyouth.2021.106337>
- Iyer, P., Boddy, J., Hammelsbeck, R., & Lynch-Huggins, S. (2020). *Contact following placement in care, adoption, or special guardianship: implications for children and young people’s well-being* (Evidence review, Issue. N. F. J. Observatory.
- James, A. (1999). Parents: A children’s perspective. *What is a parent*, 181-195.
- James, A., Jenks, C., & Prout, A. (1998). *Theorising Childhood*. In. Cambridge: Polity Press with Blackwell Publishers Ltd). Developing the social ...
- Jones, C. (2016). Sibling Relationships in Adoptive and Fostering Families: A Review of the International Research Literature. *Children & Society, 30*(4), 324-334. <https://doi.org/10.1111/chso.12146>
- Jones, C. (2016). Sibling relationships in adoptive and fostering families: A review of the international research literature. *Children and Society, 30*(4), 324-334. <https://doi.org/10.1111/chso.12146>
- Jones, R. (2009). Children Acts 1948-2008: the drivers for legislative change in England over 60 years. *Journal of Children's Services*.
- Jones, R. (2014). *The story of Baby P: Setting the record straight*. Policy Press.
- Joseph, M. A., O'Connor, T. G., Briskman, J. A., Maughan, B., & Scott, S. (2014). The formation of secure new attachments by children who were maltreated: An observational study of adolescents in foster care. *Development and Psychopathology, 26*(1), 67-80. <https://doi.org/10.1017/S0954579413000540>
- Kallinen, K. P. (2021). Family relationships of children in kinship foster care. *Nordic Social Work Research, 11*(4), 319-332.

- Katz, C., Cohen, N., Tener, D., & Sharabi, O. Y. (2023). Sibling coalitions in the context of parental child maltreatment. *Child & Family Social Work, 28*(1), 279-290.
- Kennedy, H. (1969). Young Children in Brief Separation. By James and Joyce Robertson. *British Journal of Medical Psychology, 42*(2), 191-193.
- Kinship. (n.d.-a). *Contact time with family*. Retrieved 27/05/2025 from <https://kinship.org.uk/advice-topic/contact-time-with-family/>
- Kinship. (n.d.-b). *Value Our Love campaign*. Retrieved 27/05/2025 from <https://kinship.org.uk/get-involved/campaign-with-us/valueourlove/>
- Kiraly, M., & Humphreys, C. (2013). Family Contact for Children in Kinship Care: A Literature Review [Article]. *Australian Social Work, 66*(3), 358-374. <https://doi.org/10.1080/0312407X.2013.812129>
- Kirk, S. (2007). Methodological and ethical issues in conducting qualitative research with children and young people: A literature review. *International Journal of Nursing Studies, 44*(7), 1250-1260.
- Koenig Kellas, J. (2013). Framing family: An introduction. In J. K. Kellas (Ed.), *Family Storytelling* (pp. 1-13). Routledge.
- Koenig Kellas, J., & Kranstuber Horstman, H. (2015). Communicated Narrative Sense-Making: Understanding Family Narratives, Storytelling, and the Construction of Meaning Through a Communicative Lens. In L. H. Turner & R. L. West (Eds.), *The SAGE Handbook of Family Communication*. SAGE Publications, Inc. <https://sk.sagepub.com/hnbk/edvol/the-sage-handbook-of-family-communication/chpt/communicated-narrative-sense-making-understanding>
- Koenig Kellas, J., Kranstuber Horstman, H., Willer, E. K., & Carr, K. (2014). The benefits and risks of telling and listening to stories of difficulty over time: Experimentally testing the expressive writing paradigm in the context of interpersonal communication between friends. *Health Communication, 30*(9), 843-858.
- Koenig Kellas, J., & Trees, A. R. (2013). Family stories and storytelling: Windows into the family soul. In A. L. Vangelisti (Ed.), *The Routledge handbook of family communication* (pp. 359-373). Routledge.
- Lansdown, G. (2010). The realisation of children's participation rights' in B. Percy-Smith and N. Thomas (eds) *A handbook of Children and Young People's Participation*. In: London: Routledge.
- Larkin, M., Eatough, V., & Osborn, M. (2011). Interpretative phenomenological analysis and embodied, active, situated cognition. *Theory & Psychology, 21*(3), 318-337. <https://doi.org/10.1177/0959354310377544>
- Lawrence, H., Johnson, M., Raws, E., Jones, L., King, G., Shorto, S., Stanford, M., & Blackshaw, E. (2025). *A feasibility study of kinship care mediation*. <https://foundations.org.uk/wp-content/uploads/2025/09/Kinship-Care-Mediation-A-Feasibility-Study.pdf>
- Letherby, G. (2003). *Feminist research in theory and practice*. Open University Press.
- Levesque, R. J. R. (2011). *Encyclopedia of adolescence*. Springer. <https://doi.org/10.1007/978-1-4419-1695-2>
- Liang, X., Lin, Y., Van IJzendoorn, M. H., & Wang, Z. (2021). Grandmothers are part of the parenting network, too! A longitudinal study on coparenting, maternal sensitivity, child attachment and behavior problems in a Chinese sample. *New Directions for Child and Adolescent Development, 2021*(180), 95-116. <https://doi.org/https://doi.org/10.1002/cad.20442>
- Liebenberg, L. (2017). Editor's Introduction: Special Issue: Understanding Meaningful Engagement of Youth in Research and Dissemination of Findings [Article]. *International Journal of Qualitative Methods, 16*(1). <https://doi.org/10.1177/1609406917721531>
- Lonne, B., Parton, N., Thomson, J., & Harries, M. (2008). *Reforming child protection* [Book]. Routledge Taylor & Francis Group. <https://doi.org/10.4324/9780203894675>

- MacDonald, M. (2021). Supporting face-to-face birth family contact after adoption from care: Learning for trauma-sensitive practice. *British Journal of Social Work*, 51(3), 1060-1079. <https://doi.org/10.1093/bjsw/bcaa121>
- Macleod, F., Storey, L., Rushe, T., Kavanagh, M., Agnew, F., & McLaughlin, K. (2021). How adopters' and foster carers' perceptions of 'family' affect communicative openness in post-adoption contact interactions. *Adoption & Fostering*, 45(4), 430-441. <https://doi.org/10.1177/03085759211060715>
- Macpherson, W. (1999). *The Stephen Lawrence Inquiry: Report of an Inquiry by Sir William Macpherson of Cluny: Advised by Tom Cook, the Right Reverend Dr John Sentamu, Dr Richard Stone*. Stationery Office.
- Maguire, D., May, K., McCormack, D., & Fosker, T. (2024). A Systematic Review of the Impact of Placement Instability on Emotional and Behavioural Outcomes Among Children in Foster Care. *J Child Adolesc Trauma*, 17(2), 641-655. <https://doi.org/10.1007/s40653-023-00606-1>
- Mannay, D., Hallett, S., Roberts, L., Rees, A., Evans, R., Andrews, D., & Staples, E. (2019). Enabling talk and reframing messages: working creatively with care experienced children and young people to recount and re-represent their everyday experiences [Article]. *Child Care in Practice*, 25(1), 51-63. <https://doi.org/10.1080/13575279.2018.1521375>
- Marvin, R. S., Britner, P. A., & Russell, B. S. (2016). Normative development: The ontogeny of attachment. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications*, 3rd ed. (pp. 273-290). The Guilford Press.
- Mason, J., & Hood, S. (2011). Exploring issues of children as actors in social research [Article]. *Children and Youth Services Review*, 33(4), 490-495. <https://doi.org/10.1016/j.childyouth.2010.05.011>
- Mason, J., & Tipper, B. (2008). Being related: how children define and create kinship. *Childhood*, 15(4), 441-460. <https://doi.org/10.1177/0907568208097201>
- Masson, J., Dickens, J., Garside, L., Bader, K., & Young, J. (2018). Reforming care proceedings 2: Children's Outcomes. *University of Bristol and University of East Anglia*.
- Maynard, E., Barton, S., Rivett, K., Maynard, O., & Davies, W. (2021). Because 'grown-ups don't always get it right': Allyship with children in research - from research question to authorship. *QUALITATIVE RESEARCH IN PSYCHOLOGY*, 18(4), 518-536. <https://doi.org/10.1080/14780887.2020.1794086>
- McAdams, D. P. (1997). *The stories we live by : personal myths and the making of the self*. Guilford Press.
- McAdams, D. P., & Adler, J. M. (2010). Autobiographical memory and the construction of a narrative identity: Theory, research, and clinical implications. In J. E. Maddux & J. Trice Tangney (Eds.), *Social Psychological Foundations of Clinical Psychology* (pp. 36-50). The Guildford Press.
- McAdams, D. P., & Janis, L. (2004). Narrative Identity and Narrative Therapy. In L. E. Angus & J. McLeod (Eds.), *The handbook of narrative and psychotherapy: Practice, theory, and research*. (pp. 159-173). Sage Publications, Inc. <https://doi.org/10.4135/9781412973496.d13>
- McAdams, D. P., & Jones, B. K. (2017). Chapter 1 - Making Meaning in the Wake of Trauma: Resilience and Redemption. In E. M. Altmaier (Ed.), *Reconstructing Meaning After Trauma* (pp. 3-16). Academic Press. <https://doi.org/https://doi.org/10.1016/B978-0-12-803015-8.00001-2>
- McAdams, D. P., & McLean, K. C. (2013). Narrative Identity. *Current Directions in Psychological Science*, 22(3), 233-238.
- McCafferty, P. (2024). Children's Participation in Child Welfare Decision Making: Recognising Dichotomies, Conceptualising Critically Informed Solutions. *Child Care in Practice*, 30(2), 112-129. <https://doi.org/10.1080/13575279.2021.1896990>

- McCarthy, J. R. (2012). The Powerful Relational Language of 'Family': Togetherness, Belonging and Personhood. *The Sociological Review*, 60(1), 68-90. <https://doi.org/10.1111/j.1467-954X.2011.02045.x>
- McGrath, P. (2021). *Becoming and Being a Grandparent Special Guardian: An Interpretative Phenomenological Analysis* [Research, University of East Anglia]. Norwich.
- McHale, S. M., Updegraff, K. A., & Whiteman, S. D. (2012). Sibling Relationships and Influences in Childhood and Adolescence. *Journal of Marriage and Family*, 74(5), 913-930. <https://doi.org/https://doi.org/10.1111/j.1741-3737.2012.01011.x>
- McKie, L., & Callan, S. (2012). *Understanding families: A global introduction*. Sage.
- McLaughlin, H. (2005). Young service users as co-researchers: methodological problems and possibilities. *Qualitative Social Work*, 4(2), 211-228.
- McLaughlin, H. (2006). Involving young service users as Co-researchers: Possibilities, benefits and costs. *British Journal of Social Work*, 36(8), 1395-1410. <https://doi.org/10.1093/bjsw/bch420>
- McLeod, A. (2007). Whose agenda? Issues of power and relationship when listening to looked-after young people. *Child & Family Social Work*, 12(3), 278-286. <https://doi.org/https://doi.org/10.1111/j.1365-2206.2007.00493.x>
- McMahon, A., & Allen-Meares, P. (1992). Is social work racist? A content analysis of recent literature. *Social Work*, 37(6), 533-539.
- Medved, C. E., Brogan, S. M., McClanahan, A. M., Morris, J. F., & Shepherd, G. J. (2006). Family and work socializing communication: Messages, gender, and ideological implications. *The Journal of Family Communication*, 6(3), 161-180.
- Meeus, W. (2011). The Study of Adolescent Identity Formation 2000-2010: A Review of Longitudinal Research. *Journal of Research on Adolescence*, 21(1), 75-94. <http://dx.doi.org/10.1111/j.1532-7795.2010.00716.x>
- Messing, J. T. (2006). From the child's perspective: A qualitative analysis of kinship care placements. *Children and Youth Services Review*, 28(12), 1415-1434. <https://doi.org/https://doi.org/10.1016/j.childyouth.2006.03.001>
- Miller-Day, M. (2008). Talking to youth about drugs: What do late adolescents say about parental strategies? *Family Relations*, 57(1), 1-12.
- Millham, S. B., R.; Hosie K.; Haak, M. . (1986). *Lost in care: the problems of maintaining links between children in care and their families*. Gower Pub. Co.
- Mitchell, A. K. (1985). *Children in the middle: living through divorce*. Tavistock Publications.
- Monk, D., & Macvarish, J. (2018). Siblings, contact and the law: an overlooked relationship? In. London: Birkbeck, University of London.
- Morgan, D. H. J. (2020). Family practices in time and space. *Gender, Place and Culture*, 27(5), 733-743. <https://doi.org/10.1080/0966369X.2018.1541870>
- Morgan, R. (2009). *Keeping in Touch: A Report of Children's Experience*.
- Morrow, V. (1998). *Understanding Families: Children's Perspectives* (York: Joseph Rowntree Foundation/YPS).
- Moss, E., Cyr, C., & Dubois-Comtois, K. (2004). Attachment at Early School Age and Developmental Risk: Examining Family Contexts and Behavior Problems of Controlling-Caregiving, Controlling-Punitive, and Behaviorally Disorganized Children. *Developmental Psychology*, 40(4), 519-532. <https://doi.org/10.1037/0012-1649.40.4.519>
- Munby, J. (2016). 15th View from the Presidents's Chambers: Care cases: Looming crisis. *Family law*(1227).
- Munro, E. (2011). *The Munro review of child protection: Final report, a child-centred system* (Vol. 8062). The Stationery Office.
- Munro, E. R., & Hardy, A. (2006). *Placement stability: a review of the literature*. L. University. <https://hdl.handle.net/2134/2919>

- Murray, S., & Humphreys, C. (2014). 'My life's been a total disaster but I feel privileged': care-leavers' access to personal records and their implications for social work practice. *Child & Family Social Work, 19*(2), 215-224. <https://doi.org/10.1111/j.1365-2206.2012.00895.x>
- Nathan, S., Newman, C., & Lancaster, K. (2019). Qualitative Interviewing. In P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences*. Springer.
- Navarro-Marshall, J. (2025). Talking About Donor-Conception: Parents' and Children's Experiences of Origin Storytelling. *Infant and Child Development, 34*(4), e70028. <https://doi.org/https://doi.org/10.1002/icd.70028>
- Neale, B., Wade, A., & Smart, C. (1998). *"I Just Get on with It": Children's Experiences of Family Life Following Parental Separation Or Divorce*. Centre for Research on Family, Kinship and Childhood, University of Leeds Leeds.
- Neil, E. (2004). *Supporting the birth relatives of adopted children: a review of relevant literature*. Researching Adoption Support Project, University of East Anglia.
- Neil, E. (2010). The benefits and challenges of direct post-adoption contact: perspectives from adoptive parents and birth relatives. In *Aloma*.
- Neil, E. (2012). Making sense of adoption: Integration and differentiation from the perspective of adopted children in middle childhood [Article]. *Children and Youth Services Review, 34*(2), 409-416. <https://doi.org/10.1016/j.childyouth.2011.11.011>
- Neil, E. (2013). The mental distress of the birth relatives of adopted children: 'disease' or 'unease'? Findings from a UK study. *Health & social care in the community, 21*(2), 191-199.
- Neil, E. (2018). Rethinking adoption and birth family contact: Is there a role for the law? *Family law, 2018*(September), 1178-1182.
- Neil, E. (2024). Maintaining children's birth family relationships in adoption? A theory of change. *Family law, 575-582*.
- Neil, E., & Beek, M. (2020). Respecting children's relationships and identities in adoption. In G. Miller, E. Wrobel, & E. Marr (Eds.), *The Routledge handbook of adoption*. Routledge.
- Neil, E., Beek, M., & Schofield, G. (2003). Thinking about and managing contact in permanent placements: The differences and similarities between adoptive parents and foster carers [Article]. *Clinical Child Psychology and Psychiatry, 8*(3), 401-418-418. <https://doi.org/10.1177/1359104503008003009>
- Neil, E., Beek, M., & Schofield, G. (2020). The UEA moving to adoption model: A guide for adoption social workers, fostering social workers, and children's social workers. *Centre for Research on Children and Families, University of East Anglia*.
- Neil, E., Beek, M., & Ward, E. (2013). *Contact after adoption: a follow-up in late adolescence*.
- Neil, E., Copson, R., & Sorensen, P. (2020). *Contact during lockdown: How are children and their birth families keeping in touch? Briefing paper*. . N. F. J. O. U. o. E. Anglia.
- Neil, E., Cossar, J., Jones, C., Lorgelly, P., & Young, J. (2011). *Supporting Direct Contact after Adoption*. BAAF.
- Neil, E., Cossar, J., Lorgelly, P., & Young, J. (2010). Helping birth families: A study of service provision, cost and outcomes. *DCSF, London*.
- Neil, E., & Howe, D. (2004). Conclusions: a transaccional model for thinking about contact. In E. Neil & D. Howe (Eds.), *Contact in adoption and permanent foster care: research, theory and practice* (pp. 224-254). BAAF.
- Neil, E., & Manning, C. (2020, 2020/04/09). *Digital family contact time: sharing and building knowledge*, Dartington: Research in Practice.
- Neil, E., Rimmer, J., Rawcliffe, C., & Copson, R. (2024). Evaluation of the Letter Swap Pilot. In: Centre for Research on Children and Families, University of East Anglia.
- Neil, E., Rimmer, J., & Sirbu, I. (2023). How do adopted adults see the significance of adoption and being a parent in their life stories? A narrative analysis of 40 life story interviews with male and female adoptees. *Children and Youth Services Review, 155*, 107267.

- Neil, E., Young, J., & Hartley, L. (2018). The joys and challenges of adoptive family life: A survey of adoptive parents in the Yorkshire and Humberside region. In: Centre for Research on Children and Families, UEA.
- Nelson, L., & Colaner, C. (2020). Fostering "Family": Communication Orientations in the Foster Parent-Child Relationship. *Western Journal of Communication*, 84, 1-23. <https://doi.org/10.1080/10570314.2020.1734231>
- Newman, T. (2004). *What works in building resilience?* . Barnado's. <https://research.ebsco.com/linkprocessor/plink?id=5dd2e9fd-701a-3a30-ae3c-598b9ba1b11c>
- Newman, T., & Blackburn, S. (2002). *Transitions in the Lives of Children and Young People: Resilience Factors*. *Interchange* 78 (0969-613X). T. S. Executive. <https://research.ebsco.com/linkprocessor/plink?id=ea49aff7-26b8-322d-a8e1-ee6908bf8b8d>
- Nordqvist, P. (2017). Genetic thinking and everyday living: On family practices and family imaginaries. *The Sociological Review*, 65(4), 865-881. <https://doi.org/10.1177/0038026117711645>
- O'Brien, M., Alldred, P., & Jones, D. (1996). Children's Constructions of Family and Kinship. In J. Brannen & M. O'Brien (Eds.), *Children in Families: Research and Policy* (pp. 107-124). Falmer Press.
- O'Brien, V. (2012). The Benefits and Challenges of Kinship Care [Article]. *Child Care in Practice*, 18(2), 127-146. <https://doi.org/10.1080/13575279.2012.657610>
- Office for National Statistics. (2023, 18 May 2023). *Families and households in the UK: 2022*. Retrieved 19.01.24 from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2022#glossary>
- Office for Standards in Education, C. s. S. a. S. (2011). The voice of the child: Learning lessons from serious case reviews. In: Ofsted Manchester.
- Owusu-Bempah, K. (2010). *The wellbeing of children in care: A new approach for improving developmental outcomes* [Book]. <https://doi.org/10.4324/9780203851722>
- Paltridge, B. (2012). *Discourse Analysis : An Introduction*. Paltridge, Brian (2nd ed.). Bloomsbury Publishing.
- Pecchioni, L. L., & Keeley, M. P. (2011). Insights about health from family communication theories. In *The Routledge handbook of health communication* (pp. 389-402). Routledge.
- Performance and Innovation Unit. (2000). *Prime Minister's review of adoption*. London: Cabinet Office
- Peters, J. (2005). True ambivalence: Child welfare workers' thoughts, feelings, and beliefs about kinship foster care [Article]. *Children and Youth Services Review*, 27(6), 595-614. <https://doi.org/10.1016/j.childyouth.2004.11.012>
- Philip, G., Clifton, J., & Brandon, M. (2019). The Trouble With Fathers: The Impact of Time and Gendered-Thinking on Working Relationships Between Fathers and Social Workers in Child Protection Practice in England. *Journal of Family Issues*, 40(16), 2288-2309. <https://doi.org/10.1177/0192513x18792682>
- Philip, G., Youansamouth, L., Broadhurst, K., Clifton, J., Bedston, S., Hu, Y., & Brandon, M. (2024). 'When they were taken it is like grieving': Understanding and responding to the emotional impact of repeat care proceedings on fathers. *Child & Family Social Work*, 29(1), 185-194.
- Piaget, J. (1928). *Judgement and reasoning in the child*. Routledge and Kegan Paul Ltd
- Pinkerton, J., & Dolan, P. (2007). Family support, social capital, resilience and adolescent coping. *Child and Family Social Work*, 12(3), 219-228. <https://doi.org/10.1111/j.1365-2206.2007.00497.x>
- Pitcher, D. (2014). *Inside kinship care: understanding family dynamics and providing effective support*. Jessica Kingsley Publishers.

- Pringle, M. L. K., & Naidoo, S. (1975). *Early child care in Britain*. Gordon and Breach.
- Public Health England. (2014). Building children and young people's resilience in schools. *Health Equity Evidence Review*.
- Public law working group: adoption sub-group. (2024). *Recommendations for best practice in respect of adoption* O. o. t. P. o. t. F. Division.
- Purewal, S., & van Den Akker, O. (2007). The socio-cultural and biological meaning of parenthood. *Journal of Psychosomatic Obstetrics & Gynecology*, 28(2), 79-86.  
<https://doi.org/10.1080/01674820701409918>
- Raghunandan, S., & Leschied, A. (2010). The effectiveness of kinship services with children exposed to partner violence: Exploring a dual victim treatment approach. *Families in Society*, 91(1), 52-59.
- Ramoutar, L. (2021). *Exploring special guardianship: experiences of school belonging from the perspective of the young people, guardians and designated teachers : a bioecological perspective* University of Exeter]. British Library EThOS.
- Ramoutar, L., & Hampton, L. (2024). Exploring special guardianship: experiences of school belonging from the perspectives of the young people, guardians, and designated teachers. *Educational Psychology in Practice*, 40(3), 279-302.
- Rawcliffe, C., Neil, E., Hancock, M., & Elias, L. (2022). Maintaining Relationships with Birth Families After Adoption: What Are Adopted Adults' Views? *Centre for Research on Children and Families Research Briefing*.
- Re S (Adoption Order or Special Guardianship Order) [2007] EWCA Civ 54 1 FLR 819*.  
<https://vlex.co.uk/vid/re-s-child-adoption-806807337>
- Rennolds, N., Murphy, A., & Neil, E. (2025). *Pre-Adoption Order Disruptions in England: Learning from disruption reports 2017-2024*.
- Research in Practice. (2024). *Staying in touch: Contact after adoption*. Retrieved 04/02/2025 from <https://www.researchinpractice.org.uk/children/content-pages/open-access-resources/staying-in-touch-contact-after-adoption>
- Rhodes, P., Nocon, A., Booth, M., Chowdrey, M. Y., Fabian, A., Lambert, N., Mohammed, F., & Walgrove, T. (2002). A service users' research advisory group from the perspectives of both service users and researchers [Article]. *Health and Social Care in the Community*, 10(5), 402-409. <https://doi.org/10.1046/j.1365-2524.2002.00376.x>
- Rich, J. (1968). *Interviewing children and adolescents*. Macmillan.
- Rigg, A., & Pryor, J. (2007). Children's Perceptions of Families: What Do They Really Think? *Children & society*, 21(1), 17-30. <https://doi.org/10.1111/j.1099-0860.2006.00028.x>
- Robertson, J. (1953). Some responses of young children to loss of maternal care. *Nursing Times* (18 April), 382-386.
- Rose, R. (2012). *Life story therapy with traumatized children: A model for practice*. Jessica Kingsley Publishers.
- Roth, D., Aziz, R., & Lindley, B. (2012). *Understanding family and friends care: local authority policies—the good, the bad and the non-existent*. Family Rights Group.
- Roulston, K. (2010). *Reflective interviewing: A guide to theory and practice*.
- Rowe, J. (1984). *Long-term foster care*. Batsford Academic and Educational in association with BAAF.
- Rowe, J., & Lambert, L. (1973). *Children who wait: a study of children needing substitute families*. Association of British Adoption Agencies.
- Ruiz-Romero, K. J., Salas, M. D., Fernández-Baena, F. J., & González-Pasarín, L. (2022). Is contact with birth parents beneficial to children in non-kinship foster care? A scoping review of the evidence. *Children and Youth Services Review*, 143.  
<https://doi.org/10.1016/j.childyouth.2022.106658>
- Rushton, A. (2000). *Adoption as a placement choice: Arguments and evidence*.

- Rutter, M., Beckett, C., Castle, J., Colvert, E., Kreppner, J., Mehta, M., Stevens, S., & Sonuga-Barke, E. (2007). Effects of profound early institutional deprivation: An overview of findings from a UK longitudinal study of Romanian adoptees. *European Journal of Developmental Psychology*, 4(3), 332-350.
- Ryburn, M. (1995). Ideology and conflict: The place of adoption in English child welfare services. *Children and Youth Services Review*, 17(5-6), 711-726.
- Ryburn, M. (1998). A new model of welfare: Re-asserting the value of kinship for children in state care. *SOCIAL POLICY & ADMINISTRATION*, 32(1), 28-45.
- Sanner, C., Ganong, L., & Coleman, M. (2021). Families Are Socially Constructed: Pragmatic Implications for Researchers. *Journal of Family Issues*, 42(2), 422-444. <https://doi.org/10.1177/0192513x20905334>
- Schofield, G. (2002). The significance of a secure base: a psychosocial model of long-term foster care. *Child & Family Social Work*, 7(4), 259-272.
- Schofield, G., & Beek, M. (2005a). *Attachment Handbook For Foster Care And Adoption*. BAAF.
- Schofield, G., & Beek, M. (2005b). Providing a secure base: Parenting children in long-term foster family care. *Attachment & human development*, 7(1), 3-26.
- Schofield, G., & Beek, M. (2005c). Risk and Resilience in Long-Term Foster-Care. *The British Journal of Social Work*, 35(8), 1283-1301.
- Schofield, G., & Beek, M. (2009). Growing up in foster care: providing a secure base through adolescence. *Child & Family Social Work*, 14(3), 255-266. <https://doi.org/10.1111/j.1365-2206.2008.00592.x>
- Schofield, G., Beek, M., & Sargent, K. (2000). *Growing up in foster care*. British Agencies for Adoption and Fostering.
- Schofield, G., Beek, M., & Ward, E. (2012). Part of the family: Planning for permanence in long-term family foster care [Article]. *Children & Youth Services Review*, 34(1), 244-253. <https://doi.org/10.1016/j.childyouth.2011.10.020>
- Sear, R., & Coall, D. (2011). How much does family matter? Cooperative breeding and the demographic transition. *Population and development review*, 37, 81-112.
- Sebba, J. (2017). Evaluation of the siblings together buddy project. *Rees Centre Publications*.
- Secretary of State for Social Services. (1974). *Report of the Committee of Inquiry into the Care and Supervision Provided in Relation to Maria Colwell*. HMSO.
- Selwyn, J., Farmer, E., Meakings, S., & Vaisey, P. (2013). The Poor Relations? Children and informal kinship carers speak out. *Adoption & Fostering*, 37(3), 327-328.
- Selwyn, J., & Lewis, S. (2023). Keeping in touch: Looked after children and young people's views on their contact arrangements. *Adoption and Fostering*, 47(2), 120-137. <https://doi.org/10.1177/03085759231170879>
- Selwyn, J., & Masson, J. (2014). Adoption, special guardianship and residence orders: a comparison of disruption rates. *Family law*, 44, 1709-1714.
- Selwyn, J., Meakings, S., & Wijedasa, D. (2014). *Beyond the adoption order: challenges, interventions and disruptions*.
- Selwyn, J., & Nandy, S. (2014). Kinship care in the UK: Using census data to estimate the extent of formal and informal care by relatives [Article]. *Child and Family Social Work*, 19(1), 44-54. <https://doi.org/10.1111/j.1365-2206.2012.00879.x>
- Sen, R., & Broadhurst, K. (2011). Contact between children in out-of-home placements and their family and friends networks: A research review. *Child & Family Social Work*, 16(3), 298-309.
- Sheppard, P. (2021). Grandparental Investment. In V. Weekes-Shackelford & T. Shackelford (Eds.), *The Oxford Handbook of Evolutionary Psychology and Parenting* (pp. 411-435). <https://doi.org/10.1093/oxfordhb/9780190674687.013.20>

- Shlonsky, A., Bellamy, J., Elkins, J., & Ashare, C. J. (2005). The other kin: Setting the course for research, policy, and practice with siblings in foster care. *Children and Youth Services Review*, 27(7 SPEC. ISS.), 697-716. <https://doi.org/10.1016/j.childyouth.2004.12.019>
- Shuttleworth, P. (2021). *What Matters to Children Living in Kinship Care* University of Sussex]. School of Education and Social Work.
- Shuttleworth, P. (2024). Incorporating what matters to children into kinship care practice. In CoramBAAF (Ed.). London: CoramBAAF Adoption and Fostering Academy.
- Silverman, D. (2006). *Interpreting Qualitative Data: Methods for Analyzing Talk, Text and Interaction*. Sage.
- Silverman, D. (2020). *Qualitative research* (Fifth edition. ed.). SAGE.
- Sinclair, I., Baker, C., Lee, J., & Gibbs, I. (2007). *The pursuit of permanence: A study of the English child care system*. Jessica Kingsley Publishers.
- Sinclair, I., Baker, C., Wilson, K., & Gibbs, I. (2005). *Foster children: where they go and how they get on*. Jessica Kingsley.
- Skoglund, J., Thørnblad, R., & Holtan, A. (2024). The meaning of biology in the foster family narratives of young adults. *Nordic Social Work Research*, 14(1), 96-107. <https://doi.org/10.1080/2156857X.2022.2155216>
- Slauson-Blevins, K., & Park, N. K. (2016). Deciding Not to Adopt: The Role of Normative Family Ideologies in Adoption Consideration. *Adoption Quarterly*, 19(4), 237-260. <https://doi.org/10.1080/10926755.2015.1121185>
- Smith, J. A. (2024). Interpretative Phenomenological Analysis. In J. A. Smith (Ed.), *Qualitative psychology: a practical guide to research methods* (Fourth edition. ed., pp. 25-52). Sage.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: theory, method and research*. Sage.
- Smith, J. A., Flowers, P., & Larkin, M. (2022). *Interpretative phenomenological analysis: theory, method and research* (2nd edition. ed.). SAGE.
- Smith, M., Cameron, C., & Reimer, D. (2017). From Attachment to Recognition for Children in Care. *British Journal of Social Work*, 47(6), 1606-1623. <https://doi.org/10.1093/bjsw/bcx096>
- Smith, R., Monaghan, M., & Broad, B. (2002). Involving young people as co-researchers: Facing up to the methodological issues. *Qualitative Social Work: Research and Practice*, 1(2), 191-207. <https://doi.org/10.1177/1473325002001002619>
- Solberg, A. (2015). Negotiating childhood: Changing constructions of age for Norwegian children. In *Constructing and Reconstructing Childhood: Contemporary Issues in the Sociological Study of Childhood: Classic Edition* (pp. 111-127). Routledge.
- Speer, M. E., & Delgado, M. R. (2017). Reminiscing about positive memories buffers acute stress responses. *Nature human behaviour*, 1(5), 0093.
- Speer, M. E., & Delgado, M. R. (2020). The social value of positive autobiographical memory retrieval. *Journal of Experimental Psychology: General*, 149(4), 790.
- Speer, M. E., Ibrahim, S., Schiller, D., & Delgado, M. R. (2021). Finding positive meaning in memories of negative events adaptively updates memory. *Nature Communications*, 12(1), 6601.
- Spencer, R., Pryce, J. M., & Walsh, J. (2020). Philosophical Approaches to Qualitative Research. In P. Leavy (Ed.), *The Oxford Handbook of Qualitative Research* (pp. 0). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780190847388.013.13>
- Staines, J., & Selwyn, J. (2020). "I wish someone would explain why I am in care": The impact of children and young people's lack of understanding of why they are in out-of-home care on their well-being and felt security [Article]. *Child and Family Social Work*, 25(S1), 97-106. <https://doi.org/10.1111/cfs.12721>

- Steenbakkens, A., van der Steen, S., & Grietens, H. (2016). 'To talk or not to talk?': Foster youth's experiences of sharing stories about their past and being in foster care. *Children and Youth Services Review*, 71, 2-9.
- Steenbakkens, A., Van der Steen, S., & Grietens, H. (2021). On the bright side: Young people's most positive memories of family foster care. *Clinical Child Psychology and Psychiatry*, 26(2), 544-555.
- Stein, M. (2008). Resilience and young people leaving care. *Child Care in Practice*, 14(1), 35-44.
- Sweeney, A., & Morgan, L. (2009). Levels and stages. *Handbook of service user involvement in mental health research*, 6.
- Tah, P., & Selwyn, J. (2024). *Raised by Relatives: the experiences of Black and Asian kinship carers in England. Executive Summary*. Kinship. <https://kinship.org.uk/our-work-and-impact/research/raised-by-relatives/>
- Tavakol, M., & Sandars, J. (2025). Twelve tips for using phenomenology as a qualitative research approach in health professions education. *Medical Teacher*, 47(9), 1441-1446.
- Teicher, M. H., & Samson, J. A. (2016). Annual Research Review: Enduring neurobiological effects of childhood abuse and neglect. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 57(3), 241-266. <https://doi.org/10.1111/jcpp.12507>
- The Creative Research Collective, & Cossar, J. (2018). *SpeakOut*. University of East Anglia. <https://www.youtube.com/watch?v=ifdQj5XeSJo>
- Thomas, C., Beckford, V., Lowe, N. V., & Murch, M. (1999). *Adopted children speaking*. British Agencies for Adoption and Fostering.
- Thomas, L. J., Jackl, J. A., & Crowley, J. L. (2017). "Family?... not just blood": Discursive constructions of "family" in adult, former foster children's narratives. *Journal of Family Communication*, 17(3), 238-253.
- Thomas, N., & Beckett, C. (1994). Are children still waiting? Recent developments and the impact of the Children Act 1989. *Adoption & Fostering*, 18(1), 8-16.
- Thompson, R. A. (2016). Early attachment and later development: Reframing the questions. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: theory, research, and clinical applications*. Guilford Press.
- Titchen, A., & Hobson, D. (2005). Phenomenology. In B. Somekh & C. Lewin (Eds.), *Research methods in the social sciences*. SAGE.
- Triseliotis, J. (1973). *In search of origins: the experiences of adopted people*. Routledge and Kegan Paul.
- Triseliotis, J. (2002). Long-term foster care or adoption? The evidence examined. *Child & Family Social Work*, 7(1), 23-33. <https://doi.org/10.1046/j.1365-2206.2002.00224.x>
- Triseliotis, J., Feast, J., & Kyle, F. (2005). *The adoption triangle revisited*. London: BAAF.
- UNICEF. (2021). *Children in alternative care: Comparable statistics to monitor progress on deinstitutionalisation across the European Union*. U. N. C. s. F. U. a. Eurochild).
- Van Holen, F., Clé, A., West, D., Gypen, L., & Vanderfaillie, J. (2020). Family bonds of foster children. A qualitative research regarding the experience of foster children in long-term foster care. *Children and Youth Services Review*, 119. <https://doi.org/10.1016/j.childyouth.2020.105593>
- van Ijzendoorn, M. H., Bakermans-Kranenburg, M. J., Coughlan, B., & Reijman, S. (2020). Annual Research Review: Umbrella synthesis of meta-analyses on child maltreatment antecedents and interventions: differential susceptibility perspective on risk and resilience. *Journal of Child Psychology and Psychiatry*, 61(3), 272-290. <https://doi.org/https://doi.org/10.1111/jcpp.13147>
- van Ijzendoorn, M. H., Schuengel, C., Wang, Q., & Bakermans-Kranenburg, M. J. (2023). Improving parenting, child attachment, and externalizing behaviors: Meta-analysis of the first 25 randomized controlled trials on the effects of Video-feedback Intervention to promote

- Positive Parenting and Sensitive Discipline. *Development and Psychopathology*, 35(1), 241-256. <https://doi.org/10.1017/S0954579421001462>
- Varnish, C., Phillips, A. R., Tallam Laxman, S., Maxwell, N., Halligan, S. L., & Button, K. S. (2025). The relationship between placement instability and mental health among care-experienced children and young people: UK systematic review and meta-analysis. *The British Journal of Psychiatry*, 1-10. <https://doi.org/10.1192/bjp.2025.10375>
- Vojak, C. (2009). Choosing language: Social service framing and social justice. *British Journal of Social Work*, 39(5), 936-949.
- Von Korff, L., & Grotevant, H. (2011). Contact in Adoption and Adoptive Identity Formation: The Mediating Role of Family Conversation. *Journal of Family Psychology*, 25(3), 393-401. <https://doi.org/10.1037/a0023388>
- Von Korff, L., Grotevant, H. D., Koh, B. D., & Samek, D. R. (2010). Adoptive mothers: Identity agents on the pathway to adoptive identity formation. *Identity: An International Journal of Theory and Research*, 10(2), 122-137. <https://doi.org/10.1080/15283481003711767>
- Wade, J., Dixon, J., & Richards, A. (2010). *Special guardianship in practice*. BAAF.
- Wade, J., Sinclair, I., Stuttard, L., & Simmonds, J. (2014). *Investigating Special Guardianship: experiences, challenges and outcomes*.
- Ward, H., Moggach, L., Tregeagle, S., & Trivedi, H. (2021). *Outcomes of Open Adoption from Care An Australian Contribution to an International Debate* Springer International Publishing. <https://link.springer.com/book/10.1007/978-3-030-76429-6>
- Waterhouse, R., Clough, M., & Le Fleming, M. J. (2000). *Lost in care: report of the tribunal of inquiry into the abuse of children in care in the former county council areas of Gwynedd and Clwyd since 1974*. HMSO.
- Waters, E., Weinfield, N. S., & Hamilton, C. E. (2000). The Stability of Attachment Security from Infancy to Adolescence and Early Adulthood: General Discussion. *Child Development*, 71(3), 703-706. <https://research.ebsco.com/linkprocessor/plink?id=8f71edca-0360-3c9b-9e83-d2d306365df3>
- Watson, D., Latter, S., & Bellew, R. (2015). Adopted children and young people's views on their life storybooks: The role of narrative in the formation of identities. *Children and Youth Services Review*, 58, 90-98.
- Welbourne, P. (2012). *Social Work with Children and Families: Developing Advanced Practice*. Welbourne, Penelope. Taylor and Francis.
- Wellard, S., Meakings, S., Farmer, E., & Hunt, J. (2017). Growing up in kinship care: Experiences as adolescents and outcomes in young adulthood.
- Whiteman, S. D., McHale, S. M., & Soli, A. (2011). Theoretical perspectives on sibling relationships. *Journal of family theory & review*, 3(2), 124-139.
- Winokur, M., Holtan, A., & Batchelder, K. E. (2014). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. *Cochrane Database Syst Rev*, 2014(1), Cd006546. <https://doi.org/10.1002/14651858.CD006546.pub3>
- Winokur, M. A., Holtan, A., & Batchelder, K. E. (2018). Systematic Review of Kinship Care Effects on Safety, Permanency, and Well-Being Outcomes [Article]. *Research on Social Work Practice*, 28(1), 19-32. <https://doi.org/10.1177/1049731515620843>
- Winter, K., & Cohen, O. (2005). Identity Issues for Looked after Children with No Knowledge of Their Origins: Implications for Research and Practice [Article]. *Adoption and Fostering*, 29(2), 44-52. <https://doi.org/10.1177/030857590502900206>
- Wolpert, M., Hoffman, J., Martin, A., Fagin, L., & Cooklin, A. (2015). An exploration of the experience of attending the Kidstime programme for children with parents with enduring mental health issues: Parents' and young people's views. *Clinical Child Psychology and Psychiatry*, 20(3), 406-418. <https://doi.org/10.1177/1359104514520759>
- Wood, M., & Selwyn, J. (2017). Looked after children and young people's views on what matters to their subjective well-being. *Adoption & Fostering*, 41(1), 20-34.

- Woodward, K., Melia, Y., & Combes, H. (2021). Exploring Carers' Experiences and Perceptions of Special Guardianship Orders (SGOs) over Time, from the Point of Applying to Now. *British Journal of Social Work*, 51(6), 1963-1982. <https://doi.org/10.1093/bjsw/bcaa086>
- Wright, P., Turner, C., Clay, D., & Mills, H. (2006). The participation of children and young people in developing social care. *Participation practice guide*, 6, 1-95.
- Wrobel, G. M., & Dillon, K. (2009). Adopted adolescents: Who and what are they curious about. *International advances in adoption research for practice*, 217-244.
- Wulleman, L., Grietens, H., Noens, I., & Vliegen, N. (2023). (Re)defining family: A systematic review and meta-synthesis of foster children's views of family in non-kinship foster care. *Children and Youth Services Review*, 155, 1-13. <https://doi.org/10.1016/j.childyouth.2023.107184>
- Yamamoto, R., & Keogh, B. (2018). Children's experiences of living with a parent with mental illness: A systematic review of qualitative studies using thematic analysis. *J Psychiatr Ment Health Nurs*, 25(2), 131-141. <https://doi.org/10.1111/jpm.12415>
- Yang, B., Zhou, Z., Devakonda, V., Chen, B.-B., & Qu, Y. (2025). Viewing Teens as Responsible in Family: Implications for Chinese Youth's Academic and Social Adjustment. *Child Development*, 96(6), 2257-2264. <https://doi.org/https://doi.org/10.1111/cdev.70013>
- Yarris, K. E. (2017). *Care across generations: Solidarity and sacrifice in transnational families*. Stanford University Press.
- Zhang, M., & Selwyn, J. (2020). The Subjective Well-Being of Children and Young People in out of Home Care: Psychometric Analyses of the "Your Life, your Care" Survey. *Child Indicators Research*, 13(5), 1549-1572. <https://doi.org/10.1007/s12187-019-09658-y>
- Ziersch, A., Walsh, M., & Due, C. (2023). 'Having a good friend, a good neighbour, can help you find yourself': social capital and integration for people from refugee and asylum-seeking backgrounds in Australia. *Journal of Ethnic and Migration Studies*, 49(15), 3877-3899. <https://doi.org/10.1080/1369183X.2023.2177628>